COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

AN INQUIRY INTO THE STATE) CASE NO. 2016-00059 UNIVERSAL SERVICE FUND)

AMERICAN BROADBAND & TELECOMMUNICATIONS RESPONSES TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION

American Broadband & Telecommunications hereby serves its Responses to the

Kentucky Public Service Commission Request for Information dated April 6, 2016.

VERIFICATION

STATE OF OHIO County of LUCAS

)) ss.

)

I, Jeffrey Ansted, being first duly sworn upon oath, depose and say that I am the President of American Broadband & Telecommunications, 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 26th day of April, 2016

Notary Public

My Commission expires: 5-7-1



KATHLEEN K. YOAKAM NOTARY PUBLIC - OHIO MY COMMISSION EXPIRES 05-07-2018

115351.141868/1331675.1

DATA RESPONSES

<u>REQUESTS FOR INFORMATION TO PARTIES THAT RECEIVED PAYMENT FROM</u> <u>THE KENTUCKY UNIVERSAL SERVICE FUND ("KUSF")</u>

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

<u>RESPONSE</u>: American Broadband & Telecommunications is an Eligible Telecommunications Company (ETC) in Kentucky, but, as of the date of this submission, does not request reimbursements from the KUSF.

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

RESPONSE: 497 Forms attached as *Exhibit 1*

<u>REQUEST NO. 3.</u> 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:

a. Copies of all Lifeline plans currently offered to Kentucky subscribers.

We currently offer 250 Minutes of voice service and 250 Texts per month. This has not changed since we entered the market in 2014.

- **b.** For each new or modified Lifeline plan, explain in detail:
 - i. How the current Lifeline plan modifies the Lifeline plan in effect when you were designated as an ETC:

Not applicable

ii. Whether the current Lifeline plan was offered in addition to Lifeline plans in effect when you were designated as an ETC.

Not applicable

c. An explanation for why existing Lifeline plans were changed or additional Lifeline plans were added.

Not applicable

<u>REQUEST NO. 4.</u> 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.

<u>RESPONSE</u>: We do not believe this would materially alter the plans we have in place to move our voice service offering to 500 minutes.

<u>REQUEST NO. 5.</u> Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program. **<u>RESPONSE:</u>** Leverage existing data from USAC BCAP and Biennial Audits

<u>REQUEST NO. 6.</u> 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>: Our Lifeline customers do not receive a bill.

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

<u>RESPONSE</u>: We require both a photo ID and 1 of the following that matches the photo ID: SNAP card, Federal Public Housing approval letter, tax return, SSI Benefit. Any order received that does not contain this data is rejected.

<u>REQUEST NO. 8.</u> 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.

<u>RESPONSE</u>: We have not been subject to any of the actions, investigations or penalties described above.

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

<u>RESPONSE</u>: Web site sales, literature at kiosks in government offices, church and community events.

REQUESTS FOR INFORMATION TO ALL PARTIES

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

<u>RESPONSE</u>: Not applicable. We do not currently request reimbursements from the KUSF.

<u>REQUEST NO. 2.</u> 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.

<u>RESPONSE</u>: Not applicable, as American Broadband is not yet requesting KUSF reimbursement.

<u>REQUEST NO. 3.</u> 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>: Not applicable, as American Broadband is not yet requesting KUSF reimbursement.

<u>REQUEST NO. 4.</u> 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>: Not applicable, as American Broadband's Lifeline plans are not billed to customers, and there is no bad debt.

<u>REQUEST NO. 5.</u> 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>: The FCC proposed additional reforms at its March open meeting, and a written order is expected in the near future. Accordingly, there is likely minimal delay if the Commission waits.

<u>REQUEST NO. 6.</u> 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>: American Broadband does not issue customer bills.

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

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET					OM	IB Approval 3060-0819
				Avg.	Burden Est.	per Responde	
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Cod	e <u>269044</u>	
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless	
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹 🛛	High	Cost/Low Income			
(6) Organization Information	<u>1</u>		(7)	Filing Information	1		
Company Legal Name:	American Broadband and Te	lecommunications Company	/ a)	Submission Date	02/05/20	14	
Contact Name:	Jeff Ansted		b)	Data Month	January	2014	
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)			
					Original Revision		
	Toledo, OH 436	699	d)	State Reporting	KENTUC	CKY	
Telephone Number:	419 824 5810						
Fax Number:	419 205 9014		_				
E-mail Address:	jsa@ambt.net						
Lifeline							
LITEIIIIE		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport		
Receiving federal L	ifeline Support	(8) 70		x \$ 9.2	5	= \$ 648	
Tribal Low-Income Subscrib		(9) <u>0</u>		x		= \$ _0	
Receiving federal L	ifeline Support	Тс	otal F	not to exce) Federal Lifeline Sup		d (10) \$ <u>648</u>	6
Toll Limitation Servio	ces (TLS)						
		(11) 0.00000	າດ				
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	('')					
Number of TLS Sub	oscribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippo	rt)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an avera	ge amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
		т	otal	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>648</u>	Total TI S \$ 0		Total	Tribal I ink I In \$ 0)		
. εται Εποιπο ψ <u></u>	<u> </u>						
				Tota	l Dollars (19)\$	

Exhibit 1 Page 1

Exhibit 1 Page 2

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(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.

02/05/2014

Jeff Ansted

DATE

President

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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.

