

State of Wyoming

Telecommunications for the Communications Impaired Act Wyoming Relay Service Fund

Telephone Company: _____

Communities Served: _____

Report for Year of: January 1, _____ to December 31,

| <u>Month</u> to <u>WY</u> | <u>Number of</u> <u>Access Lines</u> | <u>At Rate Of</u> | <u>Uncollectible</u> <u>Amounts / 1%</u> <u>Administrative Fee</u> | <u>Amount</u> <u>Remitted</u> <u>State of</u> |
|---------------------------------|---|-------------------|--|---|
| January | _____ | _____ | _____ | _____ |
| February | _____ | _____ | _____ | _____ |
| March | _____ | _____ | _____ | _____ |
| April | _____ | _____ | _____ | _____ |
| May | _____ | _____ | _____ | _____ |
| June | _____ | _____ | _____ | _____ |
| July | _____ | _____ | _____ | _____ |
| August | _____ | _____ | _____ | _____ |
| September | _____ | _____ | _____ | _____ |
| October | _____ | _____ | _____ | _____ |
| November | _____ | _____ | _____ | _____ |
| December | _____ | _____ | _____ | _____ |

Total: _____

Signature of Authorized Official

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Telephone Number:

This annual report is required by the State of Wyoming, Department of Workforce Services, Division of Vocational Rehabilitation in order to monitor special collection fees.

Revised March 2005

(I:TRS:SerFund.doc)