

EXHIBIT
RGF-16

FCC Form 499-Q Telecommunications Reporting Worksheet

Quarterly Filing for Universal Service Contributors

>>> Please read instructions before completing <<<

Approval by OMB
3060-0855

Block 1: Contributor Identification Information		101	Filer 499 ID	828230
102	Legal name of reporting entity	Native American Telecom, LLC		
103	IRS employer identification number	26-3283812		
104	Name telecommunications provider is doing business as	Native American Telecom, LLC		
105	Holding company (All affiliated companies should show same name here.)			
106	FCC Registration Number (FRN)	18249854		
107	Complete mailing address of reporting entity's corporate headquarters	P.O. Box 2316, Sioux Falls, SD 57101		

Block 2: Contact Information						
108	Person who completed this worksheet	First	Tara	MI	Last	Odenthal
109	Telephone number of this person	(562) 624-5444				
110	Fax number of this person	(562) 437-1422				
111	Email of this person	Tara@widevoice.com				
112	Billing address and billing contact person: (Bills for Universal Service contributions will be sent to this address.)	P.O. Box 2316, Sioux Falls, SD 57101				

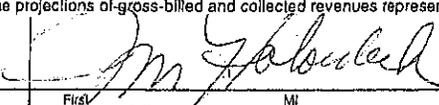
Block 3: Contributor Historical and Projected Revenue Information					
113	Year of historical revenue information	2011			
114	Indicate which quarterly filing this represents	<input type="checkbox"/> February 1	<u>Historical revenues for</u>	<u>Projected revenues for</u>	
		<input type="checkbox"/> May 1	October 1 - December 31 (prior year)	April 1 - June 30	
		<input checked="" type="checkbox"/> August 1	January 1 - March 31	July 1 - September 30	
		<input type="checkbox"/> November 1	April 1 - June 30	October 1 - December 31	
			July 1 - September 30	January 1 - March 31 (following calendar year)	

Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.		Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115	Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP	\$ 1,234,574	\$ 1,234,574	\$
116	End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	\$ 26,703	\$ 26,703	\$
117	All other goods and services	\$	Column (b) and (c) not requested	
118	Gross-billed revenues from all sources [sum of above]	\$ 1,261,277	for Lines 117 and 118	
119	Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$ 26,703	\$
120	Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$ 26,703	\$

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity

121 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.

122 Signature 

123 Printed name of officer First Jeff MI Last Holubek

124 Position with reporting entity President

125 Email of officer [Required if available] jeff@nativeamericantelecom.com

126 Date 8-Sep-11

127 This filing is: Original filing Revised filing (revisions due within 45 days of original filing deadline)

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-Q
February 2010

FCC Form 499-Q Telecommunications Reporting Worksheet

Quarterly Filing for Universal Service Contributors

>>> Please read instructions before completing <<<

Approval by OMB
3060-0855

Block 1: Contributor Identification Information

101

Filer 499 ID | 828230

102 Legal name of reporting entity *Native American Telecom, LLC*
 103 IRS employer identification number *26-3283812*
 104 Name telecommunications provider is doing business as *Native American Telecom, LLC*
 105 Holding company (All affiliated companies should show same name here.) *Native American Telecom, LLC*
 106 FCC Registration Number (FRN) *0018-2498-54*
 107 Complete mailing address of reporting entity's corporate headquarters *P.O. Box 2316
Sioux Falls, SD 57101*

Block 2: Contact Information

108 Person who completed this worksheet *First Tara MI Last Odenthal*
 109 Telephone number of this person *(562) - 624-5444*
 110 Fax number of this person *(562) - 437-1411*
 111 Email of this person *tara@widevoice.com*
 112 Billing address and billing contact person: *P.O. Box 2316
Sioux Falls, SD 57101*
 (Bills for Universal Service contributions will be sent to this address.)

