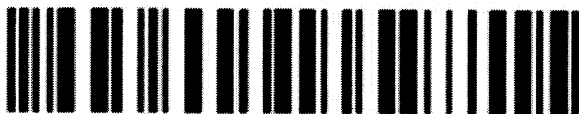


<b>Entity Number</b>	<b>Applicant's Form Identifier</b>	FY2010 P1
<b>Contact Person</b>	Julie Tritt Schell	<b>Phone Number</b> 717-730-7133
<b>Block 2: Early Filing Information and CIPA Waiver Requests</b>		
<b>6a. Early Filing</b>		
CHECK THE BOX BELOW IF THE FRNS ON THIS FORM 486 ARE FOR SERVICES STARTING ON OR BEFORE JULY 31 OF THE FUNDING YEAR.		
<input checked="" type="checkbox"/>	The Funding Requests listed in Block 3 have been approved by USAC as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the service provider(s) featured in those Funding Requests that these services will start on or before July 31 of the Funding Year.	
<p><b>Remember: Early filing using Item 6a is an option if and ONLY if services will start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.</b></p>		
<b>6b. CIPA Waiver</b>		
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER APRIL 20, 2001 IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.		
<input type="checkbox"/>	I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the schools or libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.	
<b>6c. CIPA Waiver for Libraries for Funding Year 2004</b>		
CHECK THE BOX BELOW IF YOU ARE REQUESTING A WAIVER OF CIPA REQUIREMENTS FOR FUNDING YEAR 2004 IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY FOR THE LIBRARY(IES) REPRESENTED ON THIS FORM 486.		
<input type="checkbox"/>	I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the libraries represented in the Funding Request Number(s) on this Form 486 will be brought into compliance with the CIPA requirements before the start of the Funding Year 2005.	

Check 6a only if you are filing the Form 486 before July 31.



0486010203

<b>Entity Number</b>	<b>Applicant's Form Identifier</b>	<b>FY2010 P1</b>
<b>Contact Person</b>	<b>Julie Tritt Schell</b>	<b>Phone Number 717-730-7133</b>

**Block 3: Service Information**

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named service provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.

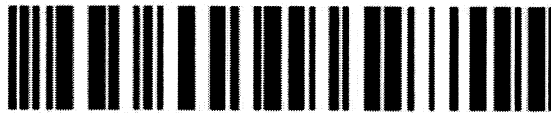
Remember: The FRNs listed below must be from the same Funding Year as is listed in Block 1, Item 3. If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here:

Page

3

(A) 471 Application Number From FCDL	(B) Funding Request Number (FRN) From FCDL	(C) Service Provider Identification Number (SPIN) From FCDL	(D) Service Provider Name From FCDL	(E) Funding Year Service Start Date (Earliest Date that Discounted Services Will Begin)
720622	1995440	143003990	Comcast Business Communications	7/1/2010
720622	1995443	143001398	Verizon Pennsylvania Inc.	7/1/2010
720622	1995456	143001394	CenturyLink United Telephone Co. of Pennsylvania FKA Embarq	7/1/2010
720622	1995448	143027372	SCHOOLWIRES INC.	7/1/2010
720622	1995445	143025240	ATT Mobility	7/1/2010

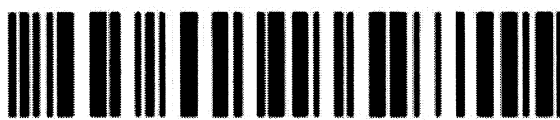
The online form will ask for the FRN number, the SPIN number, and the Service Start Date (which will generally be 7/1/2010). This information can be found in your funding commitment letter.



0486010303

<b>Entity Number</b>	<b>Applicant's Form Identifier</b>	<b>FY2010 P1</b>
<b>Contact Person</b>	<b>Julie Tritt Schell</b>	<b>Phone Number</b> 717-730-7133
<b>Block 4: Certifications and Signature</b>		
8. <input checked="" type="checkbox"/>	I certify that the entity(ies) receiving discounted services as indicated on this Form 486 are covered by technology plan(s) that have been approved by a state or other authorized body ? a USAC-certified technology plan approver ? prior to the commencement of service and that cover all 12 months of the funding year. If applicable, provide the name(s) of the organization(s) that approved a technology plan for any eligible entity that is receiving services covered under this Form 486. If EVERY FRN listed in the Form 486 is for basic telephone service only, enter "NONE" here.	
	<div style="border: 1px solid red; padding: 5px; display: inline-block;"> <p>A drop-down box will ask which entity approved your technology plan. If it hasn't yet been approved, you can't file the Form 486.</p> </div>	
	<div style="border: 1px solid black; padding: 2px;"> <p>Pennsylvania Department of Education</p> </div>	
9. <input checked="" type="checkbox"/>	I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided on a tariff or month-to-month basis. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity; that I have examined this request; and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.	
10. <input checked="" type="checkbox"/>	I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.	
<p><b>NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11: A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only ONE item. If the Billed Entity is not the Administrative Authority, skip to Item 11d. A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.") A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d must check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")</b></p> <p><b>IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.</b></p>		

Everyone must check Items 8, 9, & 10.



0486010403

<b>Entity Number</b>	<b>Applicant's Form Identifier</b>	<b>FY2010 P1</b>
<b>Contact Person</b>	<b>Julie Tritt Schell</b>	<b>Phone Number 717-730-7133</b>

**11. FOR A BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:**

I certify that as of the date of the start of discounted services:

a.  the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).

b.  pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form 486:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

c.  the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form 486 is (are) receiving discount services only for telecommunications services.

Check 11a if you ARE filtering as required by CIPA.

Only check 11c if you are exempt from filtering AND are not filtering.

**FOR A BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES**

d.  I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms 479 from all eligible members of the consortium.

e.  I certify as the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications services, and therefore the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), do not apply.

**For Funding Years after Funding Year 2001: If you checked Item 11d above, check ONE of the boxes below:**

f.  I certify that some or all of the eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver, and upon request from the Administrator I can provide this information; OR

g.  I certify that no eligible consortium members checked Form 479 Item 6d or Item 6e to seek a CIPA Waiver.

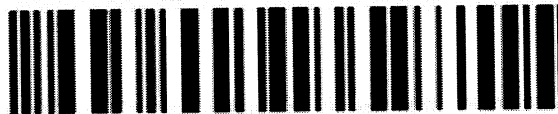
The certification language above is not intended to fully set forth or explain all the requirements of the statute.

<sup>1</sup> See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities."

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

This section (below the red line) applies to consortia-applicants only.

Consortia: Check 11d and 11g if all members are filtering. Check 11e if your consortium is for telecom svcs only and therefore no Form 479's were collected.



0486010503