## COMMONWEALTH OF KENTUCKY

#### BEFORE THE PUBLIC SERVICE COMMISSION

In	tha	1./	[atter	of
m	ıne	IVI	ıaner	OL

AN INQUIRY INTO THE STATE	) CASE NO. 2016-0005
UNIVERSAL SERVICE FUND	)

# EASY WIRELESS' RESPONSES TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION

Easy Telephone Services Company d/b/a Easy Wireless, hereby serves its Responses to the Kentucky Public Service Commission Request for Information dated April 6, 2016.

### **VERIFICATION**

STATE OF FLORIDA	)
	) ss
County of MARION	)

I, TINA ALLEN, being first duly sworn upon oath, depose and say that I am the SECRETARY of EASY TELEPHONE SERVICES COMPANY d/b/a EASY WIRELESS and as such am authorized to make this verification on its behalf; that I have read the foregoing responses; that I know the contents thereof; and that the facts set forth in the foregoing responses are true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry.

Subscribed and sworn to before me this

Kust Say

day of April, 2016

Jua C. all

Notary Public

My Commission expires: 10 /19/19

#### **DATA RESPONSES**

# REQUESTS FOR INFORMATION TO PARTIES THAT RECEIVED PAYMENT FROM THE KENTUCKY UNIVERSAL SERVICE FUND ("KUSF")

**REQUEST NO. 1.** Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

**RESPONSE:** Please see attached Exhibit 1.

**REQUEST NO. 2.** Provide the Federal Communication Commission ("FCC") Form 497 submitted to the FCC from January 2014 to the present.

**RESPONSE:** Please see attached Exhibit 2.

**REQUEST NO. 3.** Refer to the Lifeline plans you filed with the Commission with your Application for Designation as an Eligible Telecommunications Carrier ("ETC"). State whether there have been changes to these Lifeline plans since the Commission entered an Order designating you as an ETC for the purpose of offering Lifeline service in Kentucky. If there have been changes to the Lifeline plans, provide:

#### **RESPONSE:**

- a. Please see the attached rate sheet.
- b.
- i. Easy Wireless was approved with a 100 minute plan for \$12.75. We now offer 250 minutes, which also includes text and 25 MB of data. We also have retail plans and family plans. The retail plans are offered to Lifeline customers with a \$12.75 discount. The family plans are offered to customers that have at least one account (retail or Lifeline) with Easy already.
- ii. The only plan offered when designated as an ETC was the 100 minute plan.
- c. Plans were changed to offer better products with more options to the eligible Lifeline customers in KY.

**REQUEST NO. 4.** If the Commission's decision is to maintain state Lifeline support for only voice service, describe how that decision would affect whether and how you provide Lifeline service in Kentucky.

 $\underline{RESPONSE:} \ This \ decision \ would \ not \ affect \ whether \ or \ not \ Easy \ Wireless \ offers \ service \ in \ Kentucky.$ 

**REQUEST NO. 5.** Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

<u>RESPONSE:</u> Easy Wireless believes cost-effective procedures have been implemented by USAC and the FCC and does not believe additional oversight is needed by the KY PSC.

**REQUEST NO. 6.** If the Commission's decision is to change the amount of Lifeline support, state how soon upon the issuance of an Order by the Commission changing the Lifeline support amount that you are or anticipate being able to implement the changes on customer bills.

<u>RESPONSE</u>: Easy Wireless does not send a bill to the lifeline customers on the Free 250 minute plan. Only customers who are on a paying plan (where the Lifeline discount is applied to a retail rate higher than the subsidy) would receive a bill, and currently that is less than 0.1% of our customer base. Easy Wireless believes that if there is any change to the amount of Lifeline support, the company can begin implementing the change to customer's bills within 60 days. This amount of time is necessary to give customer's advanced notice of the change to their plans.

**REQUEST NO. 7.** Provide, in detail, the methods employed to verify the eligibility of customers who participate in the Lifeline program.

RESPONSE: Easy Wireless uses the CGM ECP App to enroll a customer in the Lifeline program. The agent collects the customer's information, proof of ID, proof of eligibility, proof of address (if address does not validate against USPS), Lifeline Form, IEH Worksheet, and signature. This information is then reviewed by a third party Quality Control representative, who verifies the spelling of the name, the date of birth matches that on the proof of ID provided, that the name on the order matches the name on the proof of ID provided, that the address matches the proof of address, that the proof of eligibility matches the eligibility selected, and that the signature is unique to the customer. Once the QC rep approves the order, the agent is able to finish the order and issue a phone to the customer. Customer is required to activate the phone by verifying the last 4 digits of the SSN on the order. The phone is required to be activated before Lifeline funds are claimed on the customer. The CGM ECP App verifies the customer is not a duplicate within the Easy Wireless database, as well as integrated with NLAD to verify the customer is not a duplicate within NLAD. The ECP App will collect the IEH form if needed.

**REQUEST NO. 8.** State whether you have been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program. If you have been so subjected, provide in detail, including citations to the FCC action, the investigation, action, and/or penalties to which you were subjected.

#### **RESPONSE:**

Easy Telephone Services Company d/b/a Easy Wireless (Easy or the Company) has been subjected to Federal Communication Commission (FCC) investigation and action relating to its participation in the Lifeline program. It has not been subjected to any penalties.

On September 30, 2013, the FCC issued a Notice of Apparent Liability for Forfeiture (NAL) (File No.: EB-IHD-13-00010590) to Easy alleging that Easy sought reimbursement from the universal service fund for intra-company duplicate subscribers. The NAL proposed a monetary forfeiture of \$1,586,545. Easy takes very seriously the issue of alleged intra-company duplicates raised in the NAL. We believe that the NAL is both misguided and unfounded, and on December 4, 2013, Easy submitted its response to the NAL seeking cancellation of the proposed forfeiture. Easy supplemented its response on August 4, 2014 to provide additional data in support of its positions. Many of the major Lifeline providers have received similar NALs and similarly responded to the FCC seeking cancellation.

The NAL remains pending, and consequently Easy has not paid any amount of the proposed fines. Most recently, on or around November 24, 2015, the FCC's Enforcement Bureau referred the NAL to the FCC's Office of Inspector General (OIG). OIG is reviewing other documents that Easy has provided related to its participation in the program in conjunction with a subpoena to the Company.

It is important to note that, even if every duplicate alleged in the NAL were actually a duplicate, Easy was 99.4% effective at predicting what the Universal Service Administrative Company (USAC) would call a duplicate and denying those enrollments. A better-than-99-percent effective rate is not the sign of an ETC that ignores the FCC's rules or abuses the Lifeline program by accepting duplicate enrollment attempts by end users. Indeed, a 0.6% error rate is well below the Improper Payments Elimination and Recovery Act (IPERA) threshold of 1.5% for being susceptible to "significant improper payments" that is applied to government payment programs. Further, last year the FCC and USAC identified thousands of "production inter-company duplicates" that had been approved by the National Lifeline Accountability Database (NLAD) and had to be resolved. It appears that Easy was far more effective at identifying and denying intra-company duplicate enrollment attempts than the NLAD was at identifying and denying inter-company duplicate enrollment attempts.

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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<sup>&</sup>lt;sup>1</sup> See Improper Payments Elimination and Recovery Act of 2010, P.L. 111-204 (Jul. 22, 2010), 31 U.S.C. § 3321.

<sup>&</sup>lt;sup>2</sup> The FCC and USAC have not said how many production duplicates were found.

Further, Easy has participated in industry self-regulatory efforts to prevent duplicates. Specifically, prior to the implementation of the NLAD, Easy joined with dozens of other ETCs to voluntarily utilize an interim inter-company duplicates database (IDD), developed by CGM, LLC. The IDD prevented over 375,000 duplicate enrollment attempts, equating to Lifeline program savings of over \$4 million per month or \$50 million annually.

Moreover, for the following reasons, the Company cannot at this time estimate when, if ever, the FCC would impose the forfeiture or when, if ever, Easy would pay it.

- First, the NAL contains allegations rather than factual and legal determinations. Though it is more typical for the FCC to conduct a factual investigation prior to issuing a public NAL, it did not do so here. Easy had no advanced notice of the FCC action with respect to the duplicates alleged in the NAL.<sup>3</sup> Further, the case before the FCC involves a complex set of facts related to each subscriber enrolled in the Lifeline program. If the FCC ultimately seeks to convert the NAL into a forfeiture, the agency will need to do its factfinding in the context of the NAL proceeding. The Company will cooperate fully to allow for a proper determination as to whether any of the customer-attestation-supported enrollments involve a customer unlawfully receiving a duplicate benefit. Similarly, the FCC will need to consider Easy's legal defenses to allegations of various rule violations prior to making any formal finding.
- Second, the proposed forfeitiure structure is only a proposal. It is neither law nor regulation nor could it be (it is patently unlawful).
- Third, the FCC has five years to act on an NAL. It has been two and a half years with no action by the FCC. Possible outcomes include no further public action by the agency, cancellation of the NAL, or a settlement and consent decree. The FCC could also take other action, such as folding the issues raised in the NALs into a rulemaking proceeding or converting the NAL into a forfeiture order. Such an order would be subject to appeal in a United States Court of Appeals. It is impossible to predict the outcome at this point. Easy stands ready to cooperate fully with the FCC and we will seek an outcome that is fair for our customers, our employees, our owners and investors, and the Lifeline program itself.

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<sup>&</sup>lt;sup>3</sup> In 2012, Easy was subject to a Letter of Inquiry (LOI) from the Enforcement Bureau concerning its Lifeline practices (File No. EB-12-IH-1641). Easy responded to the LOI on January 22, 2013. The FCC later reassigned this inquiry to the NAL file number, but there has been no additional activity.

**REQUEST NO. 9.** Describe, in detail your current marketing programs for Lifeline service in Kentucky, including, but not limited to, person-to-person sales.

RESPONSE: In-Person sales, Door to Door sales, website, and occasional direct mail. Easy Wireless believes in-person sales are extremely effective way of obtaining the Lifeline order. Easy uses the CGM app to capture the customer's information and images of their proof of ID and proof of subsidy. Without the in-person enrollment, this information would be difficult to gather in real time; instead coming by way of mail, fax or email, thus causing a delay in order completion. This also gives a chance for the customer to select the phone model of their choosing, get their questions answered face-to-face, and provides a customer service aspect that is missing over the phone. With the absence of brick-and-mortar stores in the area, in-person sales through tent events and door-to-door sales are the next best method for obtaining the customer.