Block 3: Contributor Historical and Projected Revenue Information

113 Year of historical revenue information *2011*

114 Indicate which quarterly filing this represents	<input type="checkbox"/> Filing due February 1 <input type="checkbox"/> May 1 <input type="checkbox"/> August 1 <input checked="" type="checkbox"/> November 1	Historical revenues for October 1 - December 31 (prior year) January 1 - March 31 April 1 - June 30 July 1 - September 30	Projected revenues for April 1 - June 30 July 1 - September 30 October 1 - December 31 January 1 - March 31 (following calendar year)
---	---	---	---

Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.

	Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115 Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP	<i>1,334,113</i>	<i>1,334,113</i>	<i>0</i>
116 End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	<i>31,831</i>	<i>31,831</i>	<i>0</i>
117 All other goods and services	<i>0</i>	Column (b) and (c) not requested	
118 Gross-billed revenues from all sources (sum of above)	<i>1,357,624</i>	for Lines 117 and 118	
119 Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		<i>31,831</i>	<i>0</i>
120 Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		<i>31,831</i>	<i>0</i>

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity

121 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.

122 Signature *[Signature]*
 123 Printed name of officer *First Jeff MI Last Holoubek*
 124 Position with reporting entity *President*
 125 Email of officer || Required if available || *jeff@nativeamericantelecom.com*
 126 Date *October 26, 2011*
 127 This filing is: Original filing Revised filing [revisions due within 45 days of original filing deadline]

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems - file electronically at

<http://forms.universalservice.org>

FCC Form 499-Q
February 2010

2nd filed
one

NATIVE AMERICAN TELECOM, LLC

WELLS FARGO BANK, NA
16-024/1220

10230

9/8/2011

Pay to the
Order of

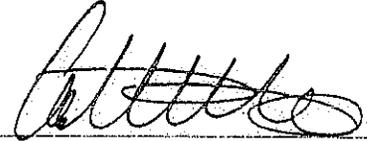
Universal Service Administrative Company

\$ **10,655.00

Ten Thousand Six Hundred Fifty-Five and 00/100*****

Dollars

Universal Service Administrative Company
PO Box 105056
Atlanta, GA 30348-5056



memo

Form 499A - Native American Telecom LLC

⑈010230⑈ ⑆12200024713190995526⑈

NATIVE AMERICAN TELECOM, LLC

10230

Universal Service Administrative Company

9/8/2011

Date	Type	Reference	Original Amt.	Balance Due	Discount	Payment
9/8/2011	Bill	Form 499A 2011	10,655.00	10,655.00		10,655.00
					Check Amount	10,655.00

WFB Checking #5526 Form 499A - Native American Telecom LLC

10,655.00

2011 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2010 Revenues)

Approval by OMB
3060-0855

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1, 2011

Block 1 - Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See Instructions.

101	Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. If you are a new filer, write "NEW" in this block and a Filer 499 ID will be assigned to you.]	828230
102	Legal name of reporting entity	Native American Telecom, LLC
103	IRS employer identification number	26-3283812
104	Name telecommunications provider is doing business as	Native American Telecom, LLC
105	Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.] <input type="checkbox"/> Audio Bridging (teleconferencing) Provider <input checked="" type="checkbox"/> 1 CAP/CLEC <input type="checkbox"/> Cellular/PCS/SMR (wireless telephony incl. by resale) <input type="checkbox"/> Coaxial Cable <input type="checkbox"/> Incumbent LEC <input type="checkbox"/> Interconnected VoIP <input checked="" type="checkbox"/> 2 Interexchange Carrier (IXC) <input type="checkbox"/> Local Reseller <input type="checkbox"/> Operator Service Provider (OSP) <input type="checkbox"/> Paging & Messaging <input type="checkbox"/> Payphone Service Provider <input type="checkbox"/> Prepaid Card <input type="checkbox"/> Private Service Provider <input type="checkbox"/> Satellite Service Provider <input type="checkbox"/> Shared-Tenant Service Provider / Building LEC <input type="checkbox"/> SMR (dispatch) <input type="checkbox"/> Toll Reseller <input type="checkbox"/> Wireless Data If Other Local, Other Mobile or Other Toll is checked, <input type="checkbox"/> Other Local <input type="checkbox"/> Other Mobile <input type="checkbox"/> Other Toll describe carrier type / services provided: →	
106.1	Holding company name (All affiliated companies must show the same name on this line.)	None
106.2	Holding company IRS employer identification number	NA
107	FCC Registration Number (FRN) [https://fjallfoss.fcc.gov/coresWeb/publicHome.do] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]	0018249654
108	Management company [if filer is managed by another entity]	N/A
109	Complete mailing address of reporting entity corporate headquarters	Street1 P.O. Box 2316 Street 2 Street 3 City Sloux Falls State SD Zip (postal code) 57101 Country if not USA
110	Complete business address for customer inquiries and complaints check if same address as Line 109 <input checked="" type="checkbox"/>	Street1 Street 2 Street 3 City State Zip (postal code) Country if not USA
111	Telephone number for customer complaints and inquires [Toll-free number if available]	805-477-2222 ext -
112	List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.	
	a Native American Telecom, LLC	g
	b	h
	c	i
	d	j
	e	k
	f	l

