#### COMMONWEALTH OF KENTUCKY

#### BEFORE THE PUBLIC SERVICE COMMISSION

IN THE MATTER OF:		
AN INQUIRY INTO THE STATE	)	CASE NO.
UNIVERSAL SERVICE FUND	)	2016-00059

Q LINK WIRELESS LLC'S RESPONSES TO COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION TO ALL PARTIES OF RECORD AND FIRST REQUEST FOR INFORMATION TO Q LINK WIRELESS LLC, AMERIMEX COMMUNICATIONS CORP., AND IM TELECOM, LLC D/B/A INFINITI MOBILE

Q LINK WIRELESS LLC ("Q LINK" or the "Company") hereby submits its responses to the Kentucky Public Service Commission ("Commission") Staff's First Request for Information to All Parties of Record and First Request for Information to Q LINK WIRELESS LLC, AmeriMex Communications Corp., and IM Telecom, LLC d/b/a Infiniti Mobile dated April 6, 2016.

State of Florida )
County of Broward )
CERTIFICATION
I, Issa Asad, first being duly sworn, depose and state that I am the CEO of Q LINK WIRELESS LLC, and do hereby declare under oath that the foregoing responses are true and accurate to the best of my knowledge, information, and belief formed after a reasonable inquiry.
Executed on $4/25/16$
Issa Asad, CEO Q LINK WIRELESS LLC
Subscribed and sworn to before me this 25 day of April 2016.
ACELIA GONZALEZ  MY COMMISSION # FF 66862  EXPIRES OCIODAT 29 2017  FloridaNotaryService.com  (Signature of person authorized to administer oath)
My Commission Expires: October 29th 2017/

#### **CERTIFICATE OF SERVICE**

In accordance with 807 KAR 5:001, Section 8, I certify that the April 28, 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 28, 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 28, 2016.

s/Lance J.M. Steinhart

Lance J.M. Steinhart

### **SECTION I**

Responses to 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.

### **SECTION I**

Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

### **REQUEST NO. 2**

Provide the Federal Communication Commission ("FCC") Form 497 submitted to the FCC from January 2014 to the present.

Response: See attached Exhibit 2.

#### **SECTION I**

Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

#### **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:

- a. Copies of all Lifeline plans currently offered to Kentucky subscribers.
- b. For each new or modified Lifeline plan, explain in detail:
  - 1) How the current Lifeline plan modifies the Lifeline plan in effect when you were designated as an ETC;
  - 2) Whether the current Lifeline plan was offered in addition to Lifeline plans in effect when you were designated as an ETC.
- c. An explanation for why existing Lifeline plans were changed or additional Lifeline plans were added.

Response: There have been no changes to the Company's Lifeline plans.

### Responses to First Request for Information to All Parties

#### **SECTION I**

Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

### **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.

Response: Q LINK intends to maintain a voice component in its Lifeline service offerings even if the service offerings include other components such as broadband, which will be required under FCC rules expected to be issued in the very near future. Therefore, as long as the Commission maintains state support for any service plans that include a voice component (even if bundled with other components) then Q LINK does not anticipate such a decision by the Commission would affect how the Company provides service in Kentucky.

### **SECTION I**

Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

### **REQUEST NO. 5**

Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

Response: Q LINK does not believe increased oversight of the Lifeline program by the Commission is necessary. The FCC has already implemented increased oversight with the implementation of the National Lifeline Accountability Database, more stringent reporting requirements, and multiple procedures for auditing ETCs on a routine basis. Furthermore, the FCC now intends to implement a National Eligibility Verifier in order to centralize eligibility verification.

### **SECTION I**

Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

### **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.

Response: As a prepaid wireless provider, Q LINK does not issue customer bills; however, Q LINK anticipates it would take approximately 60 days to implement necessary changes.

#### **SECTION I**

Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

#### **REQUEST NO. 7**

Provide, in detail, the methods employed to verify the eligibility of customers who participate in the Lifeline program.

Response: During the application process, Q LINK validates each applicant's identity via a government issued ID card, passport, etc. The address of the applicant is verified via a USPS/Melissa Database and Q LINK submits the applicant's information to the National Lifeline Accountability Database (NLAD) in order to determine that the applicant's household does not already receive a Lifeline subsidy. Prior to enrolling a new subscriber, Q LINK verifies the eligibility of applicants first by accessing state or federal social services electronic eligibility databases, where available. If a database is used to establish eligibility, O LINK does not require documentation of the applicant's participation in a qualifying federal program; instead, Q LINK notes in its records what specific data was relied upon to confirm the applicant's initial eligibility for Lifeline. However, in states where there is no state administrator, the state commission or other state agency is not making eligibility determinations, and there is no automated means for Q LINK to check electronic databases for eligibility, Q LINK reviews acceptable documentation to determine eligibility based upon the income and program criteria enumerated at 47 C.F.R. § 54.409(a) and (b)), as well as any additional statespecific criteria

### **SECTION I**

Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

### **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: Q LINK has not been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program.

#### **SECTION I**

Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

### **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: Q LINK focuses on internet-based marketing for Lifeline service and processes all enrollments online or over the phone; the Company does not at this time engage in person-to-person sales.

### **Responses to First Request for Information to All Parties**

### **SECTION II**

## **Responses to 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: See response to Section I, No. 1.

### Responses to First Request for Information to All Parties

### **SECTION II**

## **Responses to Requests for Information to All Parties**

### **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: Each line active during the month is considered for reimbursement.

### Responses to First Request for Information to All Parties

### **SECTION II**

## Responses to Requests for Information to All Parties

### **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.

Response: Q LINK operates on a calendar month basis. Free minutes are replenished on the first day of each month. Each line active during the month is considered for reimbursement.

### Responses to First Request for Information to All Parties

### **SECTION II**

## Responses to Requests for Information to All Parties

### **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.

Response: As a prepaid provider, the Company does not issue bills or experience bad debts.

### **Responses to First Request for Information to All Parties**

#### **SECTION II**

### **Responses to Requests for Information to All Parties**

### **REQUEST NO. 5**

State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform<sup>1</sup> is concluded before rendering a decision in this proceeding, and explain the basis for your response.

Response: Q LINK believes it is reasonable and prudent for the Commission to take into account the FCC's recent Lifeline Reform before rendering a decision in this proceeding. The FCC adopted an Order at its March 31, 2016 Open Meeting to modernize and reform the Lifeline program, and released the corresponding Order on April 27, 2016. The FCC's reforms steer the Lifeline program towards broadband, and introduce minimum amounts of voice and data required for plans to qualify for Lifeline subsidy beginning as early as December 2016; these changes will certainly affect the cost at which ETCs are able to offer Lifeline service to the consumer, and therefore the KUSF subsidy may be more important for customers than ever before.

\_

<sup>&</sup>lt;sup>1</sup> See Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42; Telecommunications Carriers Eligible for Universal Service Support, WC Docket No 09-197; Connect America Fund, WC Docket No. 10-90.

### Responses to First Request for Information to All Parties

### **SECTION II**

## Responses to Requests for Information to All Parties

### **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.

Response: See response to Section I, No. 6.

# Responses to First Request for Information to Q LINK WIRELESS LLC, AmeriMex Communications Corp., and IM Telecom, LLC d/b/a Infiniti Mobile

#### **REQUEST NO. 1**

Refer to the Joint Testimony of Issa Asad, Stephen Klein, and Trevan Morrow ("Joint Testimony"), page 5, lines 15-18. Explain how a decrease in the Lifeline subsidy could make it uneconomical for the eligible telecommunication carriers ("ETC") to continue their outreach efforts and decrease the number of ETCs willing to serve Kentucky Lifeline customers.

Response: The regulatory costs for an ETC to provide Lifeline service continue to increase, requiring ETCs to spend more money and resources on compliance rather than outreach efforts. Given the upcoming FCC reforms implementing minimum standards for voice and broadband in order for plans to qualify for Lifeline subsidy, the ability for ETCs to provide Lifeline plans at current rates will be impossible. Therefore, maintaining the KUSF support level is more important than ever.

### Responses to First Request for Information to Q LINK WIRELESS LLC, AmeriMex Communications Corp., and IM Telecom, LLC d/b/a Infiniti Mobile

### **REQUEST NO. 2**

Refer to the Joint Testimony, page 9, lines 9-12. Confirm that an ETC filing a copy of Form 497 with the Commission is not a fail-safe check on the accuracy of the KUSF remittance form as, although the forms could reconcile, they could both contain the same inaccurate information.

Response: Correct, the filing of a 497 would primarily be for reconciliation purposes, and not a fail-safe check for accuracy.

