

2026 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting 2025 Revenues)

Approval by OMB
3060-0855

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

Annual Filing -- due April 1, 2026

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.]		0	
102 Legal name of filer		Joshua Schichtel	
103 IRS employer identification number		[Enter 9 digit number] 82-4043431	
104 Name filer is doing business as		JBCOMM	
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.]			
☒ 1 Audio Bridging (teleconferencing) Provider ☐ Coaxial Cable ☐ Non-Interconnected VoIP ☒ 4 Private Service Provider ☐ Toll Reseller		☐ CAP/CLEC ☒ 2 Interconnected VoIP ☐ Paging & Messaging ☒ 5 Shared-Tenant Service Provider / Building LEC ☐ Other Local	
☐ Incumbent LEC ☐ Operator Service Provider ☐ Satellite Service Provider ☐ Wireless Data		☐ Cellular/PCS/SMR (wireless telephony inc. by resale) ☐ Interexchange Carrier (IXC) ☐ Payphone Service Provider ☐ Other Mobile	
☒ 3 Local Reseller ☐ Prepaid Card ☐ SMR (dispatch) ☐ 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.) PCGROUP LLC		Check if filer has no affiliates ☐	
106.2 Affiliated Filers Name/Holding company IRS employer identification number		[Enter 9 digit number] 82-4043431	
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] 0038178562	
108 Management company [if filer is managed by another entity]			
109 Complete mailing address of reporting entity corporate headquarters		Street1 715 w ardmore rd Street2 Street3 City Phoenix State AZ Zip (postal code) 85041 Country if not USA United States	
110 Complete business address for customer inquiries and complaints check if same address as Line 109 ☒		Street1 715 w ardmore rd Street2 Street3 City Phoenix State AZ Zip (postal code) 85041 Country if not USA United States	
111 Telephone number for customer complaints and inquiries [Toll-free number if available]		(602) - 565-6951 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		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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Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	0			
202 Legal name of filer [from Line 102]	Joshua Schichtel			
203 Person who completed this Worksheet	First Joshua	MI	Last Schichtel	
204 Telephone number of this person	(602) - 565-6951		ext -	
205 Fax number of this person	() -			
206 Email of this person not for public release	j.schichtel@gmail.com			
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent check if same name as Line 203 ☒ check if same address as Line 109 ☒	Office 715 w ardmore rd phoenix arizona 85041 Attn First name Joshua MI Last Schichtel Email not for public release j.schichtel@gmail.com Phone (602) - 565-6951 ext- Fax () - Street1 715 w ardmore rd Street 2 Street 3 City Phoenix State AZ Zip (postal code) 85041 Country if not USA United States			
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.] check if name and address same as Line 207 ☒	Company 715 w ardmore rd phoenix arizona 85041 Attn First name Joshua MI Last Schichtel Email not for public release j.schichtel@gmail.com Phone (602) - 565-6951 ext- Fax () - Street1 715 w ardmore rd Street 2 Street 3 City Phoenix State AZ Zip (postal code) 85041 Country if not USA United States			
208.1 Email address pertaining to ITSP regulatory fee issues	not for public release j.schichtel@gmail.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 Attn First name MI Last			
210 Telephone number of D.C. agent	() -		ext -	
211 Fax number of D.C. agent	() -			
212 Email of D.C. agent				
213 Complete business address of D.C. agent for hand service of documents	Street1 Street 2 Street 3 715 W Ardmore Rd City Washington State DC Zip			
214 Local/alternate Agent for Service of Process (optional)	Company JBComm Attn First name Joshua MI J Last Schichtel			
215 Telephone number of local/alternate agent	(602) - 565-6951		ext -	
216 Fax number of local/alternate agent	() -			
217 Email of local/alternate agent	j.schichtel@gmail.com			
218 Complete business address of local/alternate agent for hand service of documents	Street1 715 W Ardmore Rd Street 2 City Phoenix State AZ Zip (postal code) 85041 Country if not USA United States			

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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]	0																																																																
220 Legal name of filer [from Line 102]	Joshua Schichtel																																																																
221 Chief Executive Officer (or, highest ranking company officer if the filer does not have a chief executive officer)	First	Joshua	MI	J	Last Schichtel																																																												
222 Business address of individual named on Line 221	Street1 715 w ardmore rd Street 2 Street 3 City Phoenix State AZ Zip (postal code) 85041 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 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 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.																																																																	
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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 2026	Month 4																																																													

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

601 Filer 499 ID [from Line 101]	0
602 Legal name of filer [from Line 102]	Joshua Schichtel

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 II-C of the instructions.

606 Signature			
607 Printed name of officer	First	MI	Last
608 Position with reporting entity			
609 Business telephone number of officer	() - ext -		
610 Email of officer not for public release			
611 Date	03/18/2026		
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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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: 0 _____ Legal name of the filing entity: Joshua Schichtel _____

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: _____