

## New Mexico State Rural Universal Service Fund NMUSF Change of Address and/or Contact Information

The following clarifies the purpose of each address that is required on the NMUSF worksheet:

**Section 1 – Lines 1, 1a, 1b**

Provides the complete mailing address of a carrier’s **corporate headquarters**.

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**Statement/Billing Address Change**

The address of the **contact** listed in the Certification section will be used for future NMUSF mailings and statements/bills unless GVNW - NMUSF Administrator is otherwise notified by submission of the form below.

Company Code: NM-\_\_\_\_\_ Company Name: \_\_\_\_\_

Attn.: \_\_\_\_\_

Statement/Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

*Please submit this form to: GVNW Consulting, Inc.. NMUSF Administration,  
2930 Montvale Dr., Ste B, Springfield, IL 62704  
EMAIL: [NMUSF@gvnw.com](mailto:NMUSF@gvnw.com)  
FAX: 217-698-2715*