### **EXHIBIT 1**



2/12/2014		Reporting M	onth	2014-01
	llator series	Carrier Information	bn -	
Company Name	Q LINK WIRELE	SSILC		
Company Address	499 EAST SHER	RIDAN STREET, SU	JITE 300 D	ANIA, FL 33004
Telephone / Fax	855-754-6543/85			
Vendor Number				
Classification Please Circle One	ILEC CI	.EC Cellular	PCS	
	And the	Monthly Access Line	: Dața	nin e a a a a a a a a a a a a a a a a a a
Surcharge Per .     Amount of Sur     Number of Acc	Access Line	feline Support	\$	0.08
Thereby attest that the ir	formation reported ber	ein is true and accurate to	the best of my	knawledge,
Company Official	(Printed)	Title CEO	Comps	any Official (Signed)
Make check puyable to State Treasurer" and si report to: Finance and Administra ATTN: KY USF. 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	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



		UNIVERSAL SERVICE	FUND	
3/10/2014	k -161115	Reporting Mon	nth	. 2014-02
		Carrier Information	Λ	
Company Name	Q LINK WIRELE	SSILC		The second secon
Company Address	499 EAST SHEF	RIDAN STREET, SUI	TE 30	0 DANIA, FL 33004
Telephone / Fax	855-754-6543/85	55-837-5465		
Vendor Number				Taking the same of
Classification Please Circle One	HEC CI	LEC Cellular	) <sub>Pr</sub>	
		Monthly Access Line	Data	
Surcharge Per     Amount of Su     Number of Ac	Access Linercharge Remitted to Ken	ifeline Support		\$ 0.08_
MAKEUP TO THE REAL PROPERTY OF THE PARTY OF	de la completa	Signature Block		
hereby aftest that the	information reported her	rein is true and accurate to the	he best o	f my knowledge.
Company Official	Issa Asad (Printed)	Title CEO	c	ompany Official (Signed)
Make check payable State Treasurer* and report to: Finance and Administr ATTN: KY USF 702 Capital Ave.	send 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

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



		UNIVE	KSAL SEKVIC	L PUND	
4/9/2014			Reporting Mo	Ionth 2014-03	
		C	Carrier Informatio	ion	
Company Name	Q LINK WIRE	ELESS LLC			4.7. dayle
Company Address	499 EAST SH	HERIDAN	STREET, SU	UITE 300 DANIA, FL 33004	
Telephone / Fax	855-754-8543	3/855-837-	5465		
Vendor Number					***************************************
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Mon	thly Access I ine	ne Data	
Amount of Su     Number of Ac	Access Line	Kentucky US	F		
			Signature Block	k	
I hereby attest that the i	Issa Asad	I herein is true Title	and accurate to	the best of my knowledge.  Company Official	
	(Printed)			(Signed)	
Make check payable State Treasurer" and streport to:  Finance and Administra ATTN: KY USF 702 Capital Ave. Capital Annex, Room Frankfort, KY 40601	ation Cabinet			Send a copy of this report of Kentucky Public Service C ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602	



5/12/2014			Reporting Ms	Month 2014-04		
a salah mena		-(	Jarrier Informatio	tion		
Company Name Q LINK WIRELESS LLC Company Address 499 E SHERIDAN ST, STE 300 DANIA, FL 33004						
Vendor Number						
Classification Please Circle One	ICEC	CLEC	Cellular	) <sub>PCS</sub>		
		Mor	nthly Access Line	ne Data		
Surcharge Pe     Amount of So	Lines in Service  r Access Line  urcharge Remitted to  ccess Lines Receivin	Kentucky US	SF	\$ 0.08_		
5. Amount of R	eimbursement Reque	sted from Ker	ntucky USF	M1		
		-2001	Signature Block	ck		
hereby attest that the	information reported	l herein is true	e and accurate to	o the best of my knowledge.		
Company Official	(Printed)	Title	CEO	Company Official (Signed)		
Make check payable State Treasurer* and report to: Finance and Administ ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send 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		



		UNIVERSAL SERVI	Eru	20
6/11/2014		Reporting N	tonth_	2014-05
		Carrier Informat	ion	
Company Name	Q LINK WIREL	ESS LLC		The state of the s
Company Address	499 E SHERID	OAN ST. STE 300 DA	NIA.	FL 33004
Telephone / Fax Vendor Number	855-754-6543/	855-837-5465		
Classification Please Circle One	ILEC	CLEC Cellular	5	PCS
		Monthly Access Lir	ie Data	
. Total Access	Lines in Service	1. (1. 1. <b>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</b>		
2. Surcharge Per	Access Line		*******	\$ 0.08
R, Amount of Su	rcharge Remitted to K	Kentucky USF		
1. Number of Ac	cess Lines Receiving	Lifeline Support	*******	
5. Amount of Re	imbursement Request	ed from Kentucky USF	*******	
		Signature Bloc	:k	
hereby attest that the	information reported b	nergin is true and accurate to	the be	st of my knowledge.
Company Official	Issa Asad (Printed)	Title CEO		Company Official (Signed)
Make check payable State Treasurer and report to: Finance and Administr ATTN: KY USF 702 Capital Ave.	send 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

Capitol Annex, Room 488A Frankfort, KY 40601



Date	7/9/2014	Reporting Month	2014-06

	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
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
<ol> <li>Amount of Su</li> </ol>	rcharge Remitted to Kentucky USF
4. Number of Ac	cess Lines Receiving Lifeline Support
	imbursement Requested from Kentucky USF
	Eignature Block

			Eignature Block		
I hereby attest that th	e information reported	f herein is tru	e and accurate to I	the best of my knowledge.	-3
Company Official	Issa Asad	Title	CEO	Company Official	90
	(Printed)				(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:

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



8/11/2014		Carri	.NOAL OERVIC	2014.07
te 0/11/2014			Reporting Mo	louth 2014 of
		(	Carrier Informatio	ion
Company Name	Q LINK WIRI	ELESS LL	C	
Company Address	499 E SHER	IDAN ST, S	STE 300 DAN	NIA, FL 33004
Telephone / Fax	855-754-654	3/855-837-	5465	- W
Vendor Number				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS
11. W.A. (10. 10. 10. 10. 10. 10. 10. 10. 10. 10.		Mor	uthly Access Line	ne Dația
Amount of Su     Number of Ac	Access Line reharge Remitted to cess Lines Receivin	r Kentucky US	рроп	······································
			Signature Block	:k
I hereby attest that the i	nformation reporte	d herein is true	e and accurate to t	o the best of my knowledge.
Company Official	(Printed)	Title	CEO	Company Official (Signed)
Make check payable State Treasurer and a report to: Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room a Frankfort, KY 40601	send 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



		UNIVERSAL SERVIC	E FUND		
9/11/2014 Reporting Month 2014-08					
		Carrier Informati	on	And the second s	
Company Name	Q LINK WIRELE	SS LLC			
Company Address	499 E SHERIDA	N ST, STE 300 DA	NIA, FL 33	3004	
Telephone / Fax Vendor Number	855-754-6543/85	55-837-5465			
Classification Please Circle One	ILEC CL	EC Cellular	) pcs		
		Monthly Access Lin	e Data	II.	
2 Surcharge Per 3. Amount of Su 4 Number of Ac	Access Line	feline Supportfrom Kentucky USF	\$	0.08	
1 1		Signature Bloc	k.		
I hereby attest that the i	NO 100 0	ein is true and accurate to		uny Official (Signed)	
Make check payable State Treasurer and of report to: Finance and Administra ATTN, KY USF 702 Capital Ave. Capital Annea, Room s Frankfort, KY 40601	send with this			Send a copy of this report to:  Kentucky Public Service Commission ATTN: Irm Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602	



	101	40170	7.4
Date	10/	10/20	1.

Reporting Month

2014-09

	Carrier Information				
Company Name	Q LINK WIRELESS LLC				
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004				
Telephone / Fax	855-754-6543/855-837-5465				
Vendor Number					
Classification Please Circle One	ILEC CLEC Cellular PCS				
	Monthly Access Line Data				

	Monthly Access Line Data		on gracero more and
Ľ,	Total Access Lines in Service		
2.	Surcharge Per Access Line,	\$ 0.08	
3.	Amount of Surcharge Remitted to Kentucky USF		4
4.	Number of Access Lines Receiving Lifeline Support,		
5.	Amount of Reimbursement Requested from Kentucky USF		

			Signature Block		
I hereby attest that th	e information reporte	l'herein is tru	e and accurate to	he best of my knowledge	
Company Official	Issa Asad	Title	CEO	Company Official S	
	(Printed)			(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:

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



11/11/201	4	Reporting M	ionth	2014-10
····		Carrier Informati	on	
Company Name	Q LINK WIRELE	SS LLC		
Company Address	499 E SHERIDAI	N ST, STE 300 DA	NIA. FL 3	3004
Telephone / Fax	855-754-6543/85			-
Vendor Number	Sold State Control of the Control of			***************************************
				With the second section of the section of the second section of the sect
Classification Please Circle One	ILEC CI	EC Cellular	PCS	
- 10 - 20mm	and the same of th	Monthly Access Line	- Data	
		(Minning Access Line	e Data	
I. Total Access	Lines in Service	anatorica in the territoria	*****	
2. Surcharge Per	Access Line	**********************		\$ 0.08
<ol> <li>Amount of Su</li> </ol>	rcharge Remitted to Ken	tucky USF,		
4. Number of Au	cess Lines Receiving Lit	Cline Support		<u></u>
5. Amount of Re	imbursement Requested	from Kentucky USF		
	2			- 15:00 HT & WALLEY
		Signature Bloc	k	A STATE OF THE STA
I hereby attest that the	information reported here	ein is true and accurate to	the best of m	y knowledge.
Company Official	Issa Asad (Printed)	Title CEO	Com	pany Official(Signed)
Make check payable State Treasurer" and				Send a copy of this report to:
report to:				Kentucky Public Service Commission
Finance and Administr	ation Cabinet			ATTN: Jim Stevens 211 Sower Blvd.
ATTN: KY USF 702 Capital Ave.	-			P.O. Box 615 Frankfort, KY 40602
Capitol Annex, Room- Frankfort, KY, 10601	488A			



ate12/9/2014	1-0-0-0	Reporting Mo	lonth 2014-11
		Carrier Information	on
Company Name	Q LINK WIRELE	SS LLC	
Company Address	499 E SHERIDA	N ST, STE 300 DAN	NIA, FL 33004
Telephone / Fax	855-754-6543/85	55-837-5465	
Vendor Number			
Classification Please Circle One	ILEC CI	LEC Cellular	PCS
	A	Monthly Access Line	c Data
A AND OTTO D			
9 1 5			
<ol><li>Surcharge Per</li></ol>	Access Line		\$ 0.08_
<ol> <li>Amount of Su</li> </ol>	rcharge Remitted to Ken	tucky USF	20.500
4. Number of As	cess Lines Receiving Li	feline Support	
5. Amount of Re	imbursement Requested	from Kentucky USF	(deci) (d <sub>e</sub>
		o' ni š	
Lamber attest that the	information connected her	Signature Block	the best of my knowledge.
Company Official	- Committee Louis Country and	Title CEO	Company Official
Company Official	(Printed)	The OLG	(Signed)
Make check payable			Send a copy of this report to:
State Treasurer* and report to:	send with this		Kentucky Public Service Commission
Finance and Administr	ation Cabinet		ATTN: Jim Stevens 211 Sower Blyd.
ATTN: KY USF			P.O. Box 615
702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	188A		Frankfort, KY 40602