## REQUESTS FOR INFORMATION TO ALL PARTIES

**REQUEST NO. 1.** Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

**RESPONSE:** Same response as #1

**REQUEST NO. 2.** Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer receives service in the middle of a month.

**RESPONSE:** The line receives a full month subsidy.

**REQUEST NO. 3.** Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a customer leaves in the middle of a month.

<u>RESPONSE</u>: It depends on the day of the month the line started, and the day of the month the line cancelled. If the line cancels on a day of the month after the start day, they receive full subsidy. If the line cancels a day of the month prior to the start day of the month, no subsidy will be requested. Here is an example:

If line activates 1/15/2015 and disconnects 5/7/2015, the line is NOT eligible for subsidy on the way out.

If line activates 1/15/2015 and disconnects 5/27/2015, the line IS eligible of Lifeline subsidy on the way out.

**REQUEST NO. 4.** Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

<u>RESPONSE</u>: To calculate the remittance amount, we take the number of lines in Kentucky and multiply by the \$0.08 surcharge amount (now \$0.14). Though the customer may not pay a zero invoice, if the customer was active throughout the month the company does still remit the \$0.08 (now \$0.14) for each active line.

**REQUEST NO. 5.** State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform' is concluded before rendering a decision in this proceeding, and explain the basis for your response.

<u>RESPONSE:</u> Easy Wireless believes the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding. The FCC is always implementing new ways to prevent fraud, waste, and abuse, and often has the best methods for ensuring compliance with the program. It would be a waste of PSC resources to implement changes that may have to be altered when the FCC investigation of Lifeline reform is concluded.

**REQUEST NO. 6.** State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are or anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of access lines for each account type.

<u>RESPONSE</u>: Easy Wireless believes that if there is any change to the amount of Lifeline support, the company can begin implementing the change to customer's bills within 60 days. This amount of time is necessary to provide customer notice.

#### **CERTIFICATE OF SERVICE**

In accordance with 807 KAR 5:001, Section 8, I certify that the April 27, 2016 electronic filing of these Data Responses is a true and accurate copy of the same document being filed in paper medium; that the electronic filing was transmitted to the Commission on April 27, 2016; that there are currently no parties that the Commission has excused from participation by electronic means in this proceeding; and that an original paper medium of these Data Responses will be mailed to the Commission by first class United States mail, postage prepaid, on April 27, 2016.

Douglas F. Brent

# Exhibit 1



Date2/12/2014		Reporting Month 2014-01		
		Carrier Information		
Company Name	EASY TELEPI	HONE SERVICE		
Company Address	4352 SE 95 <sup>TH</sup>	STREET OCALA, FL 34480		
Telephone / Fax	352-433-2116	/ 352-433-2161		
Vendor Number				
Classification Please Circle One	ILEC	CLEC cellular PCS		
		Monthly Access Line Data		
Total Access I	ines in Service			
		\$0.08_		
_		Zentucky USF\$180.80		
4. Number of Access Lines Receiving Lifeline Support				
5. Amount of Reimbursement Requested from Kentucky USF				
	•			
		Signature Block		
I hereby attest that the i	nformation reported h	nerein is true and accurate to the best of my knowledge.		
Company Official <u>Jose</u>	eph Fernandez (Printed)	Title President Company Official (Signed)		
Make check payable t State Treasurer" and s report to:		Send a copy of this report to:  Kentucky Public Service Commission		

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

ATTN: KY USF

702 Capital Ave.

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615



Date3/10/2014	Reporting Month 2014-02				
	Carrier Information				
Company Name	EASY TELEPHONE SERVICE				
Company Address	Company Address 4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480				
Telephone / Fax	352-433-2116 / 352-433-2161				
Vendor Number					
Classification Please Circle One	ILEC CLEC Cellular PCS				
	Monthly Access Line Data				
1. Total Access	1. Total Access Lines in Service				
2. Surcharge Per Access Line					
3. Amount of Surcharge Remitted to Kentucky USF					
	1827 4. Number of Access Lines Receiving Lifeline Support1827				
5. Amount of Reimbursement Requested from Kentucky USF\$6,394.50					
	Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company Official <u>Jo</u>	seph Fernandez Title President Company Official (Signed)				
Make check payable t State Treasurer" and s					

report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601



Date4/9/2014	Reporting Mon	th2014-03			
	Carrier Information				
Company Name	EASY TELEPHONE SERVICE				
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480				
Telephone / Fax	352-433-2116 / 352-433-2161				
Vendor Number					
Classification Please Circle One	ILEC CLEC Cellular PCS	3			
	Monthly Access Line Data				
1. Total Access Lines in Service					
2. Surcharge Per	2. Surcharge Per Access Line				
	•				
	1827 4. Number of Access Lines Receiving Lifeline Support1725				
5. Amount of Reimbursement Requested from Kentucky USF\$6,037.50					
***************************************		1			
Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company OfficialJoseph Fernandez Title President Company Official (Signed)					
Make check payable	to: "Kentucky	Send a conv of this report to:			

State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601

Send a copy of this report to:



Carrier Information  Company Name				
Company Name         EASY TELEPHONE SERVICE           Company Address         4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480           Telephone / Fax         352-433-2116 / 352-433-2161				
Company Address 4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480 Telephone / Fax 352-433-2116 / 352-433-2161				
Telephone / Fax 352-433-2116 / 352-433-2161				
352-435-21107 352-435-2101				
Vendor Number				
Classification Please Circle One ILEC CLEC cellular PCS				
Monthly Access Line Data				
1. Total Access Lines in Service				
2. Surcharge Per Access Line				
3. Amount of Surcharge Remitted to Kentucky USF\$166.64				
1827 4. Number of Access Lines Receiving Lifeline Support2013				
5. Amount of Reimbursement Requested from Kentucky USF				
Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.				
Company OfficialJoseph FernandezTitlePresidentCompany Official(Signed)				
Make check payable to: "Kentucky  Send a copy of this report to:				

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Pate6/11/2014	Rep	orting Month	2014-05
	Carrier Informati	on	
Company Name	EASY TELEPHONE SERVICE		
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480		
Telephone / Fax	352-433-2116 / 352-433-2161		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular	) PCS	
		- Aller - Alle	
	Monthly Access Line	Data	
1. Total Access L	Lines in Service	2,4	128
2. Surcharge Per Access Line			
3. Amount of Surcharge Remitted to Kentucky USF\$194.24			
4. Number of Acc	cess Lines Receiving Lifeline Support	2374	
5. Amount of Rei	mbursement Requested from Kentucky USF	\$8,	309.00
······································	Signature Block	u	$\mathcal{A}_{\mathcal{O}}$
hereby attest that the in	nformation reported herein is true and accurate to t	he best of my know	vledge.
Company OfficialJos	seph FernandezTitlePresidentCor (Printed)	npany Official	(Signed)
Vales shook	o. "Ventualer	r-	
Make check payable to	o: "Kentucky	Ser	nd a copy of this report to:

State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601



Date7/9/2014			Reporting Month	n2014-06
		Carrier Info	ormation	
Company Name	EASY TELE	PHONE SERVICE		
	LAST TELET	PHONE SERVICE		
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480			
Telephone / Fax	352-433-2116 / 352-433-2161			
Vendor Number				
Classification Please Circle One	ILEC	CLEC Cellu	lar PCS	;
		Monthly Acces	s Line Data	
I. Total Access I	Lines in Service			2,895
2. Surcharge Per	Access Line		<u> </u>	\$0.08_
3. Amount of Sur	charge Remitted to	Kentucky USF	·····	\$231.60
4. Number of Ac	cess Lines Receivir	ng Lifeline Support	·····	2838
5. Amount of Rei	imbursement Reque	ested from Kentucky USI	·	\$9,933.00
		Signature	Block	1
I hereby attest that the i	nformation reported	d herein is true and accur	ate to the best of my	y knowledge.
Company OfficialJos	seph Fernandez (Printed)	TitlePresident	Compan	y Official (Signed)
Make check payable to State Treasurer" and s		<b>~</b>		Send a copy of this report to:
report to: Finance and Administra ATTN: KY USF	tion Cabinet	Marine Marine	COLA	Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd.

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

Frankfort, KY 40602

P.O. Box 615



Date8/11/2014	Reporting Month 2014-07	
	Carrier Information	
Company Name	EASY TELEPHONE SERVICE	
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480	
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		
Classification Please Circle One	ILEC CLEC Cellular PCS	
	Monthly Access Line Data	
1. Total Access Lines in Service		
Signature Block  I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company OfficialJos		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date9/9/2014	Re	porting Month2014-08	
	Carrier Informat	ion	
Company Name	EASY TELEPHONE SERVICE		
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FI	_ 34480	
Telephone / Fax	352-433-2116 / 352-433-2161		
Vendor Number			
Classification Please Circle One	ILEC CLEC <b>cellular</b>	PCS	
	Monthly Access Lin	e Data	
Total Access I	ines in Service	3,836	
2. Surcharge Per	Access Line	\$0.08_	
3. Amount of Sur	charge Remitted to Kentucky USF	\$306.88	
4. Number of Ac	cess Lines Receiving Lifeline Support	3,833	
5. Amount of Rei	mbursement Requested from Kentucky USF	\$13,415.50	
	Signature Block		
I hereby attest that the i	offormation reported herein is true and accurate to		
Company OfficialJos	·	Company Official (Signed)	
Make check payable t State Treasurer" and s		Send a copy of this report to:	

report to:

ATTN: KY USF

702 Capital Ave.

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615

Kentucky Public Service Commission



Date10/10/2014		Reporting Month 2014-09	
	Carrier Inform	nation	
Company Name	EASY TELEPHONE SERVICE		
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480		
Telephone / Fax	352-433-2116 / 352-433-2161		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular	r <sub>PCS</sub>	
	Monthly Access I	Line Data	
Total Access L	ines in Service	4,304	
2. Surcharge Per Access Line			
3. Amount of Surcharge Remitted to Kentucky USF\$344.32			
4. Number of Acc	cess Lines Receiving Lifeline Support	4,298	
5. Amount of Rei	mbursement Requested from Kentucky USF	\$15,043.00	
	Signature Bl	ock	
I hereby attest that the in	nformation reported herein is true and accurate	to the best of my knowledge.	
Company OfficialJos	eph Fernandez Title President (Printed)	Company Official (Signed)	
Make check payable to	o: "Kentucky	Send a conv of this report to:	

State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601



Jale11/10/2014	Reporting Month 2014-10
	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	
	POSTED
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
Total Access I	Lines in Service4,507
2. Surcharge Per	Access Line
3. Amount of Su	rcharge Remitted to Kentucky USF\$360.56
4. Number of Ac	cess Lines Receiving Lifeline Support4,504
5. Amount of Re	imbursement Requested from Kentucky USF\$15,764.00
	Signature Block
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.
Company OfficialJ	oseph Fernandez Title President Company Official (Signed)
Make check payable	to: "Kentucky

