

INLAND TELEPHONE COMPANY (d/b/a INLAND NETWORKS)

103 S. 2ND Street, P.O. Box 171
Roslyn, WA 98941
(360) 372-2211; (800) 462-4578; Fax (509) 649-2555
Email: custserv@inlandnet.com

NOTE: MUST COMPLETE A CUSTOMER INFORMATION FORM PRIOR TO COMPLETING THIS FORM.

DISCLOSURE

Inland Telephone Company is an equal service provider and does not unlawfully discriminate on the basis of race, sex, age, religion, national origin, gender identity, sexual orientation, marital status, veteran status or any other basis prohibited by federal, state or local law.

CUSTOMERS NAME _____

SERVICE ADDRESS _____

DEWATTO - TELEPHONE SERVICE

ARE YOU ELIGIBLE FOR A TELEPHONE ASSISTANCE PROGRAM ? If yes, then please complete the Lifeline Certification Form.

It is the customer's responsibility to inform Inland Telephone Company of telephone assistance program eligibility. Failure to do so will result in full rate billing until the date that Inland Telephone Company is notified.

BILLING NAME AND ADDRESS DISCLOSURE

The Federal Communications Commission (FCC) has issued an Order 93-254, Docket 91-115 requiring local exchange telephone companies to disclose the customer's Billing Name and Address (BNA). As a result of the FCC mandate, Inland Telephone Company must disclose, when requested, the billing name and address of any customer utilizing certain toll services. Toll calls may be carried by an interexchange carrier, who a) is not your presubscribed interexchange carrier, or b) does not have a billing contract with Inland Telephone Company. Under these circumstances, the carrier does not know who to bill the call(s) to, and therefore, must request the customers BNA from Inland Telephone Company in order to bill the call(s). In addition, your BNA can be released for several other reasons, which may include verification for presubscription and new address purposes, fraud prevention and similar non-marketing purposes.

PREMISES INFORMATION

Is the premises a new construction?

Has the premises had prior service?

INFORMATION SERVICES

Directory Services

Would you like your telephone number (Mark one)

How would you like your name listed in the directory (if applicable)? _____

Include Address in listing? (Mark one)

Caller Identification

There is no monthly charge for either **Block Per Call** or **Block Per Line** service. Non-recurring charges may apply if this service is changed in the future at your request. If you do not choose, you will be given **Block Per Call**.

Caller ID is limited to fifteen (15) characters in length, no punctuations, and must be your last name first; **NO** nicknames. If you do not specify your choice, Inland Telephone Company will designate your listing.

How would you like your name to appear on Caller ID units you call? _____

OPTIONAL CALLING FEATURES

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DEWATTO - TELEPHONE SERVICE - Continued

CUSTOMERS NAME _____

OTHER OPTIONAL CALLING FEATURES

FEATURE GROUP 1

\$1.00 for a single feature from this group; \$0.75 each for multiple features

- Call Waiting**
Customer receives a tone while on a call which indicates a second incoming call. A flash of the hook switch puts the 1st party on hold and retrieves the second call.
- Call Forwarding**
Allows customer to route incoming calls to another number. Options include: call forward on busy, call forward no answer, call forward remote activation, call forward variable and call forward variable timed.
- Three Way Calling**
Allows customer to conference with two people in different locations at the same time.
- Speed Calling: Choice of 8 or 30**
Customer can reduce the time spent dialing frequently used numbers by programming one or two digits on their keypad to automatically dial the number for them.
- Automatic Recall**
Allows you to redial the last number that called you by hitting *69 to activate or deactivate.
- Toll Denial**
Customer's phone is blocked from making 0-plus or 1-plus long distance calls. Does not block 1-800 calls.
- Account Code Forced**
Customer must enter a code which is recognized by the system, thereby allowing the use of the phone.
- Account Code Verified**

Allows customer to change service options. For example, long distance capabilities by entering an account code prior to dialing out.

FEATURE GROUP 2

\$1.00 for a single feature from this group; \$0.75 each for multiple features

- Anonymous Call Rejection****
By hitting *77, all incoming calls not identified by number or name & number will be rejected unless the called party uses *87 to unblock call rejection.
- Automatic Call Back**
Allows you to redial the last number that you called by hitting *66 to activate or deactivate.
- Selective Call Acceptance****
Key *64 to activate, *84 to deactivate. Allow you to accept calls from numbers you select.
- Selective Call Rejection****
Key *60 to activate, *80 to deactivate. Allow you to reject calls from numbers you select.

