

IDAHO TRS FUND FORM 1.1

DUE DATE: FIRST OF THE MONTH OR QUARTERLY

COMPANY NAME _____

REPORTING PERIOD: _____ TO _____

LOCAL EXCHANGE SERVICES:

	<u># of lines</u>	<u>revenues</u>
TOTAL # OF LINES	_____ X	\$0.02

A. TOTAL LOCAL FUND REVENUES=

MTS AND WATS TYPE TOLL SERVICES:

INTRASTATE BILLED MTS AND WATS MINUTES _____

SURCHARGE RATE \$0.0002

B TOTAL MTS/WATS FUND REVENUES=

TOTAL DUE:

C. TOTAL AMOUNT DUE=
ADD LINES A AND B

PREPARED BY: _____ Date _____ PHONE: _____

APPROVED BY: _____ Date _____ PHONE: _____

Questions? Call BOB DUNBAR AT

PHONE (208) 846-8371
email: bdunbar2@mindspring.com

PLEASE MAKE CHECKS PAYABLE TO
IDAHO TRS FUND
2545 NORTH WAGGLE PLACE

MERIDIAN ID 83646