CALIFORNIA PUBLIC UTILITIES COMMISSION
ATTN: USER FEE UNIT
505 Van Ness Avenue
San Francisco, CA 94102-3214

June 1, 2014

Utility ID Number: U-_____

(Circle One)
Utility Type: CEC CER CLC CLR IEC IER LEC PCC RTU

Utility Name: _____

Utility Address: _____

Utiltiy City, State Zip: _____

Name of Report Preparer: _____

Quarterly Fee Statement for CPUC Utilities Reimbursement Account, California Cellular Carriers or Telephone and Telegraph Corporations, pursuant to Chapter 2.5 Part 1, Division 1, Public Utilities Code, for the period April 1, 2014 to June 30, 2014.

Utilities shall make payment of the fee to the Commission on or before July 15, 2014, consistent with Section 433(a) of the California Public Utilities Code.

1. Gross Intrastate revenue(s) . . . . . $_____

2. Less Intrastate revenue(s) *(if reported on line 1):*

A. Directory advertising and sales . . . . . $_____

B. Terminal equipment sales . . . . . $_____

C. Inter-utility sales . . . . . $_____

D. Total of above exclusions . . . . . $_____

3. Adjusted Intrastate revenue(s) *(line 1 minus line 2D)* . . . . . $_____

4. Fee *(multiply line 3 by .0018 or enter actual amount billed)* . . . . . $_____

5. Optional uncollectibles: Rate case factor_____
(multiply factor by line 4) . . . . . $_____

6. Optional adjustments *(enter both or neither):*

A. Interest earned on fees collected. . . . . . $_____

B. Administrative costs on fees collected . . . . . $_____

C. Subtotal *(line 6A minus line 6B, if used)* . . . . . $_____

7. Fees Due *(line 4 minus line 5 if used; plus or minus line 6C)* . . . . . $_____

Verification: I hereby declare the foregoing information is true and correct to the best of my knowledge and belief.

_____ _____
Type or print Name and Title (Area Code) Phone Number

_____ _____
Signature Date

Please send remittance payable to "CPUC" with this completed and signed fee statement to the above address. All checks returned from the bank will incur a $10 service charge to the CPUC.

For more information, contact: Claudette Carolina-Blanson (415) 703-2470