Use an additional sheet if necessary. Each reporting entity must provide all names used for telecommunications activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A / March 2011

Block 2-A Regulatory Contact Information

201	Filer 499 ID [from Line 101]	828230				
202	Legal name of reporting entity [from Line 102]	Native American Telecom, LLC				
203	Person who completed this Worksheet	First	MI	Last	Odenthal	
204	Telephone number of this person	(562) 624-5444			ext -	
205	Fax number of this person	(562) 437-1422				
206	Email of this person not for public release	Tara@widevoice.com				
207	Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent	Office	Attn First name		MI	Last
		Email not for public release	Phone		Fax	
		Street1 -----				
	check if same name as Line 203 <input checked="" type="checkbox"/>	Street 2				
	check if same address as Line 109 <input checked="" type="checkbox"/>	Street 3				
		City	State	Zip (postal code)	Country if not USA	
208	Billing address and billing contact person [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.]	Company	Attn First name		MI	Last
		Email not for public release	Phone		Fax	
		Street1 -----				
		Street 2				
	check if name and address same as Line 207 <input checked="" type="checkbox"/>	Street 3				
		City	State	Zip (postal code)	Country if not USA	
208.1	Email address where ITSP regulatory fee bill should be sent	not for public release Tara@widevoice.com				

Block 2-B Agent for Service of Process

All carriers and providers of interconnected VoIP must complete Lines 209 through 213. During the year, carriers and providers of interconnected VoIP must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209	D.C. Agent for Service of Process per 47 U.S.C. §413	Company	Attn First name		MI	Last
210	Telephone number of D.C. agent	(605) 286-3218			ext -	
211	Fax number of D.C. agent	(605) 286-3219				
212	Email of D.C. agent	scott@swierlaw.com				
213	Complete business address of D.C. agent for hand service of documents	Street1 1050 Connecticut Ave., NW				
		Street 2				
		Street 3				
		City	Washington	State	D.C.	Zip 20036
214	Local/alternate Agent for Service of Process (optional)	Company	Attn First name		MI	Last
215	Telephone number of local/alternate agent	ext -				
216	Fax number of local/alternate agent					
217	Email of local/alternate agent					
218	Complete business address of local/alternate agent for hand service of documents	Street1				
		Street 2				
		Street 3				
		City	State	Zip (postal code)	Country if not USA	

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Block 2-C: FCC Registration and Contact Information

Filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219	Filer 499 ID [from Line 101]	828230			
220	Legal name of reporting entity [from Line 102]	Native American Telecom, LLC			
221	Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	First	Jeff	MI	Last Holoubek
222	Business address of individual named on Line 221 check if same as Line 109 <input checked="" type="checkbox"/>	Street1			
		Street 2			
		Street 3			
		City	State	MI	Zip (postal code) Country if not USA
223	Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	First		MI	Last
224	Business address of individual named on Line 223 check if same as Line 109 <input checked="" type="checkbox"/>	Street1			
		Street 2			
		Street 3			
		City	State		Zip (postal code) Country if not USA
225	Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	First		MI	Last
226	Business address of individual named on Line 225 check if same as Line 109 <input checked="" type="checkbox"/>	Street1			
		Street 2			
		Street 3			
		City	State		Zip (postal code) Country if not USA
227	Indicate jurisdictions in which the filing entity provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months				
	<input type="checkbox"/> Alabama	<input type="checkbox"/> Guam	<input type="checkbox"/> Massachusetts	<input type="checkbox"/> New York	<input type="checkbox"/> Tennessee
	<input type="checkbox"/> Alaska	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Michigan	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Texas
	<input type="checkbox"/> American Samoa	<input type="checkbox"/> Idaho	<input type="checkbox"/> Midway Atoll	<input type="checkbox"/> North Dakota	<input type="checkbox"/> Utah
	<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Northern Mariana Islands	<input type="checkbox"/> U.S. Virgin Islands
	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Ohio	<input type="checkbox"/> Vermont
	<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Virginia
	<input type="checkbox"/> Colorado	<input type="checkbox"/> Johnston Atoll	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon	<input type="checkbox"/> Wake Island
	<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania	<input type="checkbox"/> Washington
	<input type="checkbox"/> Delaware	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Puerto Rico	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina	<input type="checkbox"/> Wyoming
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Mexico	<input checked="" type="checkbox"/> South Dakota	

228	Year and month filer first provided (or expects to provide) telecommunications in the U.S. <input type="checkbox"/> Check if prior to 1/1/1999, otherwise	Year 2009	Month November
-----	---	-----------	----------------

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A / March 2011

Block 3: Carrier's Carrier Revenue Information

301 Filer 499 ID [from Line 101]	828230				
302 Legal name of reporting entity [from Line 102]	Native American Telecom, LLC				
Report billed revenues for January 1 through December 31, 2010. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
See instructions regarding percent interstate & international.		Interstate (b)	International (c)	Interstate Revenue (d)	International Revenue (e)
Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms					
<i>Fixed local service</i>					
Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs					
303.1 Provided as unbundled network elements (UNEs)	0			0	0
303.2 Provided under other arrangements	0			0	0
<i>Per-minute charges for originating or terminating calls</i>					
304.1 Provided under state or federal access tariff	\$4,938,297.00			\$4,938,297.00	0
304.2 Provided as unbundled network elements or other contract arrangement	0			0	0
<i>Local private line & special access service</i>					
305.1 Provided to other contributors for resale as telecommunications	0			0	0
305.2 Provided to other contributors for resale as interconnected VoIP	0			0	0
306 Payphone compensation from toll carriers	0			0	0
307 Other local telecommunications service revenues	0			0	0
308 Universal service support revenues received from Federal or state sources	0			0	0
<i>Mobile services (i.e., wireless telephony, paging & messaging, and other mobile services)</i>					
309 Monthly, activation, and message charges except toll	0			0	0
<i>Toll services</i>					
310 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)	0			0	0
311 Ordinary long distance (direct-dialed MTS, customer toll free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)	0			0	0
312 Long distance private line services	0			0	0
313 Satellite services	0			0	0
314 All other long distance services	0			0	0
315 Total revenues provided for resale [Lines 303 through 314]	\$4,938,297.00			\$4,938,297.00	0

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2010 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

2011 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2010 Revenues)