1/12/20	15	Reporting Mor	nth 2014-12.	
		Carrier Information	n	
Company Nam	Q LINK WIRE	ELESS LLC	William St.	
Company Addres	499 E SHER	IDAN ST. STE 300 DANI	IIA, FL 33004	3462
Telephone / Fa	855-754-654	3/855-837-5465		
Vendor Numb	er .			
Classification Please Circle One	ILEC	CLEC Cellular	PCS	
Treate Chefe One	luix		. 103	
	79.5%	Monthly Access Line E	Data	
	COSC CONTRACTOR			Sirve (III Harris )
714) PANSALATECTS		***************************************		
2. Surcharge	Per Access Line,	**************	\$ 0.08_	
<ol> <li>Amount of</li> </ol>	Surcharge Remitted to	Kentucky USF		
4. Number of	Access Lines Receiving	ag Lifeline Support		
<ol><li>Amount of</li></ol>	Reimbursement Reque	ested from Kentucky USF	14. 44.	
100000000000000000000000000000000000000		Signature Block		
I hereby attest that t	he information reporte	d herein is true and accurate to th	he best of my knowledge.	
Company Official	Issa Asad	Title CEO	Company Official	
	(Printed)		(S)gne	(b)
Make check payab			Send a copy of this repo	int to:
State Treasurer" in report to:	nd send with this		Kentucky Public Service	

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

211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602 Revised 03-13-2008

Kenucky Public Service Commission ATTN: Jim Stevens

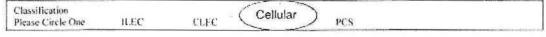


Date 2/11/2015

Reporting Month

2015-01

	Carrier Information	
Company Name	Q LINK WIRELESS LLC	
Company Address	499 E SHERIDAN ST. STE 300 DANIA, FL 33004	THE RELEASE OF THE PARTY OF THE
Telephone / Fax	855-754-6543/855-837-5465	
Vendor Number		



	Monthly Access Line Data	
١.	Total Access Lines in Service	
2,	Surcharge Per Access Line	
).	Amount of Surcharge Remitted to Kentucky USF	
1	Number of Access Lines Receiving Lifeline Support	
	Amount of Reimbursement Requested from Kentucky USF	

			Signature Block	
I hereby attest that th	e information reporte	d herein is tru	e and accurate to	the best of my knowledge.
Company Official	Issa Asad	Title	CEO	Company Official
	(Printed)			(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:

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



3/11/2015		Reporting Mo	nth 2015-02
	WITH THE STREET	Carrier Information	n
Company Name	Q LINK WIRI	ELESS LLC	
Company Address	499 E SHER	IDAN ST, STE 300 DAN	IIA, FL 33004
Telephone / Fax	855-754-654	3/855-837-5465	
Vendor Number			No. of the second secon
Classification Please Circle One	ILEC	CLEC Cellular	) PCS
		Monthly Access Line	Data
Surcharge Per Amount of Su Number of Ac	Access Linercharge Remitted to	ng Lifeline Supportested from Kentucky USF	\$.0.08_
		Signature Block	
hereby attest that the Company Official	Information reporte Issa Asad (Printed)	d herein is true and accurate to t	he best of my knowledge,  Company Official (Signed)
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room- Frankfort, KY 40601	send with this	W.	Send a copy of this report to:  Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box. 615 Frankfort, KY 40602



F3	4/10/2015	á
Date		*

Reporting Month

2015-03

	Carrier Information	
Company Name Company Address	Q LINK WIRELESS LLC	
	499 E SHERIDAN ST, STE 300 DANIA, FL 33004	
Telephone / Fax	855-754-6543/855-837-5465	
Vendor Number		
Classification Please Circle One	ILEC CLEC Cellular PCS	
	Monthly Access Line Data	
L. Total Access	Lines in Service	
2. Surcharge Per	r Access Line \$ 0.08	
3. Amount of Su	archarge Remitted to Kentucky USF	
4. Number of Ac	ccess Lines Receiving Lifeline Support	
5. Amount of Re	eimbursement Requested from Kentucky USF	
	Signature Block	
I hereby attest that the i	information reported herein is true and accurate to the best of my knowledge.	1 <u>1111111111111111111111111111111111</u>
Company Official	Issa Asad Title CEO Company Official (Signed)	
Make check payable	to: "Kentucky Send a conv of this report by	

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:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfori, KY 40602



ate 5/11/2015		Reporting Month	2015-04
		Carrier Information	
Company Name Q LINK WIRE		LESS LLC	
Company Address	499 E SHERIE	DAN ST, STE 300 DANIA, F	L 33004
Telephone / Fax		/855-837-5465	2001 Communication Communicati
Vendor Number			
Classification Please Circle One	ILEC	CLEC Cellular	PCS
Y-1100		Monthly Access Line Dara	WAARDO LLA MARTINA LA
1 Total Access	Lines in Service		
			\$ 0.08_
		Centucky USF	
		Lifeline Support	
		ted from Kentucky USF	
		Signature Block	
hereby attest that the	information reported	herein is true and accurate to the best	t of my knowledge.
Company Official	(Printed)	Title CEO	Company Official (Signed)
Make check payable State Treasurer" and			Send a copy of this report to:
report to:	send with this	19	Kentucky Public Service Commission
Finance and Administra	ation Cabinet		ATTN: Jim Stevens 211 Sower Blvd.
ATTN: KY USF 702 Capital Aye.			P.O. Box 615 Frankfort, KY 40602
Capitol Annex, Room - Frankfort, KY 40601	488A		FISHRIOTE, N.1. 40002



6/9/2015		Reporting Month 2015-05
on the State of th		Carrier Information
Company Name	Q LINK WIRELES	SSILC
Company Address	499 E SHERIDAN	N ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/85	5-837-5465
Vendor Number		
Classification Please Circle One	ILEC CL	EC Cellular PCS
77.54.04		Monthly Access Line Data
. Total Access	Lines in Service	
		\$ 0.08
		tucky USF
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	feline Support
5. Amount of R	eimbursement Requested i	from Kentucky USF
ACCEPTANT OF THE PROPERTY OF T	The state of the s	Signature Block
bereby attest that the	information reported here	ein is true and accurate to the best of my knowledge.
Company Official	Issa Asad (Printed)	Title CEO Company Official (Signed)
Make check payable	Tax W. Amturales	
State Treasurer" and		Send a copy of this report to:
report to:		Kentucky Public Service Commission ATTN: Jim Stevens
inance and Administ	ration Cabinet	211 Sower Blvd.
ATTN: KY USF	420000000000000000000000000000000000000	
		P.O. Box 615
702 Capital Ave. Capital Annex, Room Frankfort, KY 40601	488A	



7/9/2015	-	Reporting Mo	onth 2015-06
		Carrier Informatio	on
Company Name	Q LINK WIRELES	SSLLC	
Company Address	499 E SHERIDAN	ST, STE 300 DAN	NIA, FL 33004
Telephone / Fax	855-754-6543/85		, at a supplier of the suppliner of the supplier of the supplier of the supplier of the suppli
Vendor Number			
Classification Please Circle One	TLEC CLI	EC Cellular	) PCS
		Monthly Access Line	e Dają
Total Access I	Ines in Service		
The state of the s	Access Line		0.000
	rcharge Remitted to Kenti		
	cess Lines Receiving Life		
	imbursement Requested for	A CONCOUNT AND A CAMPACTURE LOCAL PROPERTY.	AXI-201
NT.		Signature Block	
I hereby attest that the i	nformation reported herei	n is true and accurate to t	the best of my knowledge.
Company Official	Issa Asad T (Printed)	itleCEO	Company Official (Signed)
Make check payable   State Treasurer* and s		10.000	Send a copy of this report to:
report to:	iche with uns		Kennicky Public Service Commission
Finance and Administra	ation Cabinet		ATTN: Jim Stevens 211 Sower Blvd.
ATTN: KY USF 702 Capital Ave.			P.O. Box 615 Frankfort, KY 40602
Capitol Annex, Room 4 Frankfort, KY 40601	188A		



ate8/10/2015		Reporting Month	2015-07
		Carrier Information	
Company Name	Q LINK WIRELE	ESS LLC	
Company Address	499 E SHERIDA	AN ST, STE 300 DANIA,	FL 33004
Telephone / Fax	855-754-6543/8	55-837-5465	
Yendor Number			
Classification Please Circle One	ILEC C	T.EC Cellular	PCS
MINOS ISSUEDING	un onwine and	Monthly Access Line Date	a
i. Total Access l	Lines in Service		
	No.		environi canalis
5050 MALERANDO (**1007) (1)		ntucky USF	
		ifeline Support	
		d from Kentucky USF	
		Signature Block	
hereby attest that the i	information reported he	rein is true and accurate to the b	pest of my knowledge.
Company Official	Issa Asad	Title CEO	Company Official
CHICAGO CONTRACTOR	(Printed)		(Signed)
Make check payable	to: "Vestuales		
State Treasurer" and	send with this		Send a copy of this report to:
eport to:			Kentucky Public Service Commission ATTN: Jim Stevens
Finance and Administra ATTN: KY USF	ation Cabinet		211 Sower Blvd.
702 Capital Ave.			P.O. Box 615 Frankfort, KY 40602
Frankfort, KY 40601	100/		



