

InTRAC FORM B

CELLULAR SURCHARGE REMITTANCE

Cellular Company _____

Year: Month: Surcharge: #Lines: Portion Prorated: Amount Tendered:

_____ \$0.03 _____

I affirm that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Authorized Signature

Printed Name

Telephone Number

Make checks payable to: InTRAC

Mailing Address: InTRAC
7702 Woodland Drive, Suite 250
Indianapolis, IN 46278
(317) 334-1413
(877) 446-8722 toll free

effective 4/1/05