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET					OMB Approval 3060-0819
				Avg.	Burden Est. pe	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Code	269044
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔽	High	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information		
Company Legal Name:	American Broadband and Te	elecommunications Company	/ a)	Submission Date	03/04/201	4
Contact Name:	Jeff Ansted		b)	Data Month	February	2014
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Original Revision	
	Toledo, OH 436	699	d)	State Reporting	KENTUC	ζΥ
Telephone Number:	419 824 5810					
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 358		x \$ 9.2		=\$ 3312
Receiving lederal L	ineline Support	0				
Tribal Low-Income Subscril Receiving federal L		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to exce	eed \$34.25)	= \$
C C		Т	otal F	ederal Lifeline Sup	oport Claimed	(10) \$ <u>3312</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing 1 (the lesser of increment	TLS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00			
Number of TLS Sul	oscribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed (13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost ຣເ	ippo	rt)		
Number of Connec	tions Waived	(14) <u>0</u>				
Charges Waived pe	er Connection	(15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates	s, use an average	e amount)
Total Connection C	charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		r	otal	Tribal Link Up Sup	port Claimed	(18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>3312</u>	Total TI S \$ 0		Total	Tribal Link Un \$ C)	
φ					l Dollars (19)	
				iota	ii Dollars (19)	φ

Exhibit 1 Page 3

Exhibit 1 Page 4

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

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03/04/2014

Jeff Ansted

DATE

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

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President

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					Page 5
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET				ET	OMB Approval
· · · · · · · · · · · · · · · · · · ·					3060-0819
				Avg. Burden Est	t. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Study Area Co	ode <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifeling	e Only 🔽	High	Cost/Low Income 🏼	
(6) Organization Information	<u>ו</u>		(7)	Filing Information	
Company Legal Name:	American Broadband and Te	lecommunications Company	/ a)	Submission Date 04/08/2	2014
Contact Name:	Jeff Ansted		b)	Data Month March 2	2014
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)	
				Original Revision	
	Toledo, OH 436	699	d)	State Reporting KENTU	JCKY
Telephone Number:	419 824 5810				
Fax Number:	419 205 9014				
E-mail Address:	jsa@ambt.net				
Lifeline					
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					
Receiving federal L	ifeline Support	(8) 621		x \$ <u>9.25</u>	
Tribal Low-Income Subscril Receiving federal L		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ _0
Receiving rederar L	inenne Support	т	otal F	Federal Lifeline Support Claim	ned (10) \$ <u>5744</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing 1 (the lesser of incremen	"LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) 0.00000	00		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claime	d (13)\$ ⁰
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost su	ippo		
Number of Connec	tions Waived	(14) 0			
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates, use an ave	rage amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claim	ed (18) \$_0
ETC Payment					
•			-	Tribal Link Up \$ <u>0</u>	
i otal Lifeline \$ <u>0744</u>	I otal ILS \$ <u></u>		ı otal		
				Total Dollars (1	9) \$ _5744

Exhibit 1

Exhibit 1 Page 6

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(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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04/08/2014

Jeff Ansted

DATE

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

President

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(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless	~
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔽	High	Cost/Low Income			
(6) Organization Information	ı		(7)	Filing Information			
Company Legal Name:	American Broadband and Te	lecommunications Compan	y a)	Submission Date	05/05/20	14	
Contact Name:	Jeff Ansted		b)	Data Month	April 201	4	
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)			
				· · ·	Original Revision	~	
	Toledo, OH 436	699	d)	State Reporting	KENTUC	СКY	
Telephone Number:	419 824 5810						
Fax Number:	419 205 9014						
E-mail Address:	jsa@ambt.net						
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup		0000	
Receiving federal L	ifeline Support	(8) 723		x \$ <u>9.2</u>	5	= \$ 6688	
Tribal Low-Income Subscrib Receiving federal L		(9) 0		_ x \$ <u>0.00</u> (not to exce	ad \$24.25)	= \$ _0	
Receiving lederal L	ineline Support	т	otal F	Federal Lifeline Sup		d (10) \$ <u>668</u>	8
Toll Limitation Servio	ces (TLS)						
Cost of Providing T (the lesser of incremen	'LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00				
Number of TLS Sub	oscribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost s	uppol	rt)			
Number of Connect	tions Waived	(14) 0					
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	, use an avera	ge amount)	
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
		-	Γotal	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>	
ETC Payment					-		
Total Lifeline \$ <u>6688</u>			Total				
	10tai 1L3 <u>\$_</u>		rotal				
				Tota	I Dollars (19))\$_0000	

Exhibit 1 Page 7

Exhibit 1 Page 8

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

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05/05/2014

Jeff Ansted

DATE

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

President

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					Page 9
FCC Form 497 April 2012 Edition					
				Avg. Burden Est	3060-0819 . per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Study Area Co	
(3) Filer 499 ID <u>825609</u>			vne (check one) Wireline 🔲	Wireless
(5) ETC Designation Type (Chack ana): Lifalin	_		Cost/Low Income	
			•	—	
(6) Organization Information Company Legal Name:	American Broadband and Te	ecommunications Company		Filing Information Submission Date 06/03/2	014
Contact Name:	Jeff Ansted		, u) b)	Data Month May 20	
Mailing Address:	1 Seagate, Suit	<u>e 600</u>	c)	Type of Filing	14
		6 000		(check one) Original	
	Toledo, OH 436	399	d)	Revision State Reporting KENTU	
Telephone Number:	419 824 5810			1	••••
Fax Number:	419 205 9014				
E-mail Address:	jsa@ambt.net				
Lifeline					
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 903			• 8353
Receiving federal L		0		x \$ <u>9.25</u>	= \$ 8353
Tribal Low-Income Subscril Receiving federal L		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ 0
		Т	otal F	ederal Lifeline Support Claim	ed (10) \$ <u>8353</u>
Toll Limitation Servi	ces (TLS)				
Cost of Providing 1 (the lesser of increment	TLS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00		
Number of TLS Sul	oscribers	(12) <u>0</u>			
				Total TLS Support Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost su	ippo	rt)	
Number of Connec	tions Waived	(14) <u>0</u>			
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100))	(for multiple rates, use an aver	age amount)
		· · ,			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		г	otal	Tribal Link Up Support Claim	ed (18) \$ <u>0</u>
ETC Payment					
•	Total TLS \$ 0		Total	Tribal Link Up \$ <u>0</u>	
·				Total Dollars (1	
				i otal Dollars (1	۵٫۵