** Compliments Caller ID

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DEWATTO - TELEPHONE SERVICE - Continued

CUSTOMERS NAME _____

LONG DISTANCE SERVICE ELECTION

Choosing a Long Distance Carrier

Prior to the installation of your telephone service, you may choose one of a number of carriers for interLATA equal access toll service and for intraLATA toll dialing parity service at no charge. Your selection on this application will be considered your first selection at no charge, after which, a Primary Interexchange Carrier (PIC) change charge will apply to each PIC change, with the exceptions as detailed below.

If you do not choose a specific carrier for interLATA equal access toll service and intraLATA toll dialing parity service, Inland Telephone Company will not designate any carrier as your choice. By not making a specific choice, you will, in effect, be selecting a "No PIC", which is considered a service choice. If this is the case, you may access interLATA and intraLATA long distance using any access code, such as 101XXXX, that is available in your service area. If your choice is No PIC, you have 60 days from the date your local service is connected in which to make one change in carrier at no charge. To change your selection, you must notify the carrier of your choice, who will forward a PIC change notice to Inland Telephone Company. If you do not choose a carrier within 60 days or choose to change carriers a second time, PIC change charges will apply.

Below is the list of long distance carriers available to provide you with interLATA and intraLATA long distance. The best advice is to "shop around." You may contact any of the carriers listed prior to making your selections. Once you have decided on which carrier best meets your calling needs, you must inform that carrier and Inland Telephone Company of your choice(s).

CARRIER - RESIDENTIAL & BUSINESS SERVICE CONTACT NUMBER - PROVIDES INTERLATA AND/OR INTRALATA SERVICE				
Inland Long Distance	1-877-801-1111	1-877-801-1111	YES	YES
UCN, Inc.	1-800-363-6177	1-800-363-6177	YES	YES
AT&T	1-888-795-2717	1-888-795-2717	YES	YES
Excel Communications	1-800-875-9235	1-800-209-8133	YES	YES
MCI/Worldcom	1-800-275-0100	1-800-264-1000	YES	YES
Global Crossing	1-800-482-4848	1-800-783-2020	YES	YES
Primus Telecommunications	1-800-486-8686	1-800-486-8686	YES	YES

When selecting a long distance carrier, you may wish to consider some of the following questions:

- 1) How does their calling plan fit my personal calling needs?
- 2) What are their rates during "non-discounted periods"?
- 3) Are the rates they're showing me intrastate rates (within the state) or interstate rates (between two states)?
- 4) How do they compare with other companies' calling plans?
- 5) Are there other charges in addition to the per-minute charge?

Inland Telephone Company does not endorse any one specific long distance carrier. Inclusion on this list does not constitute an endorsement. The above list is provided to you in random order, which is changed on a regular basis.

My choice of carrier for InterLATA service is:

My choice of carrier for IntraLATA service is:

I understand that by completing the above two lines or by leaving one or both lines blank, I have made my initial selection of carrier. By completing one or both of the above lines, I have made my initial PIC and charges may apply to future PIC changes. If I have not chosen an interLATA or intraLATA carrier, I understand that I will have no direct dialed access to interLATA or intraLATA long distance and I have sixty (60) days from the date my local service is connected to change my selection of **NO PIC** one time at no charge. I understand that I can write No Carrier on either line as my initial choice and by doing so I will not have a presubscribed carrier assigned to my telephone line in the switching equipment.

SIGNATURE OF APPLICANT _____ **DATE** _____

APPLICANT (PRINTED) _____

SIGNATURE OF CO-APPLICANT _____ **DATE** _____

CO-APPLICANT (PRINTED) _____

INLAND LONG DISTANCE COMPANY

103 S. 2ND Street
P.O. Box 904
Roslyn, WA 98941
(509) 649-3700; (877) 801-1111
Fax (509) 649-3737

DISCLOSURE

Inland Long Distance Company is an equal service provider and does not unlawfully discriminate on the basis of race, sex, age, religion, national origin, marital status, veteran status or any other basis prohibited by federal, state or local law.

CALLING PLANS (only one calling plan available at this time)

INLAND Basic \$0.25 per minute/NO monthly recurring charge*

*The rate is for domestic long distance only; International rates apply for International calls. Other restrictions may apply, please ask customer service for details.

AGENCY AGREEMENT

Grant of Agency Authority:

This Agreement authorizes Inland Long Distance Company, consistent with Federal Communications Commission and Washington Utilities and Transportation Commission requirements, to act as our agent to change our Primary Interexchange Carrier (PIC) for only the services indicated for each of the telephone numbers listed on this form.