9/10/2015 2015-08 Date Reporting Month Carrier Information Company Name Q LINK WIRELESS LLC Company Address 499 E SHERIDAN ST, STE 300 DANIA, FL 33004 Telephone / Fax 855-754-6543/855-837-5465 Vendor Number Classification Cellular Please Circle One ILEC CLEC PCS Monthly Access Line Data 1. Total Access Lines in Service \$ 0.08 2. Surcharge Per Access Line..... 3, Amount of Surcharge Remitted to Kentucky USF ...... 4. Number of Access Lines Receiving Lifeline Support..... S. Amount of Reimbursement Requested from Kentucky USF ........... Signature Block I hereby attest that the information reported berein is true and accurate to the best of my knowledge. Company Official Issa Asad CEO Company Official Title

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

(Printed)

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

Kentucky Public Service Commission ATTN; Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

(Signed)



Date 10/12/2015

Reporting Month

2015-09

	Carrier Information	
Company Name	Q LINK WIRELESS LLC	
ompany Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004	
Telephone / Fax	855-754-6543/855-837-5465	111111111111111111111111111111111111111
Vendor Number		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
Transfer Strike Contract		37 4140 54		- F1 (-1) (-1)	

	Monthly Access Line Data	- Marie - Mari	
1.	Total Access Lines in Service		
2,	Surcharge Per Access Line,	\$ 0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF		
1.	Number of Access Lines Receiving Lifeline Support	-	
5.	Amount of Reimbursement Requested from Kentucky USF		

			Signature Block	MINESON - 1970 - 11 - 1707 - 14 - 1707 - 14 - 1707
I hereby attest that the	e information reported	d herein is true	e and accurate to )	he best of my knowledge.
Company Official	Issa Asad	Title	CEO	Company Official
	(Printed)	7		(Signed)

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

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

Keritucky Public Service Commission ATTN: Jim Stevens 211 Sower Bivd, P.O. Box 615 Frankfort, KY 40602



11/10/2015

Reporting Month

2015-10

	Carrier Information	
Company Name	Q LINK WIRELESS LLC	
Company Address	499 E SHERIDAN ST. STE 300 DANIA, FL 33004	
Telephone / Fax	855-754-6543/855-837-5465	
Vendor Number		

Classification
Please Circle One ILFC CLEC Cellular PCS

	Monthly Access Line Data		
L	Total Access Lines in Service		
2.	Surcharge Per Access Line	\$ 0.08	
3.	Amount of Surcharge Remitted to Kentucky USF		
4.	Number of Access Lines Receiving Lifeline Support,		
5.	Amount of Reimbursement Requested from Kentucky USF		,

			Signature Block	
l hereby attest that the	e information reported	I herein is true	e and accurate to t	he best of my knowledge.
Company Official	Issa Asad	Title	CEO	Company Official
WALL TARREST CO.	(Printed)			(Signed)

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

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

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



12/08/201	5	STATE OF STA	2015-11				
12/00/20		Reporting M	outh 2013-11				
		Carrier Information	on				
Company Name	Q LINK WIRELE	SSLLC					
Company Address	Company Address 499 E SHERIDAN ST, STE 300 DANIA. FL 33004						
Telephone / Fax 855-754-6543/855-B37-5465  Vendor Number							
lassification Please Circle One	n.ec ci	LEC Cellular	) pcs				
		Monthly Access Line	r Data				
. Total Access	Lines in Service	************	*****				
Surcharge Pe	r Access Line		\$ 0.08				
. Amount of S	urcharge Remined to Ker	nincky USF					
Number of A	ccess Lines Receiving Li	feline Support					
. Amount of R	eimbursement Requested	from Kentucky USF,	eraco,				
		Signature Block					
hereby attest that the	information reported her	ein is true and accurate to	the best of my knowledge.				
Company Official	Issa Asad (Printed)	Title CEO	Company Official C. (Signed)				
Make check payable state Treasurer" and spect to: Finance and Administ ATTN: KY USF 102 Capital Ave.	send with this		Send a copy of this report to:  Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blyd. P.O. Box 613 Frankfort, KY 40602				

Capitol Annes, Room 488A Frankfort, KY 40601



1/11/2016			Reporting Mo	nth	2015-12
		C	arrier Information	n.	
Company Name	Q LINK WIR	ELESS LLC	2		
Company Address	499 E SHEF	RIDAN ST, S	STE 300 DAN	IA, FL	33004
Telephone / Fax	855-754-654	13/855-837-	5465		
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	) <sub>PC</sub>	×
Transe Captie One	H.EC	COR		- FU	
		Mon	thly Access Line	Data	
i. Total Access	Lines in Service				
<ol> <li>Surcharge Per</li> </ol>	r Access Line	************			\$ 0.08_
3. Amount of Si	ircharge Remitted t	o Kentucky US	F	· · · · · ·	
4. Number of A	ecess Lines Receiv	ing Lifeline Sup	oport		
5: Amount of R	eimbursement Requ	ested from Ken	itucky USF		_
	***	-	Signature Block		
Thereby attest that the	information report	ed herein is true	und accurate to t	he best of	my knowledge.
Company Official	Issa Asad (Printed)	Title	CEO	Co	ompany Official (Signed)
		-			
Make check payable State Treasurer" and	to: "Kentacky send with this				Send a copy of this report to:
report to:					Kentucky Public Service Commission ATTN: Jim Stevens
Finance and Administr ATTN: KY USF	ration Cabinet				211 Sower Blyd,
702 Capital Ave. Capital Annex, Room Frankfort, KY 40601	488A				P.O. Box 615 Frankfort, KY 40602



2/09/2016			Reporting Mo	onth	2016-01
*			Carrier Informatic	n	
Company Name	Q LINK WIR	ELESS LL	С		- X - Y - Y - X - X - X - X - X - X - X
Company Address	499 E SHER	IDAN ST,	STE 300 DAN	IIA, FL	33004
Telephone / Fax	855-754-654	3/855-837-	-5465		
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	) pc	S
		Mor	othly Access Line	Data	
Surcharge Per     Amount of Se     Number of A	Lines in Service  Access Line  recharge Remitted to ecess Lines Receivi	o Kentucky ()8 ng Lifeline Saj	SF		\$ 0.08
25 36 300 to (c) - c(c)			Signature Block		
I hereby attest that the	information reporte	d hérein is true	e and accurate to t	he best of	f my knowledge.
Company Official	Issa Asad (Printed)	Title	CEO	C	ompany Official (Signed)
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this ation Cabinet				Send a copy of this report to:  Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blyd. P.O. Box 615 Frankfort, KY 40602



Date

3/08/2016

Please Circle One

REC

Reporting Month

2016-02

Company Name	Q LINK WIRELESS LLC	
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004	
Telephone / Fax	855-754-6543/855-837-5465	
Vendor Number		

Cellular

PCS

CLEC

	Monthly Access Line Data
	Total Access Lines in Service
	Surcharge Per Access Line
	Amount of Surcharge Remitted to Kentucky USF
	Number of Access Lines Receiving Lifeline Support
ii.	Amount of Reinbursement Requested from Kentucky USF

			Signature Block	
I bereby arrest that the	e information reported	l herein is tru	and accurate to t	he best of my knowledge.
Company Official	Issa Asad	Title	CEO	Company Official

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

Finance and Administration Cabinet ATTN, KY USF 702 Copital Ave. Capitol Annes, Room 488A Frankfort, KY 40601

Send a copy of this report to:

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



Date: 4/11/2016

report to:

ATTN: KY USF

Finance and Administration Cubinet

702 Capital Ave. Capital Annex, Room 488A Frankfort, KY 40601 Reporting Month

2016-03

e 4/11/2016		Reporting	Month	2010-03			
rs=-r		Carrier Informa	ition	····			
Company Name	Q LINK WIRE	LESS LLC					
Company Address	499 E SHERI	DAN ST, STE 300 DA	ANIA, FL 3:	3004			
Telephone Fax	Telephone Fax 855-754-6543/855-837-5465						
Vendor Number							
1970000				1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
Classification Please Circle One	ILEC	CLEC Cellular	PCS				
		Monthly Access Li	ne Data				
I. Total Access	Lines in Service	tenentamentamentament	10 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	-g-min			
2. Surcharge Per	Access Line	*********************		\$ 0.14			
). Amount of Su	rcharge Remitted to	Kentucky USF	orașie,	-			
<ol> <li>Number of Ac</li> </ol>	ccess Lines Receiving	g Lifeline Support	********	<u></u>			
5 Amount of Re	imbursement Reque	sted from Kentucky USF	400000				
		Signature Blo	ick				
I hereby affest that the	information reported	herein is true and accurate	to the best of m	s knowledge.			
Company Official	Issa Asad	Title CEO	Com	pany Official Ca			
	(Printed)			(Signed)			
Make check payable	to: "Kentucky			Send a copy of this report to:			
State Treasurer" and	send with this						

Frankfort, KY 40602 Revised 03-13-2008

211 Sower Blvd,

P.O. Box 615

Kentucky Public Service Commission ATTN: Jim Stevens

# **Responses to First Request for Information to All Parties**

# **EXHIBIT 2**

OMB Approval 3060-0819

(1) USAC Service Provider le	dentification Number	1430	36544		(2) Stu	dy Area Cod	e <u>269038</u>
(3) Filer 499 ID 829223		(4) Te	chnology Ty	rpe (	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only	H	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	02/07/20	14
Contact Name:	Caitlyn Lumpkin			b)	Data Month	January	2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300			(c)	Type of Filing (check one)		
-						Revision	
Telephone Number:	Dania, FL 3300	4		d)	State Reporting	KENTUC	KY
Fax Number:	678-389-6024						
	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.con	<b>n</b>	]			
Lifeline							
			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subso	cribers		Subscriber Sup	<u>oport</u>	
Receiving federal L	ifeline Support	(8)			x \$9.2	5	= \$
Tribal Low-Income Subscrib		(9) <u>(</u>	)		x \$ <u>0.00</u>	x \$ <u>0.00</u> =	
Receiving federal Li	ifeline Support	To		tal F	not to exce) ederal Lifeline Sup		d (10) \$
T !!!! !!! 6 !	(T. 0)						(10)4
Toll Limitation Service	es (ILS)						
Cost of Providing T	LS per Subscriber	(11)	0.00000	0			
(the lesser of increment	al cost or \$3 in 2012 /\$2	in 2013)					
Number of TLS Sub	scribers	(12)	0		<del></del>		
					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 pe	r Connection	(15) \$ <u>0.00</u>			_ (for multiple rates, use an average amount)		ge amount)
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		<u>-</u>		
			T	otal	Tribal Link Up Sup	port Claimed	I (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$	Total TLS \$ 0		٦	[otal	Tribal Link Up \$ 0	)	
. C.S. Ellollilo V.				Jui	•		
					Tota	I 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.

02/07/2014	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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

(4) Technology Type (check one) Wireline Wireless (2)  (5) ETC Designation Type (Check one): Lifeline Only (2) High Cost/Low Income (3)  (6) Organization Information (7) Filling Information (7) Fill	(1) USAC Service Provider Identification Number 143036544					(2) Study Area Code <u>269038</u>			
(6) Organization Information  Company Legal Name:  Caltlyn Lumpkin  Malling Address:  499 EAST SHERIDAN ST SUITE 300  Dania, FL 33004  Fax Number:  770-594-3878  E-mail Address:  Commurp@cgminc.com  Lifeline  Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support  Receiving federal Lifeline Support  Total Federal Lifeline Support (2) 0  Total Tribal Link Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived Charges Waived per Connection Charges Waived  (17) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0	(3) Filer 499 ID 829223		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽	
Company Legal Name:  Caitlyn Lumpkin  Age EAST SHERIDAN ST SUITE 300  Dania, FL 33004  Fax Number:  Tribal Low-Income Subscribers Receiving federal Lifeline Support  Tribal Low-Income Subscribers Receiving federal Lifeline Support  Cost of Providing TLS per Subscribers (12)  Cost of Providing TLS per Subscribers (13)  Number of TLS Subscribers (14)  Number of TLS Subscribers (15)  Cost of Providing TLS per Subscribers (16)  Number of TLS Subscribers (12)  Tribal Link Up (Available only to ETCs receiving High Cost support)  Number of Connection Charges Waived Charges Waived per Connection  Total Tribal Link Up Support Claimed (18) \$ 0	(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b></b> ✓	ligh	Cost/Low Income			
Contact Name: Caitlyn Lumpkin b) Data Month February 2014  Mailing Address: 499 EAST SHERIDAN ST SUITE 300 conginal Fever Subscribers Fax Number: 678-389-6024  Fax Number: 770-594-3878  E-mail Address: Cmmurp@cgminc.com  Lifeline  (a) # Lifeline Subscribers Receiving federal Lifeline Support (a) Export (b) Lifeline Subscribers Subscriber Support (c) Total Lifeline Support (c) Total Federal Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Support (c) Total Federal Lifeline Support (c) Total Federal Lifeline Support Claimed (10) \$  Total Federal Lifeline Support Claimed (10) \$  Total Limitation Services (TLS)  Cost of Providing TLS per Subscriber (11) 0.000000 (cost to exceed \$34.25) (cost to exceed \$34.2	(6) Organization Information				(7)	Filing Information			
Mailing Address:  499 EAST SHERIDAN ST SUITE 300  Dania, FL 33004  Telephone Number:  678-389-6024  Fax Number:  770-594-3878  E-mail Address:  Cmmurp@cgminc.com  Lifeline  (a) # Lifeline Subscribers  Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$  Total TLS Support Claimed (13) \$  Total TLS Support Claimed (13) \$  Total Tribal Link Up Support Claimed (18) \$  Total Lifeline Support Claimed (18) \$  Total Tribal Link Up Support Claimed (18) \$  Total Lifeline	Company Legal Name:	Q Link Wireless	s LLC		a)	Submission Date	03/07/2	014	
Telephone Number: 678-389-6024  Fax Number: 770-594-3878  E-mail Address: cmmurp@cgminc.com  Lifeline  (a) # Lifeline  (b) Lifeline support (c) Total Lifeline Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Receiving federal Lifeline Support  Tribal Low-Income Subscribers Receiving federal Lifeline Support  Tribal Low-Income Subscribers Receiving federal Lifeline Support  Total Federal Lifeline Support  Total Federal Lifeline Support (11) 0.000000  (the lesser of incremental cost or \$3 in 2012 /52 in 2013)  Number of TLS Subscribers  Number of Connections Waived Charges Waived per Connection  Total Connection Charges Waived  Deferred Interest  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Lifeline Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00	Contact Name:	Caitlyn Lumpkir	า		b)	Data Month	Februar	ry 2014	
Telephone Number: 678-389-6024  Fax Number: 770-594-3878  E-mail Address: cmmurp@cgminc.com  Lifeline  (a) # Lifeline Subscribers Subscriber Support (c) Total Lifeline Support (c) Total Lifeline Support Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Subscribers Subscriber Support (c) Total Lifeline Support Subscriber Subscriber Subscriber Support Subscriber Subscriber Support Subscriber Subscriber Support Sup	Mailing Address:	499 EAST SHERIDAN ST SUITE 300			c)				
Dania, FL 33004   d) State Reporting   KENTUCKY						,			
Telephone Number: 678-389-6024  Fax Number: 770-594-3878  E-mail Address: Cmmurp@cgminc.com  Lifeline  Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support  Receiving federal Lifeline Support  Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$  Total Limitation Services (TLS)  Cost of Providing TLS per Subscriber (11) 0.000000 (Incl to exceed \$34.25) (Incl to excee		Dania El 3300	4		d)			CKY	
E-mail Address: cmmurp@cgminc.com  Lifeline  (a) # Lifeline Subscribers Subscriber Support (c) Total Lifeline Support Subscribers Subscriber Subscribe	Telephone Number:				<u> </u>		INCINIO		
E-mail Address:    Commurp@cgminc.com	Fax Number:								
(a) # Lifeline Support   Subscriber   Subscribe	E-mail Address:		nc.con	n					
(a) # Lifeline Subscribers		<u> </u>			1				
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support  Tribal Low-Income Subscribers Receiving federal Lifeline Support  Tribal Low-Income Subscribers Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$  Total Federal Lifeline Support Claimed (10) \$  Total TLS Subscribers  Number of TLS Subscribers  Number of Connections Waived Charges Waived per Connection  Total Connection Charges Waived Deferred Interest  Total TLS \$  Total TLS \$  Total TLS \$  Total TLink Up Support Claimed (18) \$  Total Tribal Link Up Suppo	Lifeline		(2) # [	ifolino		(b) Lifeline Sur	nort/	(a) Total Lifeline	
Receiving federal Lifeline Support  Tribal Low-Income Subscribers Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$  Total Federal Lifeline Support Claimed (10) \$  Total Federal Lifeline Support Claimed (10) \$  Total TLS Subscriber (11)  Number of TLS Subscribers (12)  Number of Connections Waived Charges Waived per Connection  Total Connection Charges Waived (16) \$  Deferred Interest (17) \$  Total Tribal Link Up Support Claimed (18) \$									
Receiving federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$  Total TLS support Claimed (10) \$  Total TLS Support Claimed (13) \$  Tribal Link Up (Available only to ETCs receiving High Cost support)  Number of Connections Waived Charges Waived per Connection (15) \$  Total Connection Charges Waived (16) \$  Deferred Interest (17) \$  Total Tribal Link Up Support Claimed (18) \$  Total Tribal Link Up \$  Total Trib			(8)			x \$9.2	5	= \$	
Total Federal Lifeline Support  Total Federal Lifeline Support Claimed (10) \$  Total TLS per Subscriber (11) 0.000000  (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  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 (14) 0/0.00 (for multiple rates, use an average amount) (not to exceed \$100)  Total Connection Charges Waived (16) \$0.0 (17) \$0.00  Deferred Interest (17) \$0.00  Total Tribal Link Up Support Claimed (18) \$0  ETC Payment  Total Lifeline \$0.00 Total Tribal Link Up \$0.00  Total Tribal Link Up \$0.00  Total Tribal Link Up \$0.00  Total Tribal Link Up \$0.00	Tribal Low-Income Subscrib	ers	(9)	)		x \$ 0.00	× \$ 0.00 -\$ 0		
Cost of Providing TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  Number of TLS Subscribers (12) 0 Total TLS Support Claimed (13) \$0 Total Connections Waived (14) 0 0.00 (for multiple rates, use an average amount) (not to exceed \$100)  Total Connection Charges Waived (16) \$0.0 (for multiple rates, use an average amount) 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 \$0 To						(not to exce			
Cost of Providing TLS per Subscriber (11) 0.000000  (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  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 (15) \$ 0.00 (for multiple rates, use an average amount) (not to exceed \$100)  Total Connection Charges Waived (16) \$ 0.0 (17) \$ 0.00 (17) \$ 0				То	tal F	ederal Lifeline Sup	oport Claim	ed (10) \$	
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  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  (15) \$ 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 \$ Total TLS \$ 0 Total Tribal Link Up \$ 0	Toll Limitation Service	es (TLS)							
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  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  (15) \$\frac{0}{0.00}\$ (for multiple rates, use an average amount) (not to exceed \$100)  Total Connection Charges Waived  (16) \$\frac{0.0}{0.00}\$  Deferred Interest  (17) \$\frac{0}{0.00}\$  Total Tribal Link Up Support Claimed (18) \$\frac{0}{0.00}\$  ETC Payment  Total Lifeline \$\frac{1}{0.00}\$  Total Tribal Link Up \$\frac{0}{0.00}\$									
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) 0/0.00 (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 \$ Total TLS \$ 0 Total Tribal Link Up \$ 0				0.00000	0				
Number of Connections Waived Charges Waived per Connection  Total Connection Charges Waived  Deferred Interest  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  ETC Payment  Total Lifeline \$ 0.00  Total Tribal Link Up \$ 0.00	·		•						
Number of Connections Waived Charges Waived per Connection  Total Connection Charges Waived  Deferred Interest  Total Tribal Link Up Support Claimed (18) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0.00  ETC Payment  Total Lifeline \$ 0.00  Total Tribal Link Up \$ 0.00						Total TLS Supp	ort Claime	d (13) \$ 0	
Charges Waived per Connection  (15) \$ 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 (18) \$	Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor	• •		u (10)	
Charges Waived per Connection  (15) \$ 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 (18) \$	Number of Connect	ions Waived	(14)	0					
Total Connection Charges Waived  (16) \$ 0.0  Deferred Interest  (17) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0   ETC Payment  Total Lifeline \$ Total TLS \$ 0 Total Tribal Link Up \$ 0			1	0.00		— (for multiple rates	for multiple rates, use an average amount)		
Deferred Interest  (17) \$ 0.00  Total Tribal Link Up Support Claimed (18) \$ 0  ETC Payment  Total Lifeline \$ Total TLS \$ 0 Total Tribal Link Up \$ 0			(not to	exceed \$100)		,			
Total Tribal Link Up Support Claimed (18) \$ 0  ETC Payment  Total Lifeline \$ Total TLS \$ 0 Total Tribal Link Up \$ 0	Total Connection Cl	narges Waived	(16) \$	0.0					
Total Lifeline \$ Total TLS \$ Total Tribal Link Up \$	Deferred Interest		(17) \$	0.00		<del></del>			
Total Lifeline \$ Total TLS \$ Total Tribal Link Up \$				T	otal <sup>*</sup>	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
	ETC Payment								
	Total Lifeline \$	Total TLS \$ 0		T	otal	Tribal Link Up \$ C	)		
						•			