Exhibit 1

Exhibit 1 Page 10

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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06/03/2014

Jeff Ansted

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						Exhibit 1 Page 11
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
				Avg.	Burden Est. pe	3060-0819 er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Code	269044
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Company	/ a)	Submission Date	07/02/201	4
Contact Name:	Jeff Ansted		b)	Data Month	June 2014	4
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
				. ,	Original 🔽	1
	Toledo, OH 436	699	d)	State Reporting	KENTUC	ΚΥ
Telephone Number:	419 824 5810					
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub						40004
Receiving federal L	ifeline Support	(8) 1106		x \$ <u>9.2</u>		= \$ 10231
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exce		= \$
	inenne Support	т	otal F	ederal Lifeline Sup		(10) \$ <u>10231</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T		(11) <u>0.00000</u>	00			
,	tal cost or \$3 in 2012 /\$2	, A				
Number of TLS Sub	oscribers	(12) <u>0</u>				
Tribal Link Un (Availat	ala anticita ETCa radi	aiving Uigh Coat a		Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab		eiving high Cost st	ιρροι	()		
Number of Connect		(14) 0		(for multiple rates		
Charges Waived pe	er Connection	(15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates	, use an average	e amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal [•]	Tribal Link Up Sup	port Claimed	(18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>10231</u>	Total TLS \$ 0		Total	Tribal Link Un \$ C)	
	<u> </u>		Jul		l Dollars (19)	
				Iota	i Dollars (19)	₽

Exhibit 1 Page 12

(20) CERTIFICATIONS AND SIGNATURES

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07/02/2014

Jeff Ansted

DATE

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition			(QUEE	τ		OMB Approval
					Dundan Est	3060-0819
				Ū		per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Cod	e <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	heck one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔽	High (Cost/Low Income		
(6) Organization Information	n		(7) F	iling Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Compan	у а)	Submission Date	08/04/20	14
Contact Name:	Jeff Ansted		b)	Data Month	July 201	4
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Revision	✓
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTUC	СКҮ
Fax Number:	419 824 5810					
E-mail Address:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 1254		x \$ 9.2		= \$ 11600
Tribal Low-Income Subscril		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ 0
Receiving federal L	ifeline Support	т	otal Fe	not to exce) ederal Lifeline Sup		d (10) \$ <u>11600</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing 1 (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00	_		
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ble only to ETCs rec	eiving High Cost si	upport			
Number of Connec	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an avera	ge amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		-	Total T	ribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_11600	Total TLS \$ 0		Total [·]	Tribal Link Up \$ 0)	
				-	I Dollars (19)	 , • 11600
				rota	19 Dollars (19	/Ψ

Exhibit 1 Page 13

Exhibit 1 Page 14

(20) CERTIFICATIONS AND SIGNATURES

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08/04/2014

Jeff Ansted

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				Avg.	Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Cod	e <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	l		(7)	Filing Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Company	, a)	Submission Date	09/02/20	14
Contact Name:	Jeff Ansted		b)	Data Month	August 2	014
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
				· · ·	Original	-
	Toledo, OH 436	699	d)	State Reporting	Revision KENTUC	
Telephone Number:	419 824 5810				1	
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su	oport	
Receiving federal L	ifeline Support	(8) 1376		x \$9.2	5	= \$ 12728
Tribal Low-Income Subscrib	ers	(9) <u>0</u>				= \$ 0
Receiving federal L	ifeline Support	та	otal F	not to exce) Federal Lifeline Sup		d (10)\$ <u>12728</u>
Toll Limitation Servio	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0			
Number of TLS Sub	scribers	(12) <u> </u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippo			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an averag	ge amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claimed	i (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>12728</u>	Total TI S \$ 0		Total	Tribal Link Un \$ C)	
	<u> </u>		. 5.0		l Dollars (19)	 12728
				Iota	i Dollars (19))

Exhibit 1 Page 15

Exhibit 1 Page 16

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

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09/02/2014

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DATE

Jeff Ansted

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(1) USAC Service Provider I	dentification Number	<u>143033320</u>		(2) Stu	dy Area Coo	te <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🔽	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	-	
Company Legal Name:	American Broadband and T	elecommunications Company	/ a)	Submission Date	10/01/20)14
Contact Name:	Jeff Ansted		b)	Data Month	Septem	ber 2014
Mailing Address:	1 Seagate, Suit	te 600	c)	Type of Filing (check one)		
				(oneon one)	Original	
	Toledo, OH 430	699	d)	State Reporting	Revision KENTU	CKY
Telephone Number:	419 824 5810					
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Su</u>	oport/	(c) Total Lifeline
Non-Tribal Low-Income Sub						10000
Receiving federal L	ifeline Support	(8) 1415		x \$ <u>9.2</u>	.5	= \$ 13089
Tribal Low-Income Subscrib		(9) 0		x <u>\$0.00</u>		= \$ 0
Receiving federal L	ifeline Support	т	otal F	ederal Lifeline Sup	eed \$34.25) oport Claime	ed (10) \$ <u>13089</u>
Toll Limitation Servio	ces (TLS)					
		0.0000	20			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	l (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost sı	ippo	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		г	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>13089</u>			Total	Tribal Link Lin ¢ ()	
	10tal 115 \$_0		ruta			
				Tota	I Dollars (19) \$ 13089

Exhibit 1 Page 17
Exhibit 1 Page 18

(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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10/01/2014

