

Illinois Consolidated Telephone Company
Service Description - DS-1/DS-3/OC-3

Master Services Agreement

Attached
 On File

Account Manager: Karen Louthan Sales ID: 10745 ICTC Cust No./Order No.: _____

Customer Information

Billing Information:	Initial Contract Period: <u>84 months</u>
Customer Name: <u>Community Unit Schools #2</u>	Requested Service Date: <u>6/10/2003</u>
Address: <u>1701 Charleston</u>	Expedite: _____
City, State, Zip: <u>Mattoon IL 61938</u>	Customer Agrees to Expedite Charge: _____
Billing Contact: <u>Dr. Berg / Carol</u>	Tax Exemption ID: _____ SIC Code: _____
Contact Phone: <u>2172355446</u>	Div. Code: _____ Loc. Code: _____
	Seg. Code: _____
	Cust. Contact: _____
	Contact Phone: <u>2172355446</u>

Point of Presence "A": _____	Type/Quantity: <u>Fiber Lease</u>
Point of Presence "Z": _____	Charges:
	<u>MRC</u>
	<u>NRC</u>
	Channel Termination _____
	Channel Mileage _____
	Channel Mileage Term. _____
Description of Ancillary: <u>Fiber Lease between all properties. Lease is based on a seven year agreement at rate indicated.</u>	Access <u>\$ 2,500.00</u>
	SPU _____
	PRI Signalling _____
	FCC Line Chg _____ N/A
	911 Surcharge _____ N/A
	Ancillary Charges _____
	Total _____

Type of Service

Local Access: <u>DS-1</u>	LOCATION "A": _____	LOCATION "Z": _____
Framing: <u>ESF</u>	Framing: <u>ESF</u>	Framing: <u>ESF</u>
Line Coding: <u>D4/AMI</u>	Line Coding: <u>D4/AMI</u>	Line Coding: <u>D4/AMI</u>
Other Type of Muxing Required? <u>no</u>	Other Type of Muxing Required? <u>no</u>	Other Type of Muxing Required? <u>no</u>
Describe: <u>T-1 for dial tone into Meridian Switch</u>	Describe: _____	Describe: _____
CKT Terminating Into: <u>Digital Switch</u>	CKT Terminating Into: _____	CKT Terminating Into: _____
Channel bank at Customer Premise? <u>no</u>	Channel bank at Customer Premise? _____	Channel bank at Customer Premise? _____
Term. Device capable of being looped to DS-1? _____	Term. Device capable of being looped to DS-1? _____	Term. Device capable of being looped to DS-1? _____
Equipment Responsibility: _____	Equipment Responsibility: _____	Equipment Responsibility: _____

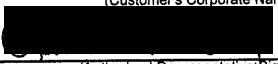
Location "A" to Customer Premise		Location "Z" to Customer Premise	
Customer Name: <u>ICTC</u>	Customer Name: <u>CUSD #2</u>	Customer Name: <u>CUSD #2</u>	Customer Name: <u>CUSD #2</u>
Customer Address: <u>1501 Charleston</u>	Customer Address: <u>1701 Charleston</u>	Customer Address: <u>1701 Charleston</u>	Customer Address: <u>1701 Charleston</u>
City, State, Zip: <u>Mattoon IL 61938</u>	City, State, Zip: <u>Mattoon IL 61938</u>	City, State, Zip: <u>Mattoon IL 61938</u>	City, State, Zip: <u>Mattoon IL 61938</u>
Technical Contact: <u>Don Traub / Katie Miller</u>	Technical Contact: <u>Liana Hite</u>	Technical Contact: <u>Liana Hite</u>	Technical Contact: <u>Liana Hite</u>
Phone: <u>2349992</u> Floor: _____ Room: _____	Phone: <u>2585216</u> Floor: _____ Room: _____	Phone: <u>2585216</u> Floor: _____ Room: _____	Phone: <u>2585216</u> Floor: _____ Room: _____
On-Site Contact: _____	On-Site Contact: <u>Liana Hite</u>	On-Site Contact: <u>Liana Hite</u>	On-Site Contact: <u>Liana Hite</u>
Phone: _____	Phone: <u>2585216</u>	Phone: <u>2585216</u>	Phone: <u>2585216</u>
LOA Contact Number: _____	LOA Contact Number: _____	LOA Contact Number: _____	LOA Contact Number: _____
NPA/NXX: <u>217234</u>	NPA/NXX: <u>217234</u>	NPA/NXX: <u>217234</u>	NPA/NXX: <u>217234</u>
Type of Service: <u>DS1</u>	Type of Service: <u>DS1</u>	Type of Service: <u>DS1</u>	Type of Service: <u>DS1</u>
Remarks: _____	Remarks: <u>DS1 into Meridian Switch</u>	Remarks: <u>DS1 into Meridian Switch</u>	Remarks: <u>DS1 into Meridian Switch</u>


Customer Terminating Information

Type/Manufacturer: _____	Type/Manufacturer: _____
Equip. Vendor: _____	Equip. Vendor: _____
Vendor Contact Name: _____	Vendor Contact Name: _____
Vendor Phone: _____	Vendor Phone: _____
Standard Jack USOC: _____	Standard Jack USOC: _____
Inside Wiring by Cust: _____	Inside Wiring by Cust: _____
Inside Wiring Provided by ICTC at Additional Cost: _____	Inside Wiring Provided by ICTC at Additional Cost: _____

Description of Service:

CUSTOMER HEREBY AGREES TO ABIDE BY ALL TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE OF THIS SERVICE DESCRIPTION, AS WELL AS THOSE LISTED ON THE MASTER SERVICES AGREEMENT TO WHICH THIS SERVICE DESCRIPTION APPLIES, DATED _____

Community Unit Schools #2
(Customer's Corporate Name)

(Authorized Representative Signature)
Richard L. Berg, Superintendent
(Authorized Representative Printed Name and Title)

Illinois Consolidated Telephone Company

(Authorized Representative Signature)
Karen J. Louthan Account Manager
(Authorized Representative Printed Name and Title)