#### 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.

03/07/2014	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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 Identification Number 143036544 (2) Study Area Code 269038									
(3) Filer 499 ID 829223		(4) Tec	hnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽		
(5) ETC Designation Type (C	heck one): Lifelin	e Only	Z H	ligh	Cost/Low Income				
(6) Organization Information				(7)	Filing Information				
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	04/07/2	014		
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	March 2	2014		
Mailing Address:				c)	Type of Filing (check one)				
						Original Revision	<b>✓</b>		
	Dania, FL 3300	4		d)	State Reporting	KENTU	CKY		
Telephone Number:	678-389-6024								
Fax Number:	770-594-3878								
E-mail Address:	cmmurp@cgmi	nc.com							
Lifeline									
Liioiiio	,	(a) # Li			(b) Lifeline Sup		(c) Total Lifeline		
Non-Tribal Low-Income Sub	scribers	Subsc	<u>ribers</u>		Subscriber Sup	<u>oport</u>			
Receiving federal Li		(8)			x \$9.2	x \$ 9.25 = \$			
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>	= \$ 0			
Receiving federal Li	feline Support	To		tal F	(not to exceed \$34.25)  Federal Lifeline Support Claimed (10) \$				
T # 17 . 24 . 27 . 6 . 2	(TI 0)				odorai Enomio Gap	port Glain	(10) ψ		
Toll Limitation Service	es (ILS)								
Cost of Providing T		(11)	0.00000	0					
(the lesser of increment	al cost or \$3 in 2012 /\$2	in 2013)							
Number of TLS Sub	scribers	(12) <u>0</u>							
<b>***</b> ** ** * * * * * * * * * * * * * *				Total TLS Support Claimed (13) \$ 0					
Tribal Link Up (Availab	le only to E l Cs rece	eiving Hi	gh Cost su <sub>l</sub>	opor	t)				
Number of Connect	ions Waived	(14)	0						
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)			(for multiple rates	tiple rates, use an average amount)			
		(HOL LO E	exceed \$100)						
Total Connection C	harges Waived	(16) \$	0.0						
Deferred Interest		(17) \$	0.00	•••	<del></del>				
			Te	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>		
ETC Payment									
	<b>-</b> 0		_	<b>.</b>		1			
Total Lifeline \$	Total TLS \$_0_			otal	Tribal Link Up $\$ \underline{0}$				
					Tota	l Dollars (1	9) \$		

#### 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.

04/07/2014	Maybell Kelly				
DATE	OFFICER SIGNATURE				
Compliance	Maybell Kelly				
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 Identification Number 143036544				(2) Study Area Code <u>269038</u>				
(3) Filer 499 ID 829223 (4) Technology					check one) Wirelin	пе 🔲	Wireless 🗾	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🗹	Н	ligh	Cost/Low Income			
(6) Organization Information			1	(7) I	iling Information			
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	05/06/2014		
Contact Name:	Caitlyn Lumpkin			b)	Data Month	April 20	14	
Mailing Address:	499 EAST SHERIDAN ST SUITE 300			c)	Type of Filing (check one)		-	
					` (	Original		
	Dania, FL 3300 <sup>4</sup>	1		d)	State Reporting	Revision KENTU	L.I.	
Telephone Number:	678-389-6024	T				INCINIO	OICI	
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmir	nc.com						
Lifeline								
Lifeline		(a) # Life	eline		(b) Lifeline Sup	port/	(c) Total Lifeline	
		Subscrib			Subscriber Sup		(6) 101	
Non-Tribal Low-Income Sub- Receiving federal Li		(8)			x \$9.25	5	= \$	
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ <u>0.00</u>	= \$ 0		
Receiving federal Li	feline Support				(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$			
			10	tai F	ederai Lifeline Sup	port Claime	ea (10) \$(	
Toll Limitation Service	es (TLS)							
O. C. D. vidha T	10	<i>(41</i> )	0.00000	n				
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	( ' ' ' -	3.00000		<del></del>			
Number of TLS Sub	scribers	(12) <u>(</u>	)					
					Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving High	n Cost sup	por	t)			
Number of Connecti	ions Waived	(14)	)					
Charges Waived per	r Connection	(, + -	0.00		(for multiple rates,	, use an avera	age amount)	
		(not to exc	ceed \$100)					
Total Connection Cl	narges Waived	(16) \$ <u>0</u>	0.0		_			
Deferred Interest		(17) \$ <u>C</u>	0.00		<del></del>			
			To	otal 1	Гribal Link Up Տսթլ	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$	Total TLS \$_0		т	otal	Tribal Link Up $\$ 0$			
					•	Dollars (19	9) \$	