State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

Send a copy of this report to:



Date12/9/2014	Reporting Month 2014-11
	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
1. Total Access I	ines in Service4,662
2. Surcharge Per	Access Line
3. Amount of Sur	charge Remitted to Kentucky USF\$372.96
4. Number of Acc	cess Lines Receiving Lifeline Support4,620
5. Amount of Rei	mbursement Requested from Kentucky USF\$16,170.00
	Signature Block
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official Joseph Fernandez Title President Company Official (Signed)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date 1/12/2015	Reporting I	Month2014-12
	Carrier Information	
Company Name	EASY TELEPHONE SERVICE	
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 3448	80
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		
Classification Please Circle One	ILEC CLEC cellular	PCS
	Monthly Access Line Data	
1. Total Access I	ines in Service	4,574
2. Surcharge Per	Access Line	\$0.08
3. Amount of Sur	charge Remitted to Kentucky USF	\$365.92
4. Number of Acc	cess Lines Receiving Lifeline Support	4,572
5. Amount of Rei	mbursement Requested from Kentucky USF	\$16,002.00
	Signature Block	
I hereby attest that the it	nformation reported herein is true and accurate to the best	of my knowledge
·		ompany Official (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this  Send a copy of this report to:		

report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601



## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Jake2/13/2013	Reporting Month2015-01
	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
Total Access I	ines in Service4,293
2. Surcharge Per Access Line	
3. Amount of Surcharge Remitted to Kentucky USF\$343.44	
4. Number of Acc	cess Lines Receiving Lifeline Support4,293
5. Amount of Rei	mbursement Requested from Kentucky USF\$15,025.50
	Signature Block
I hereby attest that the in	aformation reported herein is true and accurate to the best of my knowledge.
Company Official _Jose	ph Fernandez Title President Company Official (Signed)
Make check payable to	o: "Kentucky

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A

Frankfort, KY 40601

211 Sower Blvd. P.O. Box 615

Kentucky Public Service Commission

Frankfort, KY 40602

ATTN: Jim Stevens



#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date3/10/2015	Reporting	Month2015-02
	Carrier Information	
Company Name	EASY TELEPHONE SERVICE	· · · · · · · · · · · · · · · · · · ·
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 344	480
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		
Classification Please Circle One	ILEC CLEC <b>cellular</b>	PCS
	OCTIEN	
	D Monthly Access Line Data	· · · · · · · · · · · · · · · · · · ·
1. Total Access	Lines in Service	4,148
2. Surcharge Per	· Access Line	\$0.08_
3. Amount of Su	rcharge Remitted to Kentucky USF	\$331.84
4. Number of Ac	ccess Lines Receiving Lifeline Support	4,148
5. Amount of Re	imbursement Requested from Kentucky USF	\$14,518.00
	Signature Block	fr.
I hereby attest that the	information reported herein is true and accurate to the be	st of my knowledge.
Company Official	oseph FernandezTitlePresidentCon (Printed)	npany Official (Signed)
Make check payable State Treasurer" and report to:		Send a copy of this report to:  Kentucky Public Service Commission

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

ATTN: KY USF

702 Capital Ave.

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615



Date4/6/2013	Reporting Month2015-03	
	Carrier Information	
Company Name	EASY TELEPHONE SERVICE	
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480	
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		
Classification Please Circle One	ILEC CLEC Cellular PCS	
	Monthly Access Line Data	
Total Access L	1. Total Access Lines in Service	
2. Surcharge Per Access Line		
3. Amount of Surcharge Remitted to Kentucky USF\$320.88		
4. Number of Access Lines Receiving Lifeline Support		
5. Amount of Reimbursement Requested from Kentucky USF\$14,038.50		
	Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _Joseph Fernandez Title _President Company Official (Signed)		
Make check payable to	· "Ventucky	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF

702 Capital Ave.

4/0/2015

Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date5/12/2015	Reporting Month 2015-04
·	d d
,	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	
, .	POSTE
Classification Please Circle One	ILEC CLEC Cellular PCS
·	Monthly Access Line Data
,	
I. Total Access L	ines in Service
2. Surcharge Per	Access Line <u>\$0.08</u>
3. Amount of Sur	charge Remitted to Kentucky USF\$216.40
4. Number of Acc	cess Lines Receiving Lifeline Support2704
5. Amount of Rei	mbursement Requested from Kentucky USF\$9,464.00
· · · · · · · · · · · · · · · · · · ·	
	Signature Block
I hereby attest that the in	nformation reported herein is true and accurate to the best of my knowledge.
Company OfficialJos	ceph Fernandez Title President Company Official (Signed)
Make check payable to State Treasurer" and s	

report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601



Date6/9/2015	Control of the Contro	Reporting Month 2015-05
	Carrier Inform	nation
Company Name	EASY TELEPHONE SERVICE	
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA,	FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		
	,	
Classification Please Circle One	ILEC CLEC cellula	PCS
	Monthly Access I	Line Data
Total Access I	Lines in Service	
2. Surcharge Per	Access Line	\$0.08
3. Amount of Sur	rcharge Remitted to Kentucky USF	\$206.40
4. Number of Ac	cess Lines Receiving Lifeline Support	2580
5. Amount of Re	imbursement Requested from Kentucky USF	
	Signature Bl	ock
I hereby attest that the i	nformation reported herein is true and accurate	to the best of my knowledge.
Company OfficialJos	seph FernandezTitle_President (Printed)	Company Official(Signed)
Make check payable to State Treasurer" and s		Send a copy of this report to:
report to:		Kentucky Public Service Commission ATTN: Jim Stevens

Finance and Administration Cabinet

702 Capital Ave. Capitol Annex, Room 488A

Frankfort, KY 40601

ATTN: KY USF

211 Sower Blvd.

Frankfort, KY 40602

Revised 03-13-2008

P.O. Box 615



Date7/13/2015	Report	ing Month	2015-06
	Carrier Information	· 	
Company Name	EASY TELEPHONE SERVICE	•	
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 3	34480	
Telephone / Fax	352-433-2116 / 352-433-2161		,
Vendor Number			
Classification Please Circle One	ILEC CLEC cellular	STED	
	Monthly Access Line Da	nta	
1. Total Access	Lines in Service	2318	
2. Surcharge Per	r Access Line	\$0.08	
3. Amount of Su	urcharge Remitted to Kentucky USF	\$185.4	4
4. Number of A	ccess Lines Receiving Lifeline Support	2310	
5. Amount of Re	eimbursement Requested from Kentucky USF	\$8,085	.00
	Signature Block		
I hereby attest that the	information reported herein is true and accurate to the	best of my knowled	ge.
Company OfficialJo	oseph FernandezTitlePresident (Printed)	Company Offici	al(Signed)
Make check payable State Treasurer" and		Send a	copy of this report to:

report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601



	Repor	ting Month2015-07				
	Carrier Information	(				
Company Name EASY TELEPHONE SERVICE						
Company Address 4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480						
Telephone / Fax 352-433-2116 / 352-433-2161						
ILEC CLEC	cellular	PCS				
	Monthly Access Line D	Pata				
charge Remitted to Kentuck	y USF	\$176.80				
cess Lines Receiving Lifelin	e Support	2207				
mbursement Requested from	Kentucky USF	\$7,724.50				
		1				
	Signature Block					
nformation reported herein i	s true and accurate to the	e best of my knowledge.				
eph FernandezTitle (Printed)	President	Company Official(Signed)				
end with this		Send a copy of this report to:  Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				
i	4352 SE 95 <sup>TH</sup> STRE  352-433-2116 / 352  ILEC CLEC  Lines in Service	Carrier Information  EASY TELEPHONE SERVICE  4352 SE 95 <sup>TH</sup> STREET OCALA, FL  352-433-2116 / 352-433-2161  ILEC CLEC Cellular  Monthly Access Line Experiment of the company of the compan				

Capitol Annex, Room 488A Frankfort, KY 40601



# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

ite9/9/2015		Reporting Month 2015-08
2	Carrier Information	mation
Company Name	EASY TELEPHONE SERVICE	<b>.</b>
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA,	FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		
		The second secon
Classification Please Circle One	ILEC CLEC Cellula	PCS
Please Circle One	ILEC CLEC	) PCS
	Monthly Access	Line Data
Total Access	Lines in Service	2018
2. Surcharge P	er Access Line	\$0.08_
3. Amount of S	urcharge Remitted to Kentucky USF	
4. Number of A	access Lines Receiving Lifeline Support	2013
5. Amount of F	eimbursement Requested from Kentucky USF	
	Signature B	lock .
I hereby attest that the	e information reported herein is true and accurate	
Company Official	oseph FernandezTitlePresident	Company Official
	(Printed)	(Signed)
Make check payable	to: "Kentucky	
State Treasurer" and		Send a copy of this report to:
report to:		Kentucky Public Service Commission ATTN: Jim Stevens
Finance and Administ ATTN: KY USF	ration Cabinet	211 Sower Blvd.

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008

Frankfort, KY 40602

P.O. Box 615



Date11/2/2015		Reporting Month_	2015-09
:			
	Carrier Info	ormation	
Company Name	EASY TELEPHONE SERVICE		
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA	A, FL 34480	
Telephone / Fax	352-433-2116 / 352-433-2161		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellul	ar PCS	
	Monthly Access	s Line Data	
Total Access I	Lines in Service		1824
2. Surcharge Per	Access Line		\$0.08_
3. Amount of Su	rcharge Remitted to Kentucky USF		\$145.92
4. Number of Ac	cess Lines Receiving Lifeline Support	18	8
5. Amount of Re	imbursement Requested from Kentucky USF		\$6,363.00
	Signature !	Block	$\mathcal{A}$
I hereby attest that the i	information reported herein is true and accura	ate to the best of my k	nowledge.
Company Official _Jose	eph FernandezTitlePresident_ (Printed)	Company	Official (Signed)
Make check payable t	to: "Ventucky		
wake check payable t	io. Kentucky		Send a copy of this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601



Reporting Month 2015-10
Carrier Information
EASY TELEPHONE SERVICE
4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
352-433-2116 / 352-433-2161
ILEC CLEC Cellular PCS
ILEC CLEC 7 PCS
Monthly Access Line Data
Withtiny Access Ellie Data
Lines in Service1617
Access Line
rcharge Remitted to Kentucky USF\$129.36
ccess Lines Receiving Lifeline Support1617
imbursement Requested from Kentucky USF\$5,659.50
Signature Block
information non-anta-d housin is true and accounts to the heat of my Impulades
information reported herein is true and accurate to the best of my knowledge.

