

**DUAL PARTY FUND
STATEMENT OF REVENUES**

NAME OF COMPANY: _____

CONTACT: _____ **TELEPHONE:** _____

ADDRESS: _____

_____ **BILLING.COLLECTED IN** _____ **REMITTED ON** _____
MONTH/QUARTER

_____ **ACCESS LINES x .15 (RATE)** _____
NUMBER **AMOUNT**

LESS EXPENSE (ITEMIZED COPY ATTACHED) _____
AMOUNT

CHECK DEPOSITED TO UBS FINANCIAL IN THE AMOUNT OF _____
AMOUNT

CHECK # _____

CHECK DATE: _____

Check Sent to:

Linda Hollingshead
UBS Financial Services
4001 Carmichael Road, Suite 400
Montgomery, AL 36106
ACCOUNT # L8-06591-40

Statement Sent to:

AL-MS Telecommunications Association
Sheri Fowler
100 N. Union Street, Suite 826
Montgomery, AL 36104
Fax: 334/834-1722