Jeff Ansted

DATE

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

President

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FCC Form 497						
April 2012 Edition			SHEE	ET		OMB Approva 3060-0819
				Avg.	Burden Est. p	per Respondent: 2.5 Hrs
(1) USAC Service Provider	Identification Number	143033320		(2) Stu	dy Area Cod	e <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	heck one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (Check one): Lifelin	e Only 🕑	High (Cost/Low Income		
(6) Organization Informatio	n		(7) F	Filing Information	T	
Company Legal Name:	American Broadband and Te	elecommunications Company	y a)	Submission Date	11/04/20	14
Contact Name:	Jeff Ansted		b)	Data Month	October	2014
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		_
					Revision	
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTUC	CKY
Fax Number:	419 824 5810		-			
	419 205 9014		_			
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal I		(8) 1500		x \$9.2	5	= \$ <u>13875</u>
Tribal Low-Income Subscribers		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ _0
Receiving federal I	_ifeline Support		otal Fe	(not to exce ederal Lifeline Sup		d (10) \$ 13875
Tall Limitation Sarvi						<u>. () +</u>
Toll Limitation Servi	ces (123)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00			
Number of TLS Su	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost su	upport	t)		
Number of Connec	tions Waived	(14) 0				
Charges Waived p		(15) \$ 0.00 (not to exceed \$100)	<u>\</u>	(for multiple rates	, use an averaç	ge amount)
		(not to exceed \$100))			
Total Connection (Charges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>				
		r	Fotal 1	ribal Link Up Sup	port Claimed	I (18) \$ <u>0</u>
ETC Payment				- ·		
Total Lifeline \$_13875			Total	Tribal Link Up \$ <u>C</u>)	
	TOIAI ILS \$		rotal	-		 13875
				Tota	l Dollars (19)	\$

Exhibit 1 Page 20

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

(20) CERTIFICATIONS AND SIGNATURES

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11/04/2014

Jeff Ansted

DATE

Jeff Ansted

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FCC Form 497 April 2012 Edition			SHE	ET		OMB Approva 3060-081
				Avg.	Burden Est.	per Respondent: 2.5 Hrs
(1) USAC Service Provider I	dentification Numbe	r <u>143033320</u>		(2) Stu	dy Area Coo	de <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifelir	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	ı		(7)	Filing Information		
Company Legal Name:	American Broadband and T	elecommunications Compan	y a)	Submission Date	12/01/20	014
Contact Name:	Jeff Ansted		b)	Data Month	Novemb	per 2014
Mailing Address:	1 Seagate, Sui	te 600	c)	Type of Filing (check one)	1	
				· · ·	Original	
	Toledo, OH 43	699	d)	State Reporting	Revision KENTU	
Telephone Number:	419 824 5810				1	
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
2		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>	port/	(c) Total Lifeline
Non-Tribal Low-Income Subscribers		4507		Subscriber Sup	<u>oport</u>	4 4 9 4 7
Receiving federal L	ifeline Support	(8) 1537		x \$ 9.2	5	= \$ 14217
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ <u></u>		= \$ _0
Receiving federal L	ifeline Support	т	otal F	not to exce) Federal Lifeline Sup		ed (10) \$ <u>14217</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing 1	'I S per Subscriber	(11) 0.0000	00			
	tal cost or \$3 in 2012 /\$2					
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rec	eiving High Cost si	uppo	rt)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		-	Γotal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>14217</u>			Toto			
	10(d) 113 \$ <u></u>		rota			 14217
				Tota	I Dollars (19	9) \$

Exhibit 1 Page 22

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

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12/01/2014

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FCC Form 497 April 2012 Edition			(QUED			OMB Approval
			SHEL			3060-0819
				Avg.	Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143033320		(2) Stu	dy Area Code	269044
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (Check one): Lifelin	e Only 🔽	High	Cost/Low Income		
(6) Organization Information	n		(7) F	Filing Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Compan	у а)	Submission Date	01/05/201	5
Contact Name:	Jeff Ansted		b)	Data Month	Decembe	r 2014
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	Toledo, OH 436	399	d)	State Reporting	KENTUC	KY
Fax Number:	419 824 5810					
	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sul Receiving federal L		(8) <u>1549</u>		x \$9.2		= \$ <u>14328</u>
Tribal Low-Income Subscribers		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ _0
Receiving federal L	ifeline Support		otal F	(not to exce ederal Lifeline Sup		(10) \$ 14328
T. II. I. S. M. C			oturr			(10) \$\$\phi 11020
Toll Limitation Servi	ces (ILS)					
Cost of Providing T (the lesser of increment	FLS per Subscriber Ital cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sul	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost si	upport	t)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an average	e amount)
		(not to exceed \$100)			
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>				
		-	Total T	ribal Link Up Sup	port Claimed	(18) \$ <u>0</u>
ETC Payment					-	
Total Lifeline \$ <u>14328</u>			Tetel	Taihal I izi II A ())	
i otal Liteline \$_17020	$_$ Iotal ILS \$ <u></u>		i otal			- 1/328
				Tota	l Dollars (19)	\$_14320

Exhibit 1 Page 24

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

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FCC Form 497 April 2012 Edition			(SHEE	т		OMB Approva
					Burdon Ect. r	3060-0819
				C C		ber Respondent: 2.5 Hrs
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Cod	e <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	heck one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔽	High (Cost/Low Income		
(6) Organization Information	n		(7) F	iling Information		
Company Legal Name:	American Broadband and Te	elecommunications Compan	y a)	Submission Date	02/04/20	15
Contact Name:	Jeff Ansted		b)	Data Month	January	2015
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)	.	_
					Revision	
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTUC	KY
Fax Number:	419 824 5810		_			
E-mail Address:	419 205 9014 jsa@ambt.net		_			
E-mail Audress.	Jsa@ambt.net					
Lifeline				(h) Lifeline Cur		
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u> p		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 1594		x \$9.2	5	= \$ <u>14745</u>
Tribal Low-Income Subscribers		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ _0
Receiving federal L	ifeline Support	т	otal Fe	not to exce) ederal Lifeline Sup		d (10)\$14745
Toll Limitation Servi	ces (TLS)					
Cost of Providing 1 (the lesser of increment	FLS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00	_		
Number of TLS Sul	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost si	upport	;)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an averaç	ge amount)
)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		-	Total T	ribal Link Up Sup	port Claimed	I (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>14745</u>	() e IT letoT		Total	Tribal Link Un ¢ ())	
	ισιαι ι L3 φ <u>σ</u>		iotai			
				Tota	l Dollars (19)	\$