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date12/9/2015	Reporting Month2015-11
	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
Total Access I	.ines in Service
<ol> <li>Surcharge Per</li> </ol>	Access Line <u>\$0.08</u>
3. Amount of Su	charge Remitted to Kentucky USF\$132.32
4. Number of Ac	cess Lines Receiving Lifeline Support1652
5. Amount of Re	mbursement Requested from Kentucky USF\$5,782.00
	Signature Block
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.
Company Official _Jose	ph Fernandez Title President Company Official (Signed)

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date1/12/2016			Reporting Month_	2015-12	
		Carrier Info	rmation		
Company Name EASY TELEPHONE SERVICE					
Company Address	4352 SE 95 <sup>Th</sup>	STREET OCALA	A, FL 34480	ř	
Telephone / Fax	352-433-211	6 / 352-433-2161			
Vendor Number					
Classification Please Circle One	ILEC	CLEC Cellul	ar PCS		
	40	Monthly Access	s Line Data		
Total Access I	ines in Service			_1504	
2. Surcharge Per	Access Line			\$0.08_	
3. Amount of Su	rcharge Remitted to	Kentucky USF		\$120.32	
4. Number of Ac	cess Lines Receivin	ng Lifeline Support	15	504	
5. Amount of Re	imbursement Reque	ested from Kentucky USF	·	\$5,264.00	
		Signature	Block		
I hereby attest that the	nformation reported	d herein is true and accura	ate to the best of my	knowledge.	
Company OfficialJo	seph Fernandez (Printed)	Title President	Compa	ny Official (Signed)	
Make check payable State Treasurer" and report to:				Send a copy of this report to:  Kentucky Public Service Commission	

Finance and Administration Cabinet

ATTN: KY USF

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008

ATTN: Jim Stevens

Frankfort, KY 40602

211 Sower Blvd.

P.O. Box 615



ate4/13/2016	Reporting Month 2016-01						
	Carrier Information						
Company Name	EASY TELEPHONE SERVICE						
Company Address	Company Address 4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480						
Telephone / Fax	352-433-2116 / 352-433-2161						
Vendor Number							
Classification Please Circle One	ILEC CLEC Cellular PCS						
THE PROPERTY OF THE PROPERTY O							
	Monthly Access Line Data						
Total Access	Lines in Service						
	r Access Line						
	urcharge Remitted to Kentucky USF						
	ccess Lines Receiving Lifeline Support						
	eimbursement Requested from Kentucky USF\$4,119.50						
	Signature Block						
I hereby attest that the	information reported herein is true and accurate to the best of my knowledge.						
	oseph Fernandez Title President Company Official						

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



te4/13/2016	Reporting Month 2016-02						
	Carrier Information						
Company Nam	EASY TELEPHONE SERVICE						
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480						
Telephone / Fa	x 352-433-2116 / 352-433-2161						
Vendor Number	er Committee of the com						
Classification Please Circle One	ILEC CLEC Cellular PCS						
icase circle one	inde obbe 105						
	Monthly Access Line Data						
. Total Acce	ss Lines in Service						
	Per Access Line\$0.08						
	Surcharge Remitted to Kentucky USF\$93.12						
	Access Lines Receiving Lifeline Support1164						
5. Amount of	Reimbursement Requested from Kentucky USF\$4,074.00						
	Signature Pleak						
hereby attest that t	Signature Block he information reported herein is true and accurate to the best of my knowledge.						
	Joseph Fernandez Title President Company Official (Signed)						
Aaka ahaak mayah							

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date4/	/13/2016			Reporting Month	2016-03	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Carrier Inf	formation		
Co	ompany Name	EASY TELEP	HONE SERVICE			
Com	pany Address	4352 SE 95 <sup>TH</sup>	STREET OCAL	A, FL 34480		
Те	elephone / Fax	352-433-2116	3 / 352-433-2161			
Ve	endor Number					
Classifi Please (	ication Circle One	ILEC	CLEC Cellu	ular		
			Monthly Acce	ess Line Data		4
1.	Total Access I	Lines in Service		1:	226	
2.						
3.				\$		
4.	Number of Ac	cess Lines Receiving	g Lifeline Support			
5.	Amount of Re	imbursement Reques	sted from Kentucky US	SF\$	4,287.50	
			Signatur	e Block		/n
I hereby	y attest that the	nformation reported	herein is true and accu	urate to the best of my kno	owledge.	///
Compar	ny OfficialJo	seph Fernandez (Printed)	TitlePresident	Company Of	ficial (Signed	

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

# Exhibit 2

OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 26903					e <u>269032</u>		
(3) Filer 499 ID <u>826954</u>		(4) Te	chnology Ty	pe (	check one) Wirelii	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	02/07/20	14
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	January	2014
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
					` ,	Original Revision	<u> </u>
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	KY
Telephone Number:	678-389-6024					1	
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
				<u>i</u>			
Lifeline		/a\#1	ifalin a		(h) Lifalina Cum		(a) Tatal Lifeline
			ifeline <u>cribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 1993			x \$9.2	5	= \$ 18435
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li		(-,			(not to exce		
			То	tal F	ederal Lifeline Sup	port Claime	d (10)\$ <u>18435</u>
Toll Limitation Service	es (TLS)						
Cost of Providing Ti		(11)	0.00000	0			
	al cost or \$3 in 2012 /\$2	,	0				
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su <sub>l</sub>	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		— (for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				-
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest	_		0.00				
Deletted interest		(17) Ψ					. 0
			To	otal <sup>-</sup>	Tribal Link Up Sup	port Claimed	I (18) \$ <u>∪</u>
ETC Payment							
Total Lifeline \$ 18435	Total TI S ¢ ()		т	Otal	Tribal Link Un ¢ ()	)	
i otai Enemie y <u> </u>	10tal 123 <u>9 0                                   </u>			otal			— 19425
					Tota	l Dollars (19)	\$_10433

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/07/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	le 269032
(3) Filer 499 ID <u>826954</u>		(4) Te	chnology Ty	pe (	check one) Wirelii	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	03/07/20	)14
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	February	/ 2014
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
					` ,	Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024					•	
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	inc.com				
	I	-		1			
Lifeline		(a) # 1	ifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline
			<u>cribers</u>		Subscriber Sup		(c) Total Elleline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) <u>1</u>	827		x \$9.2	5	= \$ 16900
Tribal Low-Income Subscrib	ers	<b>(9)</b> 0			x \$ 0.00 (not to exceed \$34.25) Federal Lifeline Support Claime		= \$ 0
Receiving federal Li		(-)					
			10	tal F	ederal Lifeline Sup	port Claime	d (10)\$ 16900
Toll Limitation Service	es (TLS)						
Cost of Providing Ti	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	0.00000	0	<u> </u>		
		,	0				
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		— (for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				-
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest	-		0.00				
Deletted litterest		(17) <b></b>	•		<del></del>		0
			Te	otal <sup>-</sup>	Tribal Link Up Sup	port Claimed	d (18) \$ <u>U</u>
ETC Payment							
Total Lifeline \$ 16900	Total TI S \$ 0		т	otal	Tribal Link Un \$ 0	)	
. σται Εποιπίο ψ <u></u>	10tal 120 <u>y</u>		'	Jiai			 16000
					Tota	l Dollars (19	)\$_10900

Exhibit 2 Page 4

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

03/07/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

OMB Approval 3060-0819

(3) Filer 499 ID 826954	(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>
(g) Organization Information Company Legal Name:  Easy Telephone Service Company Inc. Contact Name: CAITLYN LUMPKIN Bailing Address:  4352 SE 95TH STREET Check one BELLEVIEW, FL 34420 BE	(3) Filer 499 ID 826954		(4) Te	chnology Ty	pe (	check one) Wirelii	ne 🔲	Wireless 🗹
Company Legal Name:   Easy Telephone Service Company Inc.   a) Submission Date   04/07/2014	(5) ETC Designation Type (C	heck one): Lifelin	e Only	□ н	ligh	Cost/Low Income		
Contact Name:   CAITLYN LUMPKIN   b)   Data Month   March 2014	(6) Organization Information				(7)	Filing Information		
Mailing Address:   4352 SE 95TH STREET   c) Type of Filing (check one)   Original Revision   Check one)   Original Revision   Chec	Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	04/07/20	14
Telephone Number: 678-389-6024 Fax Number: 770-594-3878 E-mail Address: Caitlyn.lumpkin@cgminc.com  Lifeline  (a) # Lifeline Subscribers Receiving federal Lifeline Support Receiving federal L		CAITLYN LUMF	PKIN				March 20	014
BELLEVIEW, FL 34420   d) State Reporting   KENTUCKY	Mailing Address:	4352 SE 95TH	STRE	ET	c)	(check one)		_
Telephone Number: 678-389-6024 Fax Number: 770-594-3878 E-mail Address: caitlyn.lumpkin@cgminc.com  Lifeline  (a) # Lifeline Subscribers Unborning Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Subscriber Support (c) Total Lifeline Support (c) Total Lifeline Subscribers Subscriber Support (c) Total Lifeline Subscribers Subscriber Support (d) Total Federal Lifeline Support (d) Total Federal Lifeline Support (d) Subscribers Subscribers (d) Sub							•	
E-mail Address:   Calitlyn.lumpkin@cgminc.com   Lifeline   (a) # Lifeline   Subscriber Support   (c) Total Lifeline   Subscriber Subscriber   (d) Subscriber   (d) Subscriber Support   (d) Subscriber   (d) S	<del>-</del>		L 3442	20	d)	State Reporting	KENTUC	CKY
E-mail Address: Caitlyn.lumpkin@cgminc.com  Lifeline    Caitlyn.lumpkin@cgminc.com   Caitlyn.lumpkin@cgminc.com	•							
Lifeline  (a) # Lifeline Subscribers (b) Lifeline Support (c) Total Lifeline Subscribers (c) Subscribers (d) S	rax number:	770-594-3878						
Call Hildeline   Call	E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Content   Cont	l ifeline							
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support  (8) 1725	LITERITIE							(c) Total Lifeline
Receiving federal Lifeline Support  Tribal Low-Income Subscribers Receiving federal Lifeline Support  Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$ 15956  Total TLS Support Claimed (10) \$ 15956  Total TLS Support Claimed (13) \$ 0  Total TLS Support Claimed (13) \$ 0  Tribal Link Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived Charges Waived per Connection  Total Connection Charges Waived  Deferred Interest  (17) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0  ETC Payment  Total Lifeline \$ 15956  Total TLS \$ 0  Total Tribal Link Up \$ 0  Total Tribal Link Up \$ 0	Non-Tribal Low-Income Sub	ecribare	Subso	<u>cribers</u>		Subscriber Sup	oport .	
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Total Federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$ 15956  Total Federal Lifeline Support Claimed (10) \$ 15956  Total Federal Lifeline Support Claimed (10) \$ 15956  Total Connection Charges Waived Charges Waived Deferred Interest  Total Connection Charges Waived Charges Waived Deferred Interest  Total Tribal Link Up Support Claimed (18) \$ 0  Total Tribal Link Up Support Claimed (18) \$ 0  Total Tribal Link Up Support Claimed (18) \$ 0  Total Tribal Link Up Support Claimed (18) \$ 0  Total Tribal Link Up Support Claimed (18) \$ 0  Total Tribal Link Up Support Claimed (18) \$ 0  Total Tribal Link Up Support Claimed (18) \$ 0  Total Tribal Link Up Support Claimed (18) \$ 0  Total Lifeline \$ 15956  Total TLS \$ 0  Total Tribal Link Up \$ 0	Tribal Low-Income Subscrib	ers	(9) C	)		x \$ 0.00 = \$ 0		
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Cost of Providing TLS per Subscriber (11)				10	tai F	ederai Lifeline Sup	port Claime	d (10)\$ 15956
Number of TLS Subscribers  (12) 0  Total TLS Support Claimed (13) \$ 0  Tribal Link Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived Charges Waived per Connection  (14) 0 0 0.00 (for multiple rates, use an average amount)  (not to exceed \$100)  Total Connection Charges Waived  (16) \$ 0.0 (17) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0  ETC Payment  Total Lifeline \$ 15956 Total TLS \$ 0 Total Tribal Link Up \$ 0	Toll Limitation Service	es (TLS)						
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Deferred Interest  (17) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0  ETC Payment  Total Lifeline \$ 15956  Total TLS \$ 0  Total Tribal Link Up \$ 0			(not to	exceed \$100)				
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	· <del></del>	-				-		\s 15956

