

2022 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2021 Revenues)

Approval by OMB
3060-0855

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

Annual Filing -- due April 1, 2022

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.]

102 Legal name of filer

Textricks, Inc

103 IRS employer identification number

[Enter 9 digit number] 32-0662769

104 Name filer is doing business as

Textricks, Inc

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 instructions.]

☐ Audio Bridging (teleconferencing) Provider

☐ CAP/CLEC

☐ Cellular/PCS/SMR (wireless telephony inc. by resale)

☐ Coaxial Cable

☐ Incumbent LEC

☒ 1 Interconnected VoIP

☐ Interexchange Carrier (IXC)

☐ Local Reseller

☒ 2 Non-Interconnected VoIP

☐ Operator Service Provider

☐ Paging

☐ Payphone Service Provider

☐ Prepaid Card

☐ Private Service Provider

☐ Satellite Service Provider

☐ Shared-Tenant Service Provider / Building LEC

☐ SMR (dispatch)

☐ Toll Reseller

☐ Wireless Data

☐ Other Local

☐ Other Mobile

☐ Other Toll

If Other Local, Other Mobile or Other Toll is checked,

describe carrier type / services provided: →

106.1 Affiliated Filers Name/Holding company name (All affiliated companies must show the same name on this line.)

Check if filer has no affiliates ☒

106.2 Affiliated Filers Name/Holding company IRS employer identification number

[Enter 9 digit number]

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]

[Enter 10 digit number] 0032063166

108 Management company [if filer is managed by another entity]

109 Complete mailing address of reporting entity
corporate headquarters

Street1 651 N broad St

Street 2 Suite 206

Street 3

City middletown

State DE

Zip (postal code) 19709

Country if not USA United States

110 Complete business address for customer inquiries and complaints

check if same address as Line 109 ☐

Street1 651 N broad St

Street 2 Suite 206

Street 3

City middletown

State DE

Zip (postal code) 19709

Country if not USA United States

111 Telephone number for customer complaints and inquiries [Toll-free number if available]

(866) - 277-7709 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 Textricks connect

g

b

h

c

i

d

j

e

k

f

l

Use additional sheets if necessary. Each filer 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

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FCC Form 499-A / 2022

Block 2-A: Regulatory Contact Information

| | | | | | |
|--|---|-----|-------|------|--------|
| 201 Filer 499 ID [from Line 101] | | | | | |
| 202 Legal name of filer [from Line 102] | Textricks, Inc | | | | |
| 203 Person who completed this Worksheet | First | sam | MI | Last | darthy |
| 204 Telephone number of this person | (866) - 277-7709 | | ext - | | |
| 205 Fax number of this person | () - | | | | |
| 206 Email of this person not for public release | sam@textricks.com | | | | |
| 207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent | Office Attn First name sam MI Last darthy Email not for public release sam@textricks.com Phone (866) - 277-7709 ext- Fax () - Street1 651 N broad St Street2 Suite 206 Street3 City middletown State DE Zip (postal code) 19709 Country if not USA United States check if same name as Line 203 <input type="checkbox"/> check if same address as Line 109 <input type="checkbox"/> | | | | |
| 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 sam MI Last darthy Email not for public release sam@textricks.com Phone (866) - 277-7709 ext- Fax () - Street1 651 N broad St Street2 Suite 206 Street3 City middletown State DE Zip (postal code) 19709 Country if not USA United States check if name and address same as Line 207 <input type="checkbox"/> | | | | |
| 208.1 Email address pertaining to ITSP regulatory fee issues | not for public release sam@textricks.com | | | | |

Block 2-B: Agent for Service of Process

All carriers and providers of interconnected and non-interconnected VoIP must complete Lines 209 through 213. During the year, these filers 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 | Company Northwest Registered Agent, Inc., Attn First name MI Last | | | | |
| 210 Telephone number of D.C. agent | (866) - 277-7709 | | ext - | | |
| 211 Fax number of D.C. agent | () - | | | | |
| 212 Email of D.C. agent | sam@textricks.com | | | | |
| 213 Complete business address of D.C. agent for hand service of documents | Street1 N Street NW STE 1 Street2 building no. 1717 Street3 City Washington State DC 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 Street2 City State Zip (postal code) Country if not USA United States | | | | |

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2022 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2021 Revenues)

Page 3

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] | | | | |
| 220 Legal name of filer [from Line 102] | Textricks,Inc | | | |
| 221 Chief Executive Officer (or, highest ranking company officer if the filer does not have a chief executive officer) | First jatin | MI | Last tomar | |
| 222 Business address of individual named on Line 221 | Street1 651 N broad St | | | |
| | Street 2 Suite 206 | | | |
| | Street 3 | | | |
| check if same as Line 109 <input checked="" type="checkbox"/> | City middletown | State DE | Zip (postal code) 19709 | Country if not USA United States |
| 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 | Street1 | | | |
| | Street 2 | | | |
| | Street 3 | | | |
| check if same as Line 109 <input type="checkbox"/> | City | State | Zip (postal code) | Country if not USA United States |
| 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 | Street1 | | | |
| | Street 2 | | | |
| | Street 3 | | | |
| check if same as Line 109 <input type="checkbox"/> | City | State | Zip (postal code) | Country if not USA United States |
| 227 Indicate jurisdictions in which the filer 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 checked="" 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 type="checkbox"/> South Dakota | |

228 Year and month filer first provided (or expects to provide) telecommunications in the U.S.

☐ Check if prior to 1/1/1999, otherwise:

Year 2022

Month 4

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FCC Form 499-A / 2022

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]

602 Legal name of filer [from Line 102]

Textricks, Inc

Section IV of the instructions provides information on which types of filers are required to file for which purposes. Any filer 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 filers 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 filer 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. § 501 or 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 filer 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 filer 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 III-B of the instructions.

606 Signature

607 Printed name of officer

First **latin**

MI

Last **tomar**

608 Position with reporting entity

founder

609 Business telephone number of officer

(866) - 277-7709

ext -

610 Email of officer || not for public release ||

director@textricks.com

611 Date

03/29/2022

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. **File this form online:** <https://forms.universalservice.org/portal/login>. For additional information regarding this worksheet contact: (888) 641-8722 or via email: Form499@usac.org

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FCC Form 499-A / 2022



ALTERNATIVE BILLING ARRANGEMENTS WORKSHEET

Please use this worksheet if your company requires invoices to be sent to different contacts and/or addresses (other than those specified on Line 208) for any of the following funds.

For any information left blank on this form, USAC will refer back to Line 208 as the default billing information.

499 Filer ID: _____ Legal name of the filing entity: Textricks, Inc

TRS- Telecommunications Relay Services

First Name: _____ Last Name: _____

Phone: _____ Extension: _____

Fax: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

NANP- North American Numbering Plan

First Name: _____ Last Name: _____

Telephone: _____ Extension: _____

Fax: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____

LNP- Local Number Portability

First Name: _____ Last Name: _____

Phone: _____ Extension: _____

Fax: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip Code: _____