### 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.

05/06/2014	Maybell Kelly	<del></del>
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	143036544		(2) Stu	dy Area Code <u>269038</u>
(3) Filer 499 ID 829223		(4) Technology Ty	ype (	check one) Wireli	ne 🔲 Wireless 🕖
(5) ETC Designation Type (C	check one): Lifeline	e Only	High	Cost/Low Income	THE STATE OF THE S
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Q Link Wireless	LLC	a)	Submission Date	06/06/2014
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	May 2014
Mailing Address:	499 EAST SHERIC	OAN ST SUITE 300	c)	Type of Filing (check one)	
					Original 🗸
	Dania, FL 3300	4	d)	State Reporting	Revision
Telephone Number:	678-389-6024		<u> </u>		INENT COIL
Fax Number:	770-594-3878		1		
E-mail Address:	cmmurp@cgmir	nc.com			
	1		_		
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup	
Non-Tribal Low-Income Sub					
Receiving federal Li	iteline Support	(8)		x \$ <u>9.2</u>	
Tribal Low-Income Subscrib		(9) <u>0</u>		x \$ <u>0.00</u>	= \$ 0
Receiving federal Li	ireiine Support	To	otal F	not to exce) ederal Lifeline Sup	pport Claimed (10) \$
·	(T. 0)			•	
Toll Limitation Service	es (ILS)				
0 ( ( D ) : " T		(11) 0.00000	nn		
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	\'''/			
Number of TLS Sub	caribare	(12) <u>0</u>			
Number of 1L5 Sub	scribers	(12) <u></u>			0
Triballink Un (Accellate	la autota ETOs usas	i in a Hiak Oast a			ort Claimed (13) \$ <u>0</u>
Tribal Link Up (Availab	ie only to ⊨ i Us rece	eiving High Cost su	рроі	τ)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an average amount)
		(not to exceed \$100)			
Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>		<del></del>	
Deferred Interest		(17) \$ 0.00			
Dolollou interest				<del></del>	^
		Т	otal	Tribal Link Up Sup	port Claimed (18) \$ <u>0</u>
ETC Payment					
Total Lifeline \$	Total Tie t ()		Tata!	Triballink line 0	)
TOTAL LIBORIUS P	TOTAL LES \$		ı Uldi	TIDAI LIIK UP \$ <u>U</u>	
				T.1.	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.

06/06/2014	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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 Identification Number 143036544			36544	(2) Study Area Code <u>269038</u>			
(3) Filer 499 ID 829223 (4) Technolog			chnology Ty	pe (	check one) Wireli	ne 🔲 Wireless 🔽	
(5) ETC Designation Type (C	Check one): Lifeline	Only	H	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	07/08/2014	
Contact Name:	Caitlyn Lumpkin	1		b)	Data Month	June 2014	
Mailing Address:	499 EAST SHERID	AN ST	SUITE 300	(c)	Type of Filing (check one)		
						Original	
	Dania, FL 33004	4		d)	State Reporting	KENTUCKY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878		****				
E-mail Address:	cmmurp@cgmir	nc.com	ו				
Lifeline							
			ifeline ribers		(b) Lifeline Sup Subscriber Sup		
Non-Tribal Low-Income Sub Receiving federal Li		(8)			x \$ 9.2		
Tribal Low-Income Subscrib		(9) <u>C</u>	)		$\begin{array}{cccccccccccccccccccccccccccccccccccc$		
Receiving federal Li		(*)		4-1 5	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$		
			10	itai F	ederai Liteline Sup	Sport Claimed (10) \$	
Toll Limitation Service	es (TLS)						
Cost of Providing T	LS per Subscriber	(11)	0.00000	0			
	al cost or \$3 in 2012 /\$2 i						
Number of TLS Sub	scribers	(12)	0				
Triballink lla (Accitat	1		ind 0 = = 4 =			oort Claimed (13) \$0	
Tribal Link Up (Availab	ie only to E i ∪s rece	eiving H	ign Cost su	ppor	τ)		
Number of Connect	ions Waived	(14)	0		****		
Charges Waived pe	r Connection	(15) \$			(for multiple rates	s, use an average amount)	
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		·		
			Т	otal	Tribal Link Up Sup	port Claimed (18) \$ 0	
ETC Payment							
Total Lifeline \$	Total TLS \$_0_	<del></del>		Γotal	Tribal Link Up \$ C	)	
					Tota	I 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	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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	1430	36544		(2) Stu	dy Area Co	de <u>269038</u>
(3) Filer 499 ID <u>829223</u>	(3) Filer 499 ID 829223 (4) Technolog				check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>✓</b>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	08/07/20	014
Contact Name:	Caitlyn Lumpkir	)		b)	Data Month	July 201	14
Mailing Address:	499 EAST SHERIC	AN ST	SUITE 300	c)	Type of Filing (check one)		
					,	Original	
	Dania, FL 3300	4		d)	State Reporting	Revision KENTU	CKY
Telephone Number:	678-389-6024	-				1	
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.con	n				
1 : f - 1:				•			
Lifeline		(a) # L	_ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
			cribers		Subscriber Sup		(6) 1044. 211011110
Non-Tribal Low-Income Sub- Receiving federal Li		(8)			x \$9.2	5	= \$
Tribal Low-Income Subscrib	ers	(9) <u>O</u>			x \$ 0.00		= \$ 0
Receiving federal Li					(not to exceed \$34.25)		
			10	tal F	ederal Lifeline Sup	oport Claim	ed (10) \$(
Toll Limitation Service	es (TLS)						
			0.00000	Ω			
Cost of Providing To (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	scribers	(12)	0				
					Total TLS Supp	ort Claimed	d (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 pe	r Connection	(15) \$	0.00		(for multiple rates	, use an aver	age amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		***************************************		
Deferred Interest		(17) \$	0.00		·		
			т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$	Total TLS \$ 0		·	[otal	Tribal Link Up \$ C	)	
Total Encille p	10tal 1L3 \$ <u>0</u>			otal	Tribai Link Op a C		
					Tota	Dollars (19	9) \$

#### 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.

08/07/2014	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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 Identification Number 143036544		143036544	(2) Study Area Code <u>269038</u>			
(3) Filer 499 ID 829223		(4) Technology Ty	pe (	check one) Wirelii	ne 🔲 Wireless 🚺	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖳 🛚 I	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Q Link Wireless	LLC	a)	Submission Date	09/08/2014	
Contact Name:	Caitlyn Lumpkin		b)	Data Month	August 2014	
Mailing Address:	499 EAST SHERID	AN ST SUITE 300	c)	Type of Filing (check one)		
	-			,	Original 🗸	
•	Dania, FL 3300 <sup>2</sup>	1	d)	State Reporting	Revision LI KENTUCKY	
Telephone Number:	678-389-6024	<u> </u>		Otato Noporting	INENTOCKT	
Fax Number:	770-594-3878					
E-mail Address:		no com				
E-man Address.	cmmurp@cgmir	ic.com	j			
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	<u>oport</u>	
Receiving federal Li		(8)	.,	x \$9.2	5 = \$	
Tribal Low-Income Subscrib	ere	(9) 0		x \$ 0.00	= \$ 0	
Receiving federal Li		( )		(not to exceed \$34.25)		
		To	tal F	ederal Lifeline Sup	pport Claimed (10) \$	
Toll Limitation Service	es (TLS)					
	( )					
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 0.00000 n 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
					ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availabi	le only to ETCs rece	ıvıng Hıgh Cost su	ppor	t)		
Number of Connecti	ions Waived	(14) 0				
Charges Waived per		(15) \$ <u>0.00</u>		(for multiple rates.	, use an average amount)	
		(not to exceed \$100)				
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
					. 0	
		Т	otal	Tribal Link Up Sup	port Claimed (18) \$ <u>U</u>	
ETC Payment						
Total Lifeline \$	Total TLS \$ <u>0</u>		Γotal	Tribal Link Up $\$$ 0		
				Total	I 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.

09/08/2014	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Ide	entification Number	1430	36544		(2) Stu	ıdy Area Co	ode_269038	
(3) Filer 499 ID 829223	3) Filer 499 ID <u>829223</u> (4) Technology				check one) Wireli	ine 🔲	Wireless 🔽	
(5) ETC Designation Type (Ch	eck one): Lifeline	e Only	✓ H	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Q Link Wireless LLC			a)	Submission Date	2014		
Contact Name:	Caitlyn Lumpkin			b)	Data Month	Septem	nber 2014	
Mailing Address:	499 EAST SHERIDAN ST SUITE 300			c)	Type of Filing (check one)	•		
						Original Revision	<u> </u>	
	Dania, FL 33004			d)	State Reporting	KENTU	ICKY	
	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmir	nc.con	n					
Lifeline								
			₋ifeline cribers		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Subso Receiving federal Life		(8)				Subscriber Support  x \$ 9.25 = \$		
_		(9) <u>—</u>	<u> </u>		x \$ 0.00		= \$ 0	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		,			(not to exceed \$34.25)			
			То	tal F	ederal Lifeline Sup	pport Claim	red (10) \$	
Toll Limitation Service	es (TLS)							
Cost of Providing TLS	S ner Suhscriber	(11)	0.00000	0				
(the lesser of incremental			•	-	······			
Number of TLS Subsc	cribers	(12)	0		_			
<b>-</b>					Total TLS Supp	oort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Available	only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connectio	ns Waived	(14)	0					
<b>Charges Waived per Connection</b>		(15) \$			(for multiple rates	s, use an ave	rage amount)	
		(1101.10	exceed \$100)					
Total Connection Cha	arges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
			Ţ	otal <sup>-</sup>	Гribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$								
rotar Enemie w	Total TLS \$_0_			Γotal	Tribal Link Up \$ <u>C</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.

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.

10/07/2014	Maybell Kelly
DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly
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.