Exhibit 2 Page 6

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

04/07/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	le 269032
(3) Filer 499 ID <u>826954</u>		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	rvice C	ompany Inc	a)	Submission Date	05/08/20	)14
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	April 201	4
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
					` ,	Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024		-				
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
l :fal:				_			
Lifeline		(a) # L	.ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
			ribers		Subscriber Sup		(6) 10141 211011110
Non-Tribal Low-Income Sub- Receiving federal Li		(8) <u>2</u>	013		x \$9.2	5	= \$ 18620
Tribal Low-Income Subscrib	ers	(9) <u>C</u>	)		x \$ 0.00		= \$ 0
Receiving federal Li	feline Support			4-15	(not to exceed \$34.25) Federal Lifeline Support Claims		
			10	tai F	ederai Lifeline Sup	port Claime	a (10)\$ 10020
Toll Limitation Service	es (TLS)						
			0.00000				
Cost of Providing Ti	<b>LS per Subscriber</b> al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	U			
		,	0				
Number of TLS Sub	SCribers	(12)	<u> </u>				
T					Total TLS Supp	ort Claimed	(13) \$ <u>(</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su <sub>l</sub>	opor	t)		
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Charges Waived per	r Connection	(15) \$	0.00		(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			Т	otal <sup>-</sup>	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 18620	Total TI S ¢ ()		7	otol	Triballink un e A	)	
TOTAL ELICHNIC D TOOLO	10tai 1£5 \$ <u>∪</u>			otal			
					Tota	l Dollars (19	) \$ 18620

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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05/08/2014	Joseph Fernandez
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President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>
(3) Filer 499 ID 826954		(4) Te	chnology Ty	pe (	check one) Wirelii	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>—</b> н	ligh	Cost/Low Income	V	
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	06/09/20	014
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	May 201	4
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	inc.com				
Lifeline							
Litetifie		(a) # L	_ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	caribara		<u>cribers</u>		Subscriber Sup	port	
Receiving federal Li		(8) 2374			x \$9.2	5	= \$ <u>21960</u>
Tribal Low-Income Subscrib	ers	(9) <u>(</u>	)		x \$ <u>0.00</u>	= \$ 0	
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Toll Limitation Service	es (TLS)						
Cost of Providing T	I S ner Subscriber	(11)	0.00000	0			
	al cost or \$3 in 2012 /\$2			_	<del></del>		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			To	otal <sup>·</sup>	Tribal Link Up Sup <sub>l</sub>	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 21960	Total TLS \$ 0		т	otal	Tribal Link Up \$ $0$	)	
					Total	l Dollars (19)	)\$ <u>21960</u>

#### LIFELINE WORKSHEET

**OMB** Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Te	chnology Ty	pe (d	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	07/08/20	14
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	June 201	14
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
					` ,	Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline		/a\#1	ifalin a		(h) Lifeline Com		(a) Tatal Lifelina
			ifeline <u>cribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) <u>2</u>	838		x \$9.2	5	=\$ 26252
Tribal Low-Income Subscrib	ers	(9) <u>C</u>	)		x \$ 0.00	= \$ 0	
Receiving federal Li		(-)			(not to exceed \$34.25)		
			То	tal F	ederal Lifeline Sup	port Claime	d (10) \$ <u>26252</u>
Toll Limitation Service	es (TLS)						
				_			
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	0.00000	0			
		,	0				
Number of TLS Sub	scribers	(12)	<u>U</u>		<u> </u>		
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su <sub>l</sub>	opor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection CI	harges Waived	(16) \$	0.0				
Deferred Interest			0.00				
		( - / 4		-4		m a mt Ol=1	4 (4 O) & O
			Т	otal	Tribal Link Up Sup	port Claimed	د (۱۵) ¢ <u>∪</u>
ETC Payment							
Total Lifeline \$_26252	Total TI S ¢ 0		т	otal	Tribal Link Un ¢ 0	)	
				Jui			— 26252
					Tota	l Dollars (19	) \$

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

07/08/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	le 269032
(3) Filer 499 ID 826954 (4) Technology					check one) Wirelii	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	08/08/20	)14
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	July 201	4
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		_
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline							
			ifeline cribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li			565		x \$ 9.2		= \$ 32976
_		.,			· <u> </u>		
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>			$x \$ \frac{0.00}{\text{(not to exceed $34.25)}} = \$ \frac{0}{1.00}$		= \$ 0
<b>g</b>			То	tal F	Federal Lifeline Support Claimed (10) \$ 32976		
Toll Limitation Service	es (TLS)						
			0.00000	^			
Cost of Providing To (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	U			
Number of TLS Sub	scribers	(12)	0		<u> </u>		
Taib all inteller (1					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ie only to ETCs rece	eiving H	ign Cost su <sub>l</sub>	opor	t)		
Number of Connect	ions Waived	(14)	0		<u></u>		
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			To	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_32976	Total TLS \$ 0		т	otal	Tribal Link Up \$ $0$		_
					Tota	l Dollars (19	32976

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

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08/08/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>
(3) Filer 499 ID 826954		(4) Te	chnology Ty	pe (	check one) Wirelii	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>—</b> н	ligh	Cost/Low Income	V	
(6) Organization Information				(7)	Filing Information	<del>,</del>	
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	09/08/20	014
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	August 2	2014
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline							
LITCHING			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribare	<u>Subscribers</u>			Subscriber Sup	<u>oport</u>	
Receiving federal Li		(8) 3833			x \$9.2	5	= \$ 35455
Tribal Low-Income Subscrib		<b>(9)</b> 0			x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0
Receiving federal Li	feline Support	То		tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 3545		d (10) \$ 35455
Toll Limitation Service	es (TLS)						
Cost of Providing T		(11)	0.00000	0			
(the lesser of incremental cost or \$3 in 2012 /\$2		,	0				
Number of TLS Sub	scribers	(12)	0		<u> </u>		
Tribal Link Un (Accilete	into Occident		Total TLS Supp	ort Claimed	(13) \$ <u>0</u>		
Tribal Link Up (Availab	ie only to ETCs rece	eiving H	ign Cost su <sub>l</sub>	opor	τ)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			Te	otal <sup>·</sup>	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_35455	Total TLS \$_0		т	otal	Tribal Link Up \$ $0$	<u> </u>	_
	· ·				-	l Dollars (19	√¢ 35455
					ıota	ווסט ו oiiars (19	) <b>a</b>

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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09/08/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Te	chnology Ty	pe (	check one) Wirelii	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	rvice C	ompany Inc	a)	Submission Date	10/07/20	14
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	Septemb	per 2014
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
					` ′	Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024					1	
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
	l			1			
Lifeline		(2) # 1	.ifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline
			ribers		Subscriber Sup		(c) Total Ellellile
Non-Tribal Low-Income Subs Receiving federal Li		(8) <u>4298</u>			x \$ 9.25		=\$ 39757
Tribal Low-Income Subscrib	ers	<b>(9)</b> 0			x \$ 0.00		= \$ 0
Receiving federal Li				·-! <b>-</b>	(not to exceed \$34.25)  Tederal Lifeline Support Claimed (10) \$ 39		
			10	tai F	ederai Lifeline Sup	port Claime	a (10) \$ <u>39757</u>
Toll Limitation Service	es (TLS)						
			0.00000				
Cost of Providing TLS per Subscriber (11) U.UUUU (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)			0.00000	U			
•		,	0				
Number of TLS Sub	scribers	(12)	<u>U</u>				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su <sub>l</sub>	opor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			Te	otal <sup>-</sup>	Tribal Link Up Sup <sub>l</sub>	port Claimed	d (18) \$ <u>0</u>
ETC Payment							<u> </u>
•	0		_			ı	
Total Lifeline \$ 39757	Total TLS \$ <u>U</u>		Т	otal			_
					Total	Dollars (19	) <b>\$</b> <u>39757</u>

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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10/07/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

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(3) Filer 499 ID 826954		(4) Te	chnology Ty	pe (d	check one) Wirelii	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	check one): Lifelin	e Only	□ +	ligh	Cost/Low Income		
(6) Organization Information	<u> </u>			(7) I	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	11/07/20	114
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	October	2014
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
					` ′	Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024					•	
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
	1						
Lifeline		(2) # 1	ifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline
			ribers		Subscriber Sup		(c) Total Ellellile
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>4504</u>			x \$9.2	5	= \$ 41662
Tribal Low-Income Subscrib	ers	<b>(9)</b> 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li				<b></b>	(not to exceed \$34.25)		
Total Federal Lifeline Support Claimed (10) \$ 41662						d (10) \$ 4 1002	
Toll Limitation Services (TLS)							
			0.00000	^			
Cost of Providing TLS per Subscriber (11) U.UUUU (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)			0.00000	U			
•		,	0				
Number of TLS Sub	scribers	(12)	<u>U</u>				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su <sub>l</sub>	opor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		_		
			To	otal <sup>-</sup>	Гribal Link Up Sup <sub>l</sub>	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 41662	Total TI S # ()		-	'oto'	Triballink IIn &		
Total Lifeline \$ 7 1002	10tal 1L5 \$ <u>∪</u>			otal			
					Total	Dollars (19	)\$ 47662