Exhibit 1 Page 26

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

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02/04/2015

Jeff Ansted

DATE

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OFFICER TITLE

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FCC Form 497						
April 2012 Edition			SHEE	ET		OMB Approva 3060-0819
				Avg.	Burden Est. p	per Respondent: 2.5 Hrs
(1) USAC Service Provider	Identification Number	143033320		(2) Stu	dy Area Cod	e <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (Check one): Lifelin	e Only 🗹	High	Cost/Low Income		
(6) Organization Informatio	n		(7) F	Filing Information	T	1
Company Legal Name:	American Broadband and Te	elecommunications Company	/ a)	Submission Date	03/02/20	15
Contact Name:	Jeff Ansted		b)	Data Month	February	2015
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)	_	
					Original Revision	
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTUC	CKY
Fax Number:	419 824 5810		_			
	419 205 9014		_			
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal		(8) 1515		x \$ 9.2		= \$ 14014
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ 0.00		= \$ 0
Receiving federal		()		(not to exce		
		10		ederal Lifeline Sup	port Claime	a (10)\$ <u>14014</u>
Toll Limitation Servi	ces (TLS)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00			
Number of TLS Su	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost su	ıppori	t)		
Number of Connec	tions Waived	(14) 0				
Charges Waived p	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an averaç	ge amount)
Total Connection (Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		1	Total T	Fribal Link Up Sup	port Claimed	I (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_14014	Total TI S ¢ ()		Total	Tribal Link Up \$ <u>0</u>)	
	10tai 123 <u>p_0</u> _		Juai	-		
				Tota	l Dollars (19)	\$

Exhibit 1 Page 28

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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03/02/2015

Jeff Ansted

DATE

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

President

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FCC Form 497 April 2012 Edition			CHER	- т		OMB Approval
					Dundan Est	3060-0819
				C C		per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143033320		(2) Stu	dy Area Cod	le <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (o	check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (Check one): Lifelin	e Only 🗹	High	Cost/Low Income		
(6) Organization Informatio	n		(7) F	Filing Information	Γ	
Company Legal Name:	American Broadband and Te	elecommunications Company	y a)	Submission Date	04/06/20)15
Contact Name:	Jeff Ansted		b)	Data Month	March 2	015
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Original Revision	
Tolophono Numbori	Toledo, OH 436	699	d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	419 824 5810		_			
	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers		4770				_{= \$} 16400
Receiving federal I	Liteline Support	(•)		x \$ <u>9.2</u>	5	· · · · · · · · · · · · · · · · · · ·
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ <u>0.00</u> (not to exce	ed \$34,25)	= \$
		Т	otal F	ederal Lifeline Sup		d (10) \$ <u>16400</u>
Toll Limitation Servi	ces (TLS)					
	FLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Su	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rec	eiving High Cost su	uppor	t)		
Number of Connec	tions Waived	(14) <u>0</u>				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
)			
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		1	Fotal 1	Fribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment					-	
Total Lifeline \$ <u>16400</u>			Total	Tribal Link Un & ()	
			rotal	-		 16400
				Tota	l Dollars (19)\$

Exhibit 1 Page 30

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

(20) CERTIFICATIONS AND SIGNATURES

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04/06/2015

Jeff Ansted

DATE

OFFICER SIGNATURE

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						Exhibit 1 Page 31
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
				Avg.	Burden Est. p	3060-0819 er Respondent: 2.5 Hrs.
(1) USAC Service Provider	dentification Number	143033320		(2) Stu	dy Area Code	269044
(3) Filer 499 ID <u>825609</u>		(4) Technology Ty	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (Check one): Lifeline	e Only 🗹 🛛 I	High	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information	T	
Company Legal Name:	American Broadband and Te	elecommunications Company	, a)	Submission Date	05/04/20	15
Contact Name:	Jeff Ansted		b)	Data Month	April 201	5
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
				(,	Original Revision	4
	Toledo, OH 436	699	d)	State Reporting	KENTUC	KY
Telephone Number:	419 824 5810					
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 3099		x \$ 9.2		_{= \$} 28666
Tribal Low-Income Subscribers		(9) 0		x \$ 0.00		= \$ 0
Receiving federal L		(-)	ntal F	- + <u>-</u>	ed \$34.25)	
Tell Limitation Comi						(10) \$ <u>20000</u>
Toll Limitation Servi	ces (1LS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00			
Number of TLS Sul	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost su	ippo	rt)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an averag	e amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		т	otal	 Tribal Link Up Sup	port Claimed	(18) \$ 0
ETC Payment					-	
Total Lifeline \$ <u>28666</u>			Total	Tribal Link Lin ¢ ()	
	10tai 1L3 <u>\$_</u>		i Utdi			
				Tota	l Dollars (19)	\$