OMD A

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

(1) USAC Service Provider Identification Number		143036	544		(2) Stud	(2) Study Area Code <u>269038</u>		
(3) Filer 499 ID <u>829223</u>		(4) Techi	nology Ty	pe (d	check one) Wirelin	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔽	Н	ligh	Cost/Low Income			
(6) Organization Information	ı			(7) I	iling Information			
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	11/07/2	2014	
Contact Name:	Caitlyn Lumpkin			b)	Data Month	Octobe	r 2014	
Mailing Address:	499 EAST SHERID.	AN ST SU	JITE 300	c)	Type of Filing (check one)			
						Original Revision		
	Dania, FL 33004	1		d)	State Reporting	KENTU	ICKY	
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmir	ic.com						
Lifeline								
		(a) # Lifeline Subscribers				(b) Lifeline Support/ (c) Total L Subscriber Support		
Non-Tribal Low-Income Sub								
Receiving federal Li	teline Support	(8)			<del></del>	x \$ 9.25 = \$ (		
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>			x \$ 0.00 = \$ 0			
Accelving lederal Li	renne oupport		Tot	tal F	ederal Lifeline Sup		ned (10) \$	
Toll Limitation Service	es (TLS)							
		,		^				
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		('') -	0.00000	U				
Number of TLS Subscribers		(12) <u>(</u>	)					
Tribal Link Up (Available only to ETCs recei		ivina Hiah	n Coet eur	nor	Total TLS Support Claimed (13) \$ 0			
Tindi Zim Op (Tivanasi	o only to E1 od 1000	rving i ngi	, 000t 0up	ροι	9			
Number of Connecti		(14) $\frac{C}{C}$	)					
Charges Waived per	r Connection	, , ,	0.00 ceed \$100)		(for multiple rates,	es, use an average amount)		
		•	. ,					
Total Connection Cl	narges Waived	(16) \$ <u>0</u>	0.0					
Deferred Interest		(17) \$ <u>C</u>	0.00					
			To	otal 1	Гribal Link Up Sup <sub>l</sub>	port Claim	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$		т	otal	Tribal Link Up \$ <u>0</u>				
					Total	l Dollars (1	9) \$	

#### 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.

11/07/2014	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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	36544		(2) Stud	dy Area Cod	le <u>269038</u>		
(3) Filer 499 ID <u>829223</u>		(4) Te	chnology Ty	pe (	check one) Wirelir	ne 🔲	Wireless 🔽		
(5) ETC Designation Type (C	heck one): Lifeline	e Only	H	ligh	Cost/Low Income				
(6) Organization Information		· · · · · · · · · · · · · · · · · · ·		(7)	Filing Information				
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	12/04/20	014		
Contact Name:	Caitlyn Lumpkin	)		b)	Data Month	Novemb	er 2014		
Mailing Address:	499 EAST SHERID	AN ST	SUITE 300	c)	Type of Filing (check one)	1			
					`	Original			
	Dania, FL 3300	4		d)	State Reporting	Revision   KENTU(	CKY		
Telephone Number:	678-389-6024		/	-		INEITIO			
Fax Number:	770-594-3878								
E-mail Address:	cmmurp@cgmir	nc.com	n						
Lifeline									
		(a) # Lifeline			(b) Lifeline Sup	(c) Total Lifeline			
Non-Tribal Low-Income Sub	scribers	Subsc	cribers		Subscriber Sup	<u>port</u>			
Receiving federal Li	ifeline Support	(8)			x \$9.25	x \$ = \$			
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>	x \$ <u>0.00</u> = \$ <u>0</u>			
Receiving federal Li	ifeline Support			tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$				
			10	tai i	ederai Literille Odp	port Glanne	α (10) φ		
Toll Limitation Service	es (TLS)								
Cost of Providing T	I S ner Subscriber	(11)	0.00000	0					
	al cost or \$3 in 2012 /\$2 i		, , , , , , , , , , , , , , , , , , ,		<del></del>				
Number of TLS Subscribers		(12) <u>0</u>							
					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 pe	r Connection	(15) \$			(for multiple rates	, use an avera	ge amount)		
		(not to	exceed \$100)						
Total Connection Cl	harges Waived	(16) \$	0.0		<del>_</del>				
Deferred Interest		(17) \$	0.00						
			T	otal	Tribal Link Up Sup <sub>l</sub>	port Claime	d (18) \$ <u>0</u>		
ETC Payment									
	0		_			<b>.</b>			
Total Lifeline \$	Total TLS \$_0_		7	otal	Tribal Link Up \$ <u>U</u>				
					Total	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.

12/04/2014	Maybell Kelly				
DATE	OFFICER SIGNATURE				
Compliance	Maybell Kelly				
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 Identification Number 143036544 (2) Study Area Code 2690						de <u>269038</u>		
(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline Wireless						Wireless 🚺		
(5) ETC Designation Type (C	heck one): Lifeline	Only	<b>✓</b>	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	01/06/2	015	
Contact Name:	Caitlyn Lumpkin	1		b)	Data Month	Decemb	ber 2014	
Mailing Address:	499 EAST SHERID	AN ST	SUITE 300	c)	Type of Filing (check one)			
						Original Revision		
	Dania, FL 33004	4		d)	State Reporting	KENTU	CKY	
Telephone Number:	678-389-6024				Market Ma			
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmir	nc.com	า					
Lifeline								
		(a) # Lifeline Subscribers				(b) Lifeline Support/ (c) Total Subscriber Support		
Non-Tribal Low-Income Sub								
Receiving federal Li	ifeline Support	(8)			·	x \$ 9.25 = \$		
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ 0.00 = \$ 0			
Receiving federal Li	ifeline Support		To	tal F	(not to exceed \$34.25) ederal Lifeline Support Claimed (10) \$			
Toll Limitation Service	eos (TI S)				•	•		
Ton Linnation Service	.es ( <i>1L</i> 3)							
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> n 2013)	0.00000	0				
Number of TLS Subscribers		(12)	0					
					Total TLS Supp	d (13) \$0		
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe		(15) \$ 0.00			(for multiple rates	es, use an average amount)		
		(not to	exceed \$100)					
Total Connection Charges Waived		(16) \$ 0.0						
Deferred Interest		(17) \$	0.00		<del></del>			
			Т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$	Total TLS \$ 0		<del></del>	Γotal	Tribal Link Up \$ 0	)		
					Tota	il Dollars (1	9) \$	

### 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.

01/06/2015	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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 Identification Number 143036544			(2) Study Area Code <u>269038</u>					
(3) Filer 499 ID <u>829223</u>		(4) Ted	chnology Ty	pe (d	check one) Wireli	ne 🔲 Wireless 🔽		
(5) ETC Designation Type (C	heck one): Lifeline	Only	Faces	ligh	Cost/Low Income			
(6) Organization Information	 			(7) i	Filing Information			
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	02/05/2015		
Contact Name:	Caitlyn Lumpkin	]		b)	Data Month	January 2015		
Mailing Address:	499 EAST SHERID	AN ST	SUITE 300	c)	Type of Filing (check one)			
						Original / Revision		
	Dania, FL 33004	4		d)	State Reporting	KENTUCKY		
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmir	nc.com	ו					
Lifeline								
			ifeline.		(b) Lifeline Sup			
Non-Tribal Low-Income Sub	scribers	Subsc	ribers		Subscriber Sup	oport.		
Receiving federal Li	ifeline Support	(8)			x \$ 9.25 = \$			
Tribal Low-Income Subscrib		(9) 0			x \$ <u>0.00</u> = \$ <u>0</u>			
Receiving federal Li	ifeline Support	To			(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$			
Tall Limitation Sania	200 (TI S)				odorar Enomio odp	port oranioa (10) ¢(		
Toll Limitation Service	es (ILS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> n 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	oort Claimed (13) \$0		
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	• •	, , , , , , , , , , , , , , , , , , , ,		
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	0.00		(for multiple rates	, use an average amount)		
		(not to	exceed \$100)					
Total Connection C	Total Connection Charges Waived		0.0			·		
Deferred Interest		(17) \$	0.00					
			т	otal	Tribal Link Up Sup	port Claimed (18) \$ 0		
ETC Payment								
Total Lifeline \$	Total TLS \$ 0			Γotal	Tribal Link Up \$ C	)		
					Tota	I 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.

02/05/2015	Maybell Kelly
DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly
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 lo	dentification Number	14303	36544		(2) Stud	dy Area Code <u>269038</u>		
(3) Filer 499 ID 829223		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲 Wireless 🚺		
(5) ETC Designation Type (C	heck one): Lifelin	e Only	. H	ligh	Cost/Low Income	No.		
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Q Link Wireless LLC			a)	Submission Date	03/05/2015		
Contact Name:	Caitlyn Lumpkir	า		b)	Data Month	February 2015		
Mailing Address:	499 EAST SHERIE	AN ST	SUITE 300	c)	Type of Filing (check one)			
					,	Original / Revision		
	Dania, FL 3300	4		d)	State Reporting	KENTUCKY		
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmi	nc.com	n					
Lifeline								
			ifeline		(b) Lifeline Support/ (c) Total Lifeline			
Non-Tribal Low-Income Sub	scribers	Subsc	<u>cribers</u>		Subscriber Sup	<del>рроп</del>		
Receiving federal Li	ifeline Support	(8)			x \$ = \$			
Tribal Low-Income Subscrib		(9) 0			x \$ <u>0.00</u> = \$ <u>0</u>			
Receiving federal Li	ifeline Support	To		tal F	