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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11/07/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	143034376		(2) Stu	dy Area Co	de <u>269032</u>
(3) Filer 499 ID 826954		(4) Technology T	ype (	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	theck one): Lifeline	e Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	_	
Company Legal Name:	Easy Telephone Se	ervice Company Ind	a)	Submission Date 12/08/2014		014
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	Novemb	per 2014
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)		
				,	Original Revision	
	BELLEVIEW, F	L 34420	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline		(a) # Lifeline		(b) Lifeline Sur		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su	<u>pport</u>	
Receiving federal Li	ifeline Support	(8) <u>4620</u>		x \$9.2	= \$ <u>42735</u>	
Tribal Low-Income Subscrib		<b>(9)</b> 0		_ x \$ <u>0.00</u> =\$ <u>0</u>		
Receiving federal Li	ifeline Support	Т	otal F	(not to exceed \$34.25)  al Federal Lifeline Support Claimed (10) \$ 42735		
Toll Limitation Services (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000	00_			
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost st	ıppoı	t)		
Number of Connect	ions Waived	(14) <u>0</u>		<u></u>		
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
		(not to exceed \$100)	,			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		7	Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
•	T-1-1-1-0 A O		T = 1 · ·	T-26-21 1 2-1 1 1 A	)	
Total Lifeline \$ 42735	I otal TLS \$_U_		ıotal	i ribai Link Up \$ _	,	
				Tota	l Dollars (1	9) \$ 42735

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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12/08/2014	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	le 269032
(3) Filer 499 ID 826954		(4) Te	chnology Ty	pe (	check one) Wirelin	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>—</b> н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information	<del>,</del>	
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	01/08/20	)15
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	Decemb	er 2014
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline							
LIICIIIIC			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers		<u>cribers</u>		Subscriber Sup	<u>oport</u>	
Receiving federal Li		(8) <u>4572</u>			x \$9.2	5	= \$ <u>42291</u>
Tribal Low-Income Subscrib		<b>(9)</b> 0			x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0
Receiving federal Li	feline Support			tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 42291		d (10) \$ 42291
Toll Limitation Service	es (TLS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2	(11)	0.00000	0			
Number of TLS Subscribers		(12)	0				
		(/			Total TI S Supp	ort Claimed	(13) \$ ()
Total TLS Support Claimed (13) \$ \frac{0}{2} \] <b>Tribal Link Up</b> (Available only to ETCs receiving High Cost support)						(13) \$ <u>-</u>	
		44.0	0				
Number of Connect Charges Waived per		(14) (15) \$	0.00		— (for multiple rates	use an avera	de amount)
onargos traivou por			exceed \$100)		(for maniple rates)	ge amount)	
Total Connection CI	harges Waived	(16) \$	0.0		<u> </u>		
Deferred Interest			0.00				
		. ,	•	otal .	— Fribal Link Up Sup <sub>l</sub>	port Claime	d (18) \$ 0
ETC Payment				<b></b> 1	Jp oup	- 2.1 <b>-</b> 14111101	
	•				^		
Total Lifeline \$_42291	Total TLS \$ <u>0</u>		Т	otal	Tribal Link Up \$ $\frac{0}{2}$	1	
					Total	l Dollars (19	) \$ 42291

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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01/08/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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**OMB** Approval

				Avg.	Burden Est. pe	306 r Respondent: 2	60-0819 2.5 Hrs
(1) USAC Service Provider Id	lentification Number	143034376		(2) Stud	dy Area Code	269032	
(3) Filer 499 ID 826954			ne (	check one) Wirelii		Wireless 🗹	ı
(5) ETC Designation Type (C	hock one): Lifeline	_	-	Cost/Low Income	_	Will Clock	
	·	Only 🗀 🖪					
(6) Organization Information				Filing Information	00/00/004		٦
Company Legal Name:	Easy Telephone Service Company Inc			Submission Date	02/06/201		
Contact Name:	CAITLYN LUMF		p)	Data Month	January 2	015	
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)			
					Original    Revision		
	BELLEVIEW, F	L 34420	d)	State Reporting	KENTUC	Υ	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgminc.com					
Lifeline							
Lifelifie		(a) # Lifeline		(b) Lifeline Sup		c) Total Lifeline	Э
Non-Tribal Low-Income Sub	scribers	<u>Subscribers</u>		Subscriber Sup	<u>pport</u>		
Receiving federal Lifeline Support		(8) <u>4293</u>		x \$9.2	<u>5</u> =	=\$ <u>39710</u>	
Tribal Low-Income Subscrib	ers	(9) <u>0</u>		x \$ 0.00	=	= \$ <u>0</u>	
Receiving federal Li	feline Support			(not to exceed \$34.25)  I Federal Lifeline Support Clair		(10) ¢ 30710	
		10	lai F	ederai Liieiilie Sup	port Claimeu	(10) \$ 337 10	
Toll Limitation Service	es (TLS)						
Cost of Providing TI	S nor Subscriber	(11) 0.00000	0				
	al cost or \$3 in 2012 /\$2 i	\··/	<u> </u>				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed (	13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sup	opor	= =	ore oraninou (	.ο, ψ	
		0					
Number of Connecti Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rotes	<ul><li>(for multiple rates, use an average amount)</li></ul>		
Charges Walved per	Connection	(not to exceed \$100)		(for multiple rates	_ (for multiple rates, use an average amount)		
<b>Total Connection Charges Waived</b>		(16) \$ <u>0.0</u>		<u>—</u>			
Deferred Interest		(17) \$ <u>0.00</u>		_			
		To	otal '	Tribal Link Up Sup	port Claimed (	(18) \$ <u>0</u>	
ETC Payment							
-	^			•			
Total Lifeline \$ 39710		T	otal	Tribal Link Up \$ $\underline{0}$			

Total Dollars (19) \$ 39710

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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02/06/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	lentification Number	143034376		(2) Stu	dy Area Co	de <u>269032</u>	
(3) Filer 499 ID 826954		(4) Technology T	ype (	check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/Low Income		_	
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Easy Telephone Service Company Inc			Submission Date	Date 03/05/2015		
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	February 2015		
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)			
					Original Revision		
	BELLEVIEW, F	L 34420	d)	State Reporting	KENTU	CKY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgminc.com					
Lifeline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Subs		Subscribers 44.40		Subscriber Sup		2020	
Receiving federal Li	feline Support	(8) 4148		_ x \$ <u>9.25</u>		= \$ 38369	
Tribal Low-Income Subscribe Receiving federal Li		(9) <u>0</u>		x \$ <u>0.00</u> = \$ <u>0</u>			
Receiving lederal Li	renne Support	To	otal F	al Federal Lifeline Support Claimed (10) \$ 38369			
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	00	_			
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claime	d (13) \$ <sup>0</sup>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi			, , ,	
Number of Connecti		(14) $\frac{0}{0.00}$					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)			
<b>-</b>		· · · · · · · · · · · · · · · · · · ·					
Total Connection Ch	Total Connection Charges Waived (16) \$ $0.0$						
Deferred Interest		(17) \$ <u>0.00</u>		<u> </u>			
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 38369	Total TLS \$ 0		Total	Tribal Link Up \$ C	)		
·				•	l Dollars (1	 <sub>a) \$</sub> 38369	

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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03/05/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>	
(3) Filer 499 ID <u>826954</u>	r 499 ID <u>826954</u> (4) Technology					ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	check one): Lifelin	e Only	□ н	ligh	Cost/Low Income			
(6) Organization Information	1			(7)	Filing Information			
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	04/06/20	15	
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	March 20	015	
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)			
					` ,	Original Revision	4	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	KY	
Telephone Number:	678-389-6024		-					
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin	@cgmi	nc.com					
!fal!				1				
Lifeline		(a) # I	.ifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline	
			ribers			Subscriber Support		
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 4011			x \$9.25		=\$ 37102	
Tribal Low-Income Subscrib	ers	<b>(9)</b> 0			$\begin{array}{c} x  \$  \underbrace{0.00}_{\text{(not to exceed $34.25)}} = \$  \underbrace{0}_{\text{Federal Lifeline Support Claimed (10)}} \$ \underbrace{371}_{\text{(10)}} \$ \underbrace$		= \$ 0	
Receiving federal Li	ifeline Support	To		tal E			d (10) \$ 37102	
			10	lai F	ederai Liielille Sup	port Giainie	u (10) \$ <u>57 102</u>	
Toll Limitation Service	es (TLS)							
Coat of Droviding T	I C was Cubaasibas	(44)	0.00000	0				
Cost of Providing To (the lesser of incremental)	al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	<u> </u>				
Number of TLS Sub	scribers	(12) <u>0</u>						
					Total TLS Supp	ort Claimed	(13) \$ <del>0</del>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		, ,	
Number of Connect	ions Waived	(14)	0					
Charges Waived per		(15) \$	0.00		(for multiple rates, use an average amount)		ge amount)	
		(not to	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		<u> </u>			
Deferred Interest		(17) \$	0.00		_			
			Te	otal <sup>·</sup>	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 37102	Total TI & ¢ ()		т	Otal	Tribal Link Un ¢ ()	ı		
Total Ellellie p <u>or Toe</u>	10tal 1L3 <u>5 ∪</u>			Otal			— 27102	
					Tota	Dollars (19	)\$_3/102	

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

04/06/2015	Joseph Fernandez				
DATE	OFFICER SIGNATURE				
President	Joseph Fernandez				
OFFICER TITLE	OFFICER NAME				