Exhibit 1 Page 32

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

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05/04/2015

Jeff Ansted

DATE

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OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHEF	т		OMB Appro
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				C C		per Respondent: 2.5 H
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Cod	le <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	heck one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔟	High (Cost/Low Income		
(6) Organization Information	n		(7) F	iling Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Company	y a)	Submission Date	06/05/20)15
Contact Name:	Jeff Ansted		b)	Data Month	May 201	5
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTU	CKY
Fax Number:	419 824 5810		-			
E-mail Address:	419 205 9014 jsa@ambt.net		_			
	Jsa@ambt.net					
Lifeline				(h) Lifeline Sur	n o rtl	(a) Total Lifalina
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 4913		x \$9.2	5	= \$ 45445
Tribal Low-Income Subscribers		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ 0
Receiving federal L	ifeline Support	Т	otal Fe	not to exce) ederal Lifeline Sup		d (10) \$ 45445
Toll Limitation Servi	cas (TI S)					
Cost of Providing 1 (the lesser of incremen	FLS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00	_		
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ble only to ETCs rece	eiving High Cost su	upport	;)		
Number of Connec	tions Waived	(14) <u>0</u>				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		r	Total T	ribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>45445</u>	Total TLS \$ 0		Total [·]	Tribal Link Up \$ C)	
······································					l Dollars (19	
				iola	- Donais (19	/Ψ

Exhibit 1 Page 34

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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06/05/2015

Jeff Ansted

DATE

President

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FCC Form 497 April 2012 Edition			SHEF	-T		OMB Approva
					Burdon Ect	3060-081
				Ū		per Respondent: 2.5 Hrs
(1) USAC Service Provider	Identification Number	143033320		(2) Stu	dy Area Coo	te <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (Check one): Lifelin	e Only 🔽	High (Cost/Low Income		
(6) Organization Information	n		(7) F	iling Information		
Company Legal Name:	American Broadband and Te	elecommunications Company	y a)	Submission Date	07/01/20)15
Contact Name:	Jeff Ansted		b)	Data Month	June 20	15
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTU	CKY
Fax Number:	419 824 5810					
E-mail Address:	419 205 9014 jsa@ambt.net		_			
	Jsa@ambt.net					
Lifeline		(a) # L ifalina		(h) Lifeline Sum	nort/	(a) Total Lifelina
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sul Receiving federal L		(8) 5978		x \$ <u>9.2</u>	5	= \$ <u>55297</u>
Tribal Low-Income Subscribers		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ 0
Receiving federal L	ifeline Support		otal Fe	not to exce) ederal Lifeline Sup		ed (10) \$ 55297
Toll Limitation Servi	cas (TLS)				•	
TON Emmation Servi						
Cost of Providing 1 (the lesser of increment	FLS per Subscriber Ital cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00	_		
Number of TLS Sul	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	l (13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost sι	upport	t)		
Number of Connec	tions Waived	(14) <u>0</u>				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	age amount)
		(/			
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>				
		r	Fotal T	ribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_55297	Total TI S \$ 0		Total	Tribal I ink IIn \$ 0)	
ισται Εποπιτο ψ <u>σου ο ο</u>	<u> </u>		1 9101			
				Tota	Dollars (19) \$ _55297

Exhibit 1 Page 36

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.

07/01/2015

Jeff Ansted

DATE

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

President

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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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE		Purdon Est	OMB Approval 3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Cod	<u>e269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology Ty	ype (check one) Wireli	ne 🔲	Wireless 🗵
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🗹 🛛 I	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	American Broadband and To	elecommunications Company	a)	Submission Date	08/03/20	15
Contact Name:	Jeff Ansted		b)	Data Month	July 201	5
Mailing Address:	1 Seagate, Suit	te 600	c)	Type of Filing (check one)		
				· ,	Original	
	Toledo, OH 436	699	d)	State Reporting		КҮ
Telephone Number:	419 824 5810					
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
Linemite		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subscribers		Subscribers		Subscriber Su	oport	
Receiving federal L	ifeline Support	(8) <u>6993</u>		x \$9.2	5	= \$ 64685
Tribal Low-Income Subscrib		(9) <u>0</u>		x		= \$
Receiving federal L	ifeline Support	Тс	otal F	not to exce) Federal Lifeline Sup	ed \$34.25) oport Claime	d (10) \$ 64685
Toll Limitation Servio	ces (TLS)				-	
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost su	ippo			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an avera	ge amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claimed	1 (18) \$ ⁰
ETC Payment						
-	0	_			h	
Total Lifeline \$ <u>64685</u>	Total TLS \$ <u>0</u>		Tota			-
				Tota	l Dollars (19)	\$ 64685

Exhibit 1 Page 38

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

(20) CERTIFICATIONS AND SIGNATURES

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08/03/2015

Jeff Ansted

DATE

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE		Burden Est i	OMB Approval 3060-0819 per Respondent: 2.5 Hrs.
				0		·
(1) USAC Service Provider I	dentification Number	r <u>143033320</u>		(2) Stu	dy Area Cod	e <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	American Broadband and T	elecommunications Company	a)	Submission Date	09/01/20	15
Contact Name:	Jeff Ansted		b)	Data Month	August 2	2015
Mailing Address:	1 Seagate, Suit	te 600	c)	Type of Filing (check one)	·	
				()	Original	
	Toledo, OH 430	699	d)	State Reporting		CKY
Telephone Number:	419 824 5810					
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
Lineime		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subscribers		Subscribers		Subscriber Su	pport	
Receiving federal L	ifeline Support	(8) 8532		x\$3.2	.5	= \$ 78921
Tribal Low-Income Subscrib		(9) 0		x <u>\$0.00</u>		= \$
Receiving federal L	ifeline Support	то	otal F	not to exce) Federal Lifeline Sup	eed \$34.25) oport Claime	d (10) \$ 78921
Toll Limitation Servio	ces (TLS)					
	,00 (120)					
Cost of Providing T		(11) <u>0.00000</u>)0			
·	tal cost or \$3 in 2012 /\$2	,				
Number of TLS Sub	oscribers	(12) <u>0</u>				
Tribal Link IIn (Augilah	a antista ETCa raa	aiving Uigh Coat a		Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	one only to ETCS rec	eiving High Cost su	ippo	rt)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates	s, use an avera	ge amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>
ETC Payment						·
-	0	_	-)	
Total Lifeline \$ <u>78921</u>	Total TLS \$ <u></u>		rota			- 70004
				Tota	l Dollars (19))\$ <u></u>