By my/our signature(s) below:

- I/We authorize Inland Long Distance Company ("ILDC") to obtain a credit report in connection with the service I/we am/are requesting from ILDC and that a deposit may be required as a result of the credit report. Upon request, I/we will be informed of the bureau name and address
- I/We understand that only one interexchange carrier may be designated as my/our Interstate (interLATA) Primary Interexchange Carrier (PIC) for any one telephone number, and I/we further understand that any PIC change made on my/our behalf may involve the imposition of a charge by the local exchange carrier that I/we am/are responsible for paying. ILDC is further authorized to change my/our Intrastate (interLATA) and international calling services for each of the telephone numbers listed on this form or any supplement to this authorization.
- I/We understand that only one interexchange carrier may be designated as my/our intraLATA Primary Interexchange Carrier (PIC) for any one telephone number, and I/we further understand that any PIC change made on my/our behalf may involve the imposition of a charge by the local exchange carrier that I/we am/are responsible for paying.
- I/We understand that the terms, conditions and rates for ILDC's Interstate and intraLATA service can be found by contacting the business office at 509-649-3700 or 1-877-801-1111, Monday through Friday, 8:00am to 5:00pm, by mail at PO Box 904, Roslyn, WA 98941-0904 or anytime at www.inlandnetworks.com

Use of services constitutes my/our agreement to those terms, conditions and rates.

Telephone Number(s) and services to be included in this authorization:

Telephone Number	InterLATA Y/N?	IntraLATA Y/N?	International Y/N?

I/we fully understand that by signing this Agency Agreement, I/we am/are primarily responsible for payment of the bill and am/are authorized to make changes to the account. I fully understand that without a signature from the co-applicant that the co-applicant as well as those that I/we may have listed as authorized users on the application, are authorized to access and make changes to the account.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SIGNATURE OF CO-APPLICANT _____ DATE _____

CO-APPLICANT (PRINTED) _____

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CERTIFICATION BY CUSTOMER IN ORDER TO RECEIVE FEDERAL LIFELINE SUPPORT

STATE ELIGIBILITY (Idaho ONLY)(Subscriber signature not required)

I certify that I am qualified through the:

Community Action Partnership Association of Idaho (CAPAI) (Inland must receive email confirmation from CAPAI)

INCOME ELIGIBILITY

I certify that my household income is at or below 135% of the federal poverty guidelines and therefore I qualify for Lifeline Support under the federal income requirements and have provided proof of my qualifications.

FEDERAL PROGRAM ELIGIBILITY

I certify that I qualify for Lifeline Support and am currently participating in one or more of the programs listed that I have checked below and am providing a copy of my benefit or program participation card or award letter.

- | | |
|--|---|
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)(Food Stamps) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> National School Lunch Program's free lunch program | |

TRIBAL LIFELINE ELIGIBILITY

Tribal Identification Number _____

I certify that I qualify for tribal Lifeline Support, as I reside on land that meets the Bureau of Indian Affairs definition of "reservation" (any federally recognized Indian tribe's reservation, Pueblo, or Colony including former reservations in Oklahoma, Alaska Native regions, and Indian Allotments) **AND** participate in one or more of the programs listed that I have checked below and am providing a copy of my benefit or program participation card or award letter.

- | | |
|--|--|
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Bureau of Indian Affairs General Assistance |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)(Food Stamps) | <input type="checkbox"/> Tribal Administered Temporary Assistance for Needy Families (TTANF) |
| <input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> National School Lunch Program's free lunch program | <input type="checkbox"/> Food Distribution Program on Indian Reservations |
| <input type="checkbox"/> Head Start (Income eligible) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Income Eligibility (See Income Eligibility) |

SUBSCRIBER CERTIFICATION

It is understood that by participating in the Lifeline program, the support that I receive is not actual payment to me but a discount on my monthly billed service. Participating in Lifeline does not protect me from collection procedures if I do not pay my phone bill. I fully understand that this discount, as well as the criteria for participation in the Lifeline Program, may change and I may no longer qualify, or the amount of support may increase or decrease.

As the Certifying Subscriber, I certify that, (i) the service is for me and not a member of the household; (ii) I am not listed as a dependent on someone else's tax return; and, (iii) the service address is my primary residence. I further certify that the service that I receive from Inland Telephone Company is my main line of service and neither I nor anyone in my household receives Lifeline Support for any other telecommunications service. Further, I understand that Lifeline is a federal benefit program that provides a monthly discount on either home or mobile telephone service and **ONLY ONE** Lifeline discount is allowed per household. Members of a household are not permitted to receive Lifeline Support from multiple telecommunications companies. I understand that violation of the one-per-household requirement will result in de-enrollment from the program and possible fines and imprisonment. As the Certifying Subscriber claiming income eligibility, I certify that the documentation I have provided accurately represents: (i) my household income and the number of persons in my household; or, (ii) proof of participation in an eligible program.