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143034376				(2) Study Area Code <u>269032</u>			
(3) Filer 499 ID 826954 (4) Technology Type (check					check one) Wirelii	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	05/07/20	15
Contact Name:	CAITLYN LUMPKIN			b)	Data Month	April 201	5
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024						_
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin	@cgmi	nc.com				
Lifeline		(a) # I	ifeline.		(b) Lifeline Sup	nort/	(c) Total Lifeline
			<u>cribers</u>		Subscriber Sup		(c) Total Elicinic
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 2704			x \$9.2	5	=\$ 25012
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ 0.00		= \$ 0
Receiving federal Li		(-) _	<b>T</b> -	·	(not to exceed \$34.25) Federal Lifeline Support Claim		
			10	tai F	ederai Lifeline Sup	port Claime	d (10) \$ <u>250 12</u>
Toll Limitation Service	es (TLS)						
			0.00000	^			
Cost of Providing TI (the lesser of increment)	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	U			
Number of TLS Sub		(12)	0				
		` ,			Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor		ort Glaimeu	(13) ψ <u>-</u>
Number of Connect	tana Wahard	44	0				
Charges Waived pe		(14) (15) \$	0.00		— (for multiple rates)	. use an avera	ge amount)
<b>3</b>		. , .	exceed \$100)			,	<b>J</b>
Total Connection Cl	harges Waived	(16) \$	0.0		<u> </u>		
Deferred Interest		(17) \$	0.00		_		
			T	otal <sup>-</sup>	Гribal Link Up Sup <sub>l</sub>	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 25012			-	'otc'	Triballimbur & A	)	
Total Lifeline \$ 200 12	10tal 1L5 \$ <u></u>			otal	-		
					Total	l Dollars (19	) \$ <u>25012</u>

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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05/07/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>	
(3) Filer 499 ID 826954	9 ID <u>826954</u> (4) Technology				pe (check one) Wireline 🔲 Wireless [			
(5) ETC Designation Type (C	check one): Lifelin	e Only	□ н	ligh	Cost/Low Income			
(6) Organization Information	1			(7)	Filing Information			
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	06/05/20	15	
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	May 201	5	
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)			
					` ,	Original [ Revision [		
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	KY	
Telephone Number:	678-389-6024					1		
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com					
				1				
Lifeline		(2) # 1	.ifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline	
			ribers			scriber Support		
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>2</u>	580		x \$9.2	5	= \$ 23865	
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			$ = \frac{0.00}{\text{(not to exceed $34.25)}} = \frac{0}{0} $ Federal Lifeline Support Claimed (10) \$ 236		= \$ O	
Receiving federal Li				·-! <b>-</b>				
			10	tai F	ederai Lifeline Sup	port Claime	d (10) \$ <u>23003</u>	
Toll Limitation Service	es (TLS)							
			0.00000					
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2	(11)	0.00000	U				
•		,	0					
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su <sub>l</sub>	opor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an averaç	ge amount)	
		(not to	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		_			
Deferred Interest	(17) \$ 0.00							
			Te	otal <sup>-</sup>	Tribal Link Up Sup	port Claimed	I (18) \$ <sup>0</sup>	
ETC Payment					2F - 2F			
•	•				•			
Total Lifeline \$_23865	Total TLS \$ <u>0</u>		Т	otal	Tribal Link Up \$ $\underline{0}$	<u> </u>	_	
					Tota	l Dollars (19)	\$ <u>23865</u>	

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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06/05/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	lentification Number	14303	34376		(2) Stud	dy Area Cod	le 269032
(3) Filer 499 ID 826954		(4) Te	chnology Ty	pe (d	check one) Wirelir		Wireless ☑
(5) ETC Designation Type (C	heck one): Lifeline	e Only	ол л П	ligh	Cost/Low Income		_
(6) Organization Information	•	•	_		Filing Information	_	
Company Legal Name:	Easy Telephone Se	rvice Co	ompany Inc	a)	Submission Date	07/08/20	)15
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	June 201	15
Mailing Address:	4352 SE 95TH	STREI	ET	c)	Type of Filing (check one)		
						Original Revision	
Telephone Number:	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline							
Lifelific			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs	scribers	<u>Subscribers</u>			Subscriber Sup	<u>port</u>	
Receiving federal Li	feline Support	(8) 2310			x \$ 9.25	5	= \$ 21368
Tribal Low-Income Subscrib		(9) <u>0</u>			x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0
Receiving federal Li	feline Support	То		tal F	(not to exceed \$34.25)  Federal Lifeline Support Claimed (10) \$ 2		d (10) \$ 21368
Toll Limitation Service	os (TI S)					•	. , ,
TON Emmation Service	es (TLS)						
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0		<u></u>		
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor	t)		
Number of Connecti	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates,	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection CI	narges Waived	(16) \$	0.0		<u> </u>		
Deferred Interest	(17) \$ <u>0.00</u>						
			To	otal <sup>-</sup>	Tribal Link Up Sup <sub>l</sub>	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 21368	Total TLS \$ 0		т	otal	Tribal Link Up \$ $0$		_
					Total	l Dollars (19	)\$_21368

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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07/08/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	le 269032	
(3) Filer 499 ID 826954				pe (d	check one) Wirelin		Wireless ☑	
(5) ETC Designation Type (C	heck one): Lifeling	e Only	_		Cost/Low Income		_	
(6) Organization Information	·	· · · · · ·			Filing Information			
Company Legal Name:	Easy Telephone Se	ervice Co	ompany Inc	a)	Submission Date	08/04/20	)15	
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	July 201	5	
Mailing Address:	4352 SE 95TH		ET	c)	Type of Filing (check one)	, ,		
					` ′	Original Revision		
	BELLEVIEW, FL 34420			d)	State Reporting	KENTU	CKY	
Telephone Number:	678-389-6024						_	
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com					
Lifeline								
LITCHIC			ifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers		<u>cribers</u>		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 2207			x \$9.25		= \$ 20415	
Tribal Low-Income Subscrib		(9) <u>0</u>			x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0	
Receiving federal Li	feline Support	То		tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 204		ed (10) \$ 20415	
Toll Limitation Service	eos (TI S)							
TON LININALION Service	es (TLS)							
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	por	t)			
Number of Connecti	ions Waived	(14)	0					
Charges Waived per		(15) \$			(for multiple rates,	(for multiple rates, use an average amount)		
		(not to	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
			To	otal <sup>-</sup>	Tribal Link Up Sup <sub>l</sub>	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 20415	Total TLS \$_0		т	otal	Tribal Link Up \$ $0$			
					Total	l Dollars (19	) \$ <u>20415</u>	

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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08/04/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>
(3) Filer 499 ID 826954		(4) Technology Ty			check one) Wirelii	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	09/03/20	115
Contact Name:	CAITLYN LUMF	CAITLYN LUMPKIN			Data Month	August 2	2015
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline							
Litetifie		(a) # L	ifeline.		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribore	Subsc	<u>cribers</u>		Subscriber Sup	<u>oport</u>	
Receiving federal Li		(8) <u>2013</u>			x \$9.2	5	= \$ 18620
Tribal Low-Income Subscrib	ers	<b>(9)</b> 0			x \$ 0.00 = \$ 0		= \$ 0
Receiving federal Li		To		tal E	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 186		
			10	itai F	ederai Liieline Sup	port Claime	a (10) \$ 10020
Toll Limitation Service	es (TLS)						
			0.00000	Ω			
Cost of Providing To (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor			(10) 4
Number of Connect	iana Waiyad	(4.4)	0				
Charges Waived pe		(14) (15) \$	0.00		— (for multiple rates	. use an avera	ge amount)
<b>3</b>			exceed \$100)			<b>3</b>	
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			Te	otal ·	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment							-
Total Lifeline \$ 18620	Total TLS \$ 0		-	rat-'	Tribal Link Up \$ $0$	)	
Total Lifeline \$_10020	10tal 1L5 \$ <u>∪</u>		I	otal	-		
					Tota	l Dollars (19	)\$

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

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09/03/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>	
(3) Filer 499 ID 826954		(4) Technology Ty			check one) Wirelii	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>—</b> н	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	10/05/20	115	
Contact Name:	CAITLYN LUMPKIN			b)	Data Month	Septemb	per 2015	
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		_	
						Original Revision		
Tolonhono Numberi	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY	
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin@	@cgmi	inc.com					
Lifeline			lifeline cribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		4040					= \$ 16817	
Receiving federal Li		(-) _			x \$ <u>9.2</u>	• -		
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			$x = \frac{0.00}{\text{(not to exceed $34.25)}} = \frac{0}{0}$		= \$ 0	
<b>3</b>			То	tal F	al Federal Lifeline Support Claimed(10)\$ 1681			
Toll Limitation Service	es (TLS)							
				_				
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0	<u> </u>			
Number of TLS Sub	scribers	(12)	0					
Tribal Link IIn (A. 2021	1		". I. O I.		Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	ie only to ETCs rece	eiving H	ign Cost su <sub>l</sub>	opor	τ)			
Number of Connect	ions Waived	(14)	0		<u> </u>			
Charges Waived per	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	iple rates, use an average amount)		
		(HOL TO	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0					
Deferred Interest	(17) \$ <u>0.00</u>			_				
			Te	otal <sup>·</sup>	Tribal Link Up Sup <sub>l</sub>	port Claimed	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 16817	Total TLS \$_0_		т	otal	Tribal Link Up \$ $0$	ı		
					Total	l Dollars (19	) \$ _16817	

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

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10/05/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>	
(3) Filer 499 ID <u>826954</u>	3) Filer 499 ID <u>826954</u> (4) Technology T			pe (	pe (check one) Wireline 🔲 Wireless 🗹			
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ н	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	11/06/20	15	
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	October	2015	
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)			
					` ,	Original [ Revision [	<u> </u>	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	KY	
Telephone Number:	678-389-6024					1		
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com					
	<u> </u>			<u>i</u>				
Lifeline		/a\#1	ifalin a		(h) Lifalina Cum		(a) Tatal Lifeline	
			ifeline <u>cribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 1617			x \$ 9.25		=\$ 14957	
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ 0.00		= \$ 0	
Receiving federal Li		(-)			(not to exce			
			То	tal F	ederal Lifeline Sup	port Claime	d (10) \$ <u>14957</u>	
Toll Limitation Service	es (TLS)							
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub		(12)	0					
		,				ant Claimead	(42) ¢ ()	
Tribal Link Up (Availab	le only to ETCs rece	eivina H	iah Cost sui	nnor	Total TLS Supp	ort Claimed	(13) \$ <u>U</u>	
	,		· · · · · · · · · · · · · · · · · · ·		7			
Number of Connect		(14)	0					
Charges Waived per	r Connection	(15) \$ (not to	0.00 exceed \$100)		(for multiple rates	(for multiple rates, use an average amount)		
		(	,					
Total Connection Cl	narges Waived	(16) \$	0.0					
Deferred Interest	(17) \$ <u>0.00</u>			_				
			Te	otal <sup>-</sup>	Tribal Link Up Sup	port Claimed	ı (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 14957	Total TLS \$ 0		1	otal	Tribal Link Up \$ 0	<u> </u>		
·						l Dollars (19)		
					ıota	ווסט וars (19)	) <b>ə</b> — — — — — — — — — — — — — — — — — — —	

