SURCHARGES ARE TO BE COLLECTED IN ACCORDANCE WITH N.C.G.S. 62-157 AND NORTH CAROLINA UTILITIES COMMISSION ORDER(S) IN DOCKET P-100, AND ARE TO BE REMITTED MONTHLY, ACCOMPANYING THIS REPORT, NO LATER THAN THE TWENTIETH (20TH) OF THE FOLLOWING MONTH. CHECKS SHOULD BE MADE PAYABLE TO: DHHS - RELAY NORTH CAROLINA AND MAILED AS FOLLOWS:

DHHS - CONTROLLER’S OFFICE, AR
2025 MAIL SERVICE CENTER
RALEIGH, NC 27699-2025

LEC/CLP/TMC: ____________________________

Surcharges Collected/Billed for Calendar Month Ending: ____________________________
Month/Day/Year

Number of Qualified Access Lines Billed During Calendar Month: ________________

Number of Qualified Access Lines Collected During Calendar Month: ________________

Surcharge Billed ($0.08 per qualified access line): ________________

Less: Billing & Collection Charge ($0.01 per access line collected) ________________

Less: Uncollectible/Adjustments for Prior Periods ________________

Net Amount Remitted to DHHS: ________________

Remitted by (COMPANY, if different from above) ____________________________

Authorized by (Please print): ____________________________

Authorized Signature: ____________________________

Phone No. and Date: ____________________________