IDAHO TRS FUND FORM 1.2 Rates as of May 1, 2021

DUE DATE: FIRST OF THE MONTH OR QUARTERLY COMPANY NAME: _____ REPORTING PERIOD: _______TO: ______ Date Submitted: _____ LOCAL EXCHANGE SERVICES: # of lines Revenues TOTAL # OF LINES _____ X \$0.05 TOTAL LOCAL FUND REVENUES = A. MTS AND WATS TYPE TOLL SERVICES: INTRASTATE BILLED MTS AND WATS MINUTES X \$0.001 **SURCHARGE RATE \$0.001** B TOTAL MTS/WATS FUND REVENUES = **TOTAL DUE:** B. TOTAL AMOUNT DUE= ADD LINES A AND B PREPARED BY: _____ Name Phone Email APPROVED BY: _____ Name Phone Email

Questions? E-mail Kelli Toohill at idahorelay@gmail.com or call at 406-697-0447/604-652-0447

PLEASE MAKE CHECKS PAYABLE TO:

Idaho TRS Fund 600 Front Street #351 Lynden, WA 98264