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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11/06/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	e <u>269032</u>
(3) Filer 499 ID 826954	(4) Technology Ty			pe (	check one) Wirelii	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	□ н	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	12/07/20	115
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	Novemb	er 2015
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		_
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers		cribers		Subscriber Sup	port	
Receiving federal Li	feline Support	<sub>(8)</sub> <u>1652</u>			x \$9.2	5	= \$ 15281
Tribal Low-Income Subscrib		<b>(9)</b> 0			x \$ <u>0.00</u> =\$ <u>0</u>		= \$ 0
Receiving federal Li	feline Support	То		tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 15281		
Toll Limitation Services (TLS)							
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
Tribal Link Up (Available only to ETCs receiv			iah Cost sui	ppor	Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
, ,	•	J	,	•	,		
Number of Connect		(14)	$\frac{0}{0.00}$				
Charges Waived per	r Connection	(15) \$ (not to	exceed \$100)		(for multiple rates	, use an avera	ge amount)
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			т.	otal .	— Tribal Link Up Sup <sub>l</sub>	nort Claime	1 (18) \$ 0
ETC Payment			''	Jiai	i i isai Eilik op Sup	port Glaimet	Δ (10) Ψ <u>-</u>
-	•				•		
Total Lifeline \$ 15281	Total TLS \$ <u>0</u>			otal	Tribal Link Up \$ $\underline{0}$	<u> </u>	_
					Total	l Dollars (19	) \$

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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12/07/2015	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

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(3) Filer 499 ID 826954	(4) Technology Ty			pe (	check one) Wirelii	ne 🔲	Wireless 🗹
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(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	01/06/20	116
Contact Name:	CAITLYN LUMI	CAITLYN LUMPKIN			Data Month	Decemb	er 2015
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		_
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024						
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E-mail Address:	caitlyn.lumpkin	@cgmi	nc.com				
Lifeline			_ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subso	<u>cribers</u>		Subscriber Sup	<u>oport</u>	
Receiving federal Li		(8) <u>1504</u>			x \$9.2	5	= \$ 13912
Tribal Low-Income Subscrib	ers	<b>(9)</b> 0			x \$ 0.00 = \$ 0		= \$ 0
Receiving federal Li	ifeline Support	To		tal E	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 1391.		d (10) \$ 13012
Total Federal Liteline Support Claimed (10) \$ 13912							
Cost of Providing To (the lesser of incremental)	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor	Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
, ,	,	J	,	•	,		
Number of Connect		(14)	$\frac{0}{0.00}$				
Charges Waived per	r Connection	(15) \$ (not to	exceed \$100)		(for multiple rates	ge amount)	
Total Connection Cl			0.0				
Deferred Interest		(17) \$	0.00				
		-	•	otal .	— Fribal Link Up Sup <sub>l</sub>	nort Claime	1 (18) \$ 0
ETO December 1				Jiai	ι πραι Επικ υμ συμ	port Glaimet	. (10) Ψ <u>-</u>
ETC Payment							
Total Lifeline \$ 13912	Total TLS \$ <u>0</u>		т	otal	Tribal Link Up \$ $0$		_
					Tota	l Dollars (19	) \$ 13912

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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01/06/2016	Joseph Fernandez
DATE	OFFICER SIGNATURE
President	Joseph Fernandez
OFFICER TITLE	OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number <u>143034376</u> (2) Study Area Code <u>269032</u>						le 269032	
(3) Filer 499 ID <u>826954</u> (4) Technology Ty					check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income							
(6) Organization Information	1			(7) I	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	02/08/20	)16
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	January	2016
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
					` ,	Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024					•	
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
	1						
Lifeline		(a) # 1	ifolino		(b) Lifeline Sun	nort/	(c) Total Lifeline
		(a) # Lifeline Subscribers			(b) Lifeline Support/ (c) Total Subscriber Support		(c) Total Elleline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1177			x \$9.2	5	= \$ 10887
Tribal Low-Income Subscrib	ers	<b>(9)</b> 0			x \$ 0.00 = \$ 0 (not to exceed \$34.25)		= \$ O
Receiving federal Li		(-,					
Total Federal Lifeline Support Claimed (10) \$ 10887							
Toll Limitation Services (TLS)							
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)							
•			0				
Number of TLS Subscribers			0		<u> </u>		
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Available only to ETCs receiving High Cost support)							
Number of Connect	ions Waiyed	(14)	0				
Charges Waived pe		(15) \$	0.00		— (for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
		0.00					
Deferred litterest		(17) Ψ			<u> </u>		0
			To	otal <sup>-</sup>	Fribal Link Up Sup	port Claimed	d (18) \$ <u>U</u>
ETC Payment							
Total Lifeline \$ 10887	Total TI S & O		-	'oto'	Triballink IIn &	)	
Total Lifeline \$_10001	10tal 1L5 \$ <u>∪</u>			otal			
					Tota	l Dollars (19	)\$

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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02/08/2016	Tina C. Allen				
DATE	OFFICER SIGNATURE				
Compliance Manager	Tina C. Allen				
OFFICER TITLE	OFFICER NAME				

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	34376		(2) Stud	dy Area Cod	le <u>269032</u>
(3) Filer 499 ID 826954 (4) Technology Ty			pe (	check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	check one): Lifelin	e Only	🖳 н	ligh	Cost/Low Income		
(6) Organization Information	1			(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice C	ompany Inc	a)	Submission Date	03/04/20	)16
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	Februar	y 2016
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline							
LITERITIE			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribars	Subsc	<u>cribers</u>		Subscriber Sup	<u>oport</u>	
Receiving federal Li		(8) 1164			x \$9.2	5	= \$ 10767
Tribal Low-Income Subscrib		<b>(9)</b> 0			x \$ 0.00 =\$ 0		= \$ 0
Receiving federal Li	ifeline Support	То		tal F	(not to exceed \$34.25)  Federal Lifeline Support Claimed (10) \$ 1076		ed (10) \$ 10767
Toll Limitation Service	ces (TLS)						
Cost of Providing T		(11)	0.00000	0			
(the lesser of incremental cost or \$3 in 2012 /\$2		,	0				
Number of TLS Sub	scribers	(12)	<u>U</u>		<del></del>		0
Total TLS Support Claimed (13) \$ 0  Tribal Link Up (Available only to ETCs receiving High Cost support)						(13) \$ <u>U</u>	
TTIDAI LITIK OP (Availab	ie only to ETCs rece	eiving i i	igri Cost suj	υρυι	<i>()</i>		
Number of Connect	ions Waived	(14)	0		<u></u>		
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)			(for multiple rates	es, use an average amount)	
		(1101.10	exceed \$100)				
Total Connection Charges Waived		(16) \$	0.0				
Deferred Interest	(17) \$ <u>0.00</u>			_			
			Te	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 10767	Total TLS \$ 0		т	otal	Tribal Link Up \$ $0$	)	<u></u>
					-		10767

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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03/04/2016	Tina C. Allen
DATE	OFFICER SIGNATURE
Secretary	Tina C. Allen
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032							
(3) Filer 499 ID 826954 (4) Technology Ty					check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifeline	e Only	н	ligh	Cost/Low Income		
(6) Organization Information	1			(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice Co	ompany Inc	a)	Submission Date	04/07/20	016
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	March 2	016
Mailing Address:	4352 SE 95TH	STRE	ET	c)	Type of Filing (check one)		
						Original Revision	
	BELLEVIEW, F	L 3442	20	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgmi	nc.com				
Lifeline							
		(a) # Lifeline Subscribers			(b) Lifeline Sup Subscriber Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1225			x \$ 9.2		= \$ 11331
_					0.00	<u> </u>	
Tribal Low-Income Subscrib Receiving federal Li		<b>(9)</b> 0			x \$ <u>0.00</u> (not to exceed \$34.25		= \$ 0
					ederal Lifeline Sup		ed (10) \$ <u>11331</u>
Toll Limitation Services (TLS)							
Cost of Providing TLS per Subscriber (11) $0.000000$							
(the lesser of incremental cost or \$3 in 2012 /\$2 in							
Number of TLS Subscribers		(12)	0		<u> </u>		
Total TLS Support Claimed (13) \$ 0							1 (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su <sub>l</sub>	ppor	t)		
Number of Connect	ions Waived	(14)	0		<u></u>		
Charges Waived pe	r Connection	(15) \$	0.00		(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Charges Waived		(16) \$	0.0		_		
Deferred Interest (17) \$ $0.00$		0.00					
			Т	otal <sup>-</sup>	Гribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 11331	Total TLS \$_0		1	「otal	Tribal Link Up \$ <u>0</u>	)	
					Tota	l Dollars (19	9) \$ _11331

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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04/07/2016	TINA C ALLEN
DATE	OFFICER SIGNATURE
Secretary	TINA C ALLEN
OFFICER TITLE	OFFICER NAME

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# Exhibit 3

# Easy Wireless Rate Sheet KY April 2016

Plan Name	Plan Type	Plan Price
Easy Lifeline Essentials 250talk/250text/25mb	Lifeline Plan	\$0.00
Easy Lifeline Essentials 2250talk/Unlimited Text/1Gb	Lifeline Plan	\$39.45
Easy Lifeline Essentials 2250talk/Unlimited Text/250mb	Lifeline Plan	\$26.45
Easy Lifeline Essentials 2250talk/Unlimited Text/50mb	Lifeline Plan	\$22.50
Easy Lifeline Essentials Unlimited Talk/Unlimited Text/50	Lifeline Plan	\$51.45
Easy Lifeline Essentials 2250talk/Unlimited Text/2Gb	Lifeline Plan	\$51.45
Easy Essentials 250talk/250text/25mb	Retail Plan	\$12.75
Easy Essentials 2250talk/Unlimited Text/1Gb	Retail Plan	\$52.20
Easy Essentials 2250talk/Unlimited Text/250mb	Retail Plan	\$39.20
Easy Essentials 2250talk/Unlimited Text/50mb	Retail Plan	\$35.25
Easy Essentials Unlimited Talk/Unlimited Text/50	Retail Plan	\$64.20
Easy Essentials 2250talk/Unlimited Text/2Gb	Retail Plan	\$64.20
Easy Family Unlimited Talk / Unlimited Text / 50Mb	Family Plan	\$54.20
Easy Family 2250talk/Unlimited Text/2Gb	Family Plan	\$49.20
Easy Family 2250talk/Unlimited Text/1Gb	Family Plan	\$37.20
Easy Family 2250talk/Unlimited Text/250mb	Family Plan	\$29.20
Easy Family 2250talk/Unlimited Text/50mb	Family Plan	\$25.25