

State Universal Service Fund Exemption Certificate

Check applicable states **and** provide each state's State Universal Service Fund Tax I.D. or registration number adjacent to applicable states. If a state box is checked, make sure to add the state ID # or the form is invalid.

If the state uses the FEIN for filing, use that as the ID.

Name of Business (hereafter "Customer")			
I certify that:			
Issued to Seller: NTS Communications Inc.			
	ssissippi ID:		
	nnesota ID:	-	Wyoming ID:
	chigan ID:	_	Wisconsin ID:
☐ Massachusetts		_	West Virginia ID:
☐ Maryland ID:		_	Washington ID:
☐ Maine ID:		<u> </u>	Virginia ID:
☐ Kentucky ID: ☐ Louisiana ID:			Utah ID:
☐ Kansas ID:		l —	Texas ID:
-	va ID:	ᅥᅠ片	
	liana ID:	-	South Carolina ID: South Dakota ID:
	cago-Form 7501 Resale Cert Required	-	Rhode Island ID:
	nois ID:		Pennsylvania ID:
	ho ID:		Oregon ID:
☐ Hav			Oklahoma ID:
	orgia ID:		Ohio ID:
-	rida ID:		North Dakota ID:
	trict of Columbia ID:	-	North Carolina ID:
	laware ID:	<u> </u>	New York ID:
	nnecticut ID:	<u> </u>	New Mexico ID:
☐ Col	orado ID:		New Jersey ID:
☐ Cali	ifornia ID:		New Hampshire ID:
☐ Ark	cansas ID:		Nevada ID:
☐ Ariz	zona ID:		Nebraska ID:
☐ Ala:	ska (FEIN) ID:		Montana ID:
☐ Ala	bama ID:		Missouri ID:

Street address City State Zip

is purchasing telecommunications and/or Voice over Internet Protocol ("VoIP") services for resale or State Universal Service Fund service is not provided by Seller in each state checked above. Customer certifies that it is a telecommunication service provider, Interconnected VoIP provider, or provides its own State Universal Service Fund service and accepts responsibility for remitting State Universal Service Fund surcharges, where applicable, directly to the proper authority in each jurisdiction. I hold the seller indemnifiable if this certificate is proven to be invalid and will incur all taxes and surcharges if this certificate does not hold up under audit.

I declare under penalty of perjury that this certificate has been examined by me and to the best of my knowledge and belief all statements contained herein are true, correct, and accurate.

Customer's Authorized Signature:

(Owner, Partner, Corporate Officer or Authorized Representative)

Title

Date