Block 4-A End-User and Non-Telecommunications Revenue Information

401 Filer 499 ID [from Line 101]	828230				
402 Legal name of reporting entity [from Line 102]	Native American Telecom, LLC				
Report billed revenues for January 1 through December 31, 2010. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
See instructions regarding percent interstate & international.					
Revenues from All Other Sources (end-user telecom. & non-telecom.)					
403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions	0			0	0
<i>Fixed local services</i>					
Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges <u>Traditional Circuit Switched</u>					
404.1 Provided at a flat rate including interstate toll service -- local portion	0			0	0
404.2 Provided at a flat rate including interstate toll service -- toll portion	0			0	0
404.3 Provided without interstate toll included (see instructions)	\$77,123			\$77,123	0
<u>Interconnected VoIP</u>					
404.4 Offered in conjunction with a broadband connection	0			0	0
404.5 Offered independent of a broadband connection	0			0	0
405 Tariffed subscriber line charges and PICC charges levied by a local exchange carrier on a no-PIC customer	0			0	0
406 Local private line & special access service [includes the transmission portion of wireline broadband internet access provided on a common carrier basis]	0			0	0
407 Payphone coin revenues (local and long distance)	0			0	0
408 Other local telecommunications service revenues	0			0	0
<i>Mobile services (i.e. wireless telephony, paging & messaging, and other mobile services)</i>					
409 Monthly and activation charges	0			0	0
410 Message charges including roaming and air-time charges for toll calls, but excluding separately stated toll charges	0			0	0

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Block 4A: Continued

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
<i>Toll services</i>					
411 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards	0			0	0
412 International calls that both originate and terminate in foreign points	0				0
413 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412	0			0	0
414.1 Ordinary long distance (direct-dialed MTS, customer toll free 800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICCC pass-through, and other switched services not reported above All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills	0			0	0
414.2 All interconnected VoIP long distance, including; but not limited to, itemized toll	0			0	0
415 Long distance private line services	0			0	0
416 Satellite services	0			0	0
417 All other long distance services	0			0	0
Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues (See instructions.)					
418.1 bundled with circuit switched local exchange service	0				
418.2 bundled with interconnected VoIP local exchange service	0				
418.3 Other	0				

Block 4B: Total Revenue and Uncollectible Revenue Information

419 Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]	\$5,015,420			\$5,015,420	0
420 Gross universal service contribution base amounts [Lines 403 through 411 plus Lines 413 through 417] [See Table 3 in instructions.]	\$77,123			\$77,123	0
421 Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See instructions.]	\$3,930,046			\$3,930,046	0
422 Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420	0			0	0
423 Net universal service contribution base revenues [Line 420 minus line 422]	\$77,123			\$77,123	0

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Block 5: Additional Revenue Breakouts

501	Filer 499 ID [from Line 101]	828230
502	Legal name of reporting entity [from Line 102]	Native American Telecom, LLC

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.			Block 3 Carrier's Carrier (a)	Block 4 End-User Telecom. (b)
503	Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	0%	0%
504	Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	100%	0%
505	West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.	0%	0%
506	Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia	0%	0%
507	Mid-West:	Illinois, Indiana, Michigan, Ohio, and Wisconsin	0%	0%
508	Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	0%	0%
509	Southwest:	Arkansas, Kansas, Missouri, Oklahoma, and Texas	0%	0%
510	Total	[Percentages must add to 0 or 100.]	100%	0%

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)

Revenues from resellers that do not contribute to Universal Service	(a)		(b)	
	Total Revenues		Interstate and International	
	\$	0.00	\$	0.00

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Block 6 (CUMULATIVE) shall be entered by an officer of the filer.

601	Filer 499 ID (from Line 101)	828230
602	Legal name of reporting entity (from Line 102)	Native American Telecom, LLC

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.

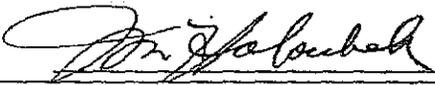
603 I certify that the reporting entity is exempt from contributing to Universal Service TRS NANPA LNP Administration

Provide explanation below:

604 Please indicate whether the reporting entity is State or Local Government Entity I.R.C § 501or State Tax Exempt (see instructions)

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's rules.

I certify that I am an officer of the above-named reporting entity as defined in the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in section II-C of the instructions.

606	Signature			
607	Printed name of officer	First Jeff	MI	Last Holoubek
608	Position with reporting entity	President		
609	Business telephone number of officer	(605) 477-2222 ext -		
610	Email of officer not for public release	jeff@nativeamericantelecom.com		
611	Date	March 30, 2011		

612 Check those that apply: Original April 1 filing for year New filer, registration only Revised filing with updated registration Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>