I certify that I will notify Inland Telephone Company within 30 days,(i) if for any reason I should no longer participate in any of the eligible programs or qualify by income, and or (ii) if I move from the address provided on this form. If my address listed above is temporary, I certify that I will verify my address to Inland Telephone Company every 90 days. I understand that if I fail to respond to an attempt to verify my address within 30 days, my Lifeline support may be terminated. I understand that if I fail to give notice as required, I am subject to penalties, including de-enrollment, being barred from the program and fines and imprisonment.

I understand that Lifeline Support is not transferrable and that I may not transfer my service to any individual, including another eligible Lifeline Support recipient. I further understand that if my service goes unused for 60 days, my service will be suspended subject to a 30 day period in which I may use the service or contact Inland Telephone Company to confirm that I want to continue receiving the service.

Further, I fully understand that in order to continue to receive this support, I must annually, or more often, certify my eligibility and provide proof of eligibility. I understand that my failure to timely re-certify will result in de-enrollment and termination of my Lifeline benefits.

I fully understand that the Lifeline Program is administered by the Universal Service Administration Company (USAC) under the guidance and authority of the Federal Communications Commission (FCC) and that all of the information that I have supplied pertaining to my eligibility will be shared with USAC and the FCC and I give my consent to do so.

I certify that the information provided on this form is true and correct to the best of my knowledge under penalty of perjury and if I have provided any misleading statements in order to receive support, I will be liable for any support received, my service may be discontinued, it may result in de-enrollment and my being barred from the program and I would be subject to state and federal fines and imprisonment.

SIGNATURE OF APPLICANT _____ DATE _____

APPLICANT (PRINTED) _____

SOCIAL SECURITY NUMBER XXX-XX- _____

DATE OF BIRTH _____

SERVICE ADDRESS _____

BILLING ADDRESS _____

TELEPHONE NUMBER _____

NUMBER OF PERSONS IN FAMILY OR HOUSEHOLD _____

////////// BELOW - FOR OFFICIAL USE ONLY //////////

Inland Telephone Company service - Customers serving Exchange

- | | | | |
|--------------------------|--------------|--------------------------|---------------|
| <input type="checkbox"/> | DEWATTO, WA | <input type="checkbox"/> | UNIONTOWN, WA |
| <input type="checkbox"/> | PRESCOTT, WA | <input type="checkbox"/> | LENORE, ID |
| <input type="checkbox"/> | ROSLYN, WA | <input type="checkbox"/> | LEON, ID |

SIGNATURE OF CUSTOMER SERVICE REPRESENTATIVE _____

PRINTED NAME OF CUSTOMER SERVICE REPRESENTATIVE _____

See Federal Poverty Guideline for a list of acceptable documentation for income eligibility.

Inland Telephone Company will keep the information contained in this form confidential, except as required by federal or state law. ALL INFORMATION COMPLETED ON THIS FORM IS SUBJECT TO STATE AND FEDERAL PERJURY PENALTIES .

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LIFELINE HOUSEHOLD WORKSHEET

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

The **adults** you live with are part of your **economic unit** if they contribute to and share in the income and expenses of the household. An **adult** is any person 18 years of age or older, or an emancipated minor (a person under age 18 who is legally considered to be an adult). **Household expenses** include food, health care expenses (such as medical bills) and the cost of renting or paying a mortgage on your place of residence (a house or apartment, for example) and utilities (including water, heat and electricity). **Income includes** salary, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, worker's compensation benefits, gifts, and lottery winnings

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1) Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check NO if you do not have a spouse or partner)

YES NO

> If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. **Only ONE** Lifeline discount is allowed per household.

> If you checked **NO**, please answer question #2.

2) Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

- A. A parent YES NO
- B. An adult son or daughter YES NO
- C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc..) YES NO
- D. An adult roommate YES NO
- E. Other _____ YES NO

> If you checked **NO** for each statement above, you do not need to answer the remaining questions. **Please initial line B**, below, and sign and date the worksheet.

> If you checked **YES**, please answer question #3.

3) Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2?

YES NO

> If you checked **NO**, then your address includes **more than one household**. **Please initial lines A and B below**, and sign and date the worksheet.

> If you checked **YES**, then your address includes **only one household**. You **may not** sign up for Lifeline because someone in your household already receives Lifeline.

CERTIFICATION

Please initial the certification below and sign and date this worksheet which must accompany your Lifeline application.

A. _____ I certify that I live at an address occupied by multiple households.

B. _____ I understand that violation of the one-per-household requirement is against the Federal Communications Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States Government.

SIGNATURE _____

DATE _____