Exhibit 1 Page 40

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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09/01/2015

Jeff Ansted

DATE

President

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Cod	e <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology Ty	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🗹 🛛 I	High	Cost/Low Income		
(6) Organization Information	l		(7)	Filing Information		
Company Legal Name:	American Broadband and Te	elecommunications Company	a)	Submission Date	10/02/20	15
Contact Name:	Jeff Ansted			Data Month	Septemb	per 2015
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
				, ,	Original	
	Toledo, OH 430	699	d)	State Reporting	KENTUC	CKY
Telephone Number:	419 824 5810					
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
Liieiiiie		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport	
Receiving federal L		(8) <u>9430</u>		x \$9.2	5	= \$ 87228
Tribal Low-Income Subscribers		(9) <u>0</u>		x <u>\$0.00</u>		= \$ 0
Receiving federal L	ifeline Support	Те	ntal F	not to exce) Federal Lifeline Sup		d (10) \$ 87228
						u (10) \$ <u>07220</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	IS per Subscriber	(11) <u>0.00000</u>	00			
	al cost or \$3 in 2012 /\$2	()				
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ ⁽⁾
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost su	ippo			()+
Number of Connect	iono Weived	(14) 0				
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates	, use an avera	ge amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	U	(17) \$ 0.00				
Dererred interest						0
		т	otal	Tribal Link Up Sup	port Claimed	d (18) \$ <u>U</u>
ETC Payment						
Total Lifeline \$ <u>87228</u>	Total TLS \$ 0	-	Total	Tribal Link Un \$ 0		
· ···· ·······························					l Dollars (19)	
				Tota	i Dollars (19)) \$

Exhibit 1 Page 42

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

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10/02/2015

Jeff Ansted

DATE

Jeff Ansted

OFFICER NAME

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President

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FCC Form 497 April 2012 Edition			SHEE	T		OMB Approval
				Avg.	Burden Est. p	3060-0819 ber Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		C C	dy Area Cod	
(3) Filer 499 ID 825609						_
				heck one) Wireli		Wireless 🔽
(5) ETC Designation Type (0	-	e Only 🗹	•	Cost/Low Income		
(6) Organization Information				iling Information	44/00/00	4.5
Company Legal Name:	American Broadband and Te	elecommunications Company		Submission Date	11/02/20	
Contact Name: Mailing Address:	Jeff Ansted	<u> </u>	b) c)	Data Month Type of Filing	October	2015
	1 Seagate, Suit	e 600	- '	(check one)	Original	
	Toledo, OH 436	200	d)		Revision KENTUC	
Telephone Number:	419 824 5810	555	,		INLINIOC	
Fax Number:	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
Lifeline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	oscribers	Subscribers		Subscriber Sup	oport	
Receiving federal L		(8) 10074		x \$9.2	5	= \$ 93185
Tribal Low-Income Subscrib		(9) <u>0</u>		x \$ <u>0.00</u>		= \$
Receiving federal L	Infeline Support	Т	otal Fe	not to exce) ederal Lifeline Sup		d (10)\$ <u>93185</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ble only to ETCs rece	eiving High Cost su	upport			. ,
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100)	(for multiple rates		tes, use an average amount)	
)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		r	Fotal T	ribal Link Up Sup	port Claimed	(18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>93185</u>			Total -	Tribal Link Lin ¢ ())	
	10tai 1L5 \$		rotal	-		- 93185
				Tota	l Dollars (19)	\$

Exhibit 1 Page 44

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11/02/2015

Jeff Ansted

DATE

Jeff Ansted

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OFFICER SIGNATURE

OFFICER TITLE

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			SHE			3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Coc	le <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔽	High	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Company	y a)	Submission Date	12/01/20	015
Contact Name:	Jeff Ansted		b)	Data Month	Novemb	er 2015
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	Toledo, OH 436	399	d)	State Reporting	KENTU	CKY
Fax Number:	419 824 5810					
	419 205 9014		_			
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) <u>10257</u>		x \$9.2	5	= \$ <u>94877</u>
Tribal Low-Income Subscril	bers	(9) <u>0</u>		x <u>\$</u> 0.00		= \$ 0
Receiving federal Lifeline Support			otal F	(not to exce ederal Lifeline Sup		
			oturi			(10) ¢ <u>0 101 1</u>
Toll Limitation Servi	ces (1LS)					
Cost of Providing 1 (the lesser of increment	FLS per Subscriber Ital cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sul	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost su	uppor	t)		
Number of Connec	tions Waived	(14) <u>0</u>				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an avera	ige amount)
		(/			
Total Connection C	charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		-	Fotal ⁻	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_94877	Total TLS \$ 0		Total	Tribal Link Up \$ 0)	
φ				-) \$_ <u>94877</u>
				iota	i Dollars (19	φ

Exhibit 1 Page 46

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.

12/01/2015

Jeff Ansted

DATE

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

President

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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FCC Form 497						
April 2012 Edition			SHE			OMB Approva 3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs
(1) USAC Service Provider	Identification Number	143033320		(2) Stu	dy Area Co	de <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type	(Check one): Lifelin	e Only 🔽	High	Cost/Low Income		
(6) Organization Information	on		(7)	Filing Information	T	
Company Legal Name:	American Broadband and Te	elecommunications Company	y a)	Submission Date	01/04/20	016
Contact Name:	Jeff Ansted		b)	Data Month	Decemb	per 2015
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTU	CKY
Fax Number:	419 824 5810		_			
E-mail Address:	419 205 9014 jsa@ambt.net		_			
	J3d@dilibt.ilet					
Lifeline				(h) Lifeline Cur		(a) Tatal Lifelina
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal		(8) <u>10709</u>		x \$9.2	.5	= \$ <u>99058</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ _0
			otal F	(not to exce ederal Lifeline Sup		ed (10) \$ 99058
Toll Lingitation Com		•	otarr			50 (10) ¢ <u>555555</u>
Toll Limitation Serv	ices (ILS)					
	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00			
Number of TLS Su	ubscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availa	able only to ETCs rece	eiving High Cost su	ıppor	<i>t)</i>		
Number of Conne	ctions Waived	(14) 0				
Charges Waived p	per Connection	(15) \$ 0.00 (not to exceed \$100)	<u> </u>	(for multiple rates	, use an avera	age amount)
)			
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		-	rotal ⁻	Tribal Link Up Sup	port Claime	d (18) \$_0
ETC Payment			-			
-			T	T -0)	
Total Lifeline \$ <u>99058</u>	1 otal 1LS \$_0		ıotal	Tribal Link Up \$ <u>(</u>		
				Tota	I Dollars (19	9) \$ <u>99058</u>

Exhibit 1 Page 48

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(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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01/04/2016

Jeff Ansted

DATE

President

Jeff Ansted

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition			(SHEE	:т		OMB Approva
					Durden Fet	3060-0819
				C C		per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143033320		(2) Stu	dy Area Cod	e <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	heck one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔽	High (Cost/Low Income		
(6) Organization Information	<u>ו</u>		(7) F	Filing Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Compan	у а)	Submission Date	02/01/20	16
Contact Name:	Jeff Ansted		b)	Data Month	January	2016
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		_
					Revision	×
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTUC	CKY
Fax Number:	419 824 5810					
	419 205 9014					
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 10317		x \$9.2		= \$ 95432
Tribal Low-Income Subscril	oers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal Lifeline Support			otal Fe	(not to exce ederal Lifeline Sup		
Toll Limitation Source						
Toll Limitation Servio	ces (123)					
Cost of Providing 1 (the lesser of incremen	"LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost si	upport	t)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an averaç	ge amount)
			/			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		-	Total T	ribal Link Up Sup	port Claimed	i (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>95432</u>	Total TLS \$ 0		Total	Tribal Link Up \$)	
					l Dollars (19)	 95432
				rota	19) onais	μψ

Exhibit 1 Page 50

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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02/01/2016

Jeff Ansted

DATE

OFFICER SIGNATURE

OFFICER NAME

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President

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FCC Form 497 April 2012 Edition			KCHEE	т		OMB Approva
					Dundan Est	3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs
(1) USAC Service Provider	Identification Number	143033320		(2) Stu	dy Area Cod	le <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	Type (c	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (Check one): Lifelin	e Only 🗹	High	Cost/Low Income		
(6) Organization Informatio	n		(7) F	Filing Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Compar	iy a)	Submission Date	03/01/20)16
Contact Name:	Jeff Ansted		b)	Data Month	February	y 2016
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		_
					Original Revision	
Telephone Number:	Toledo, OH 436	599	d)	State Reporting	KENTUC	CKY
Fax Number:	419 824 5810 419 205 9014		_			
E-mail Address:	jsa@ambt.net		_			
	Joa@amot.net					
Lifeline		(a) # L ifalina		(h) Lifeline Sur	an a stil	(a) Total Lifelina
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal		(8) <u>10814</u>		x \$9.2	5	= \$ 100030
Tribal Low-Income Subscri		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ _0
Receiving federal	Receiving federal Lifeline Support		otal Fe	not to exce) ederal Lifeline Sup		d (10) \$ 100030
Toll Limitation Serve	ices (TLS)			-	-	
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Su	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost s	upport	t)		
Number of Connec	ctions Waived	(14) 0				
Charges Waived p	er Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an avera	ge amount)
		·	,			
Total Connection	Charges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>				
			Total T	Гribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>100030</u>	Total TI S \$ 0		Total	Tribal Link Up \$ <u>C</u>)	
	10.01120 <u>y</u>		i otul			
				Iota	i Dollars (19) >

Exhibit 1 Page 52

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

(20) CERTIFICATIONS AND SIGNATURES

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03/01/2016

Jeff Ansted

DATE

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OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			CUE	T		OMB Approval
			SHEL			3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143033320		(2) Stu	dy Area Cod	le <u>269044</u>
(3) Filer 499 ID <u>825609</u>		(4) Technology T	ype (c	check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (Check one): Lifelin	e Only 🔽	High	Cost/Low Income		
(6) Organization Information	n		(7) F	Filing Information	1	
Company Legal Name:	American Broadband and Te	elecommunications Company	y a)	Submission Date	04/01/20	016
Contact Name:	Jeff Ansted		b)	Data Month	March 20	016
Mailing Address:	1 Seagate, Suit	e 600	c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	Toledo, OH 436	699	d)	State Reporting	KENTUC	CKY
Fax Number:	419 824 5810		_			
	419 205 9014		_			
E-mail Address:	jsa@ambt.net					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sul Receiving federal L		(8) <u>11585</u>		x \$9.2	5	= \$ _107161
Tribal Low-Income Subscri	bers	(9) <u>0</u>		x <u>\$</u> 0.00		= \$ _0
Receiving federal Lifeline Support			otal F	(not to exce ederal Lifeline Sup		
		•				a (10) ¢ <u>101 101</u>
Toll Limitation Servi	ces (ILS)					
	FLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u>	00			
Number of TLS Sul	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost ຣເ	upport	t)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
		(,			
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		r	Total 1	Fribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_107161	Total TI S \$ 0		Total	Tribal I ink IIn \$ C)	
			· viui	-		
				Tota	i Dollars (19)\$_107161

Exhibit 1 Page 54

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

(20) CERTIFICATIONS AND SIGNATURES

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04/01/2016

Jeff Ansted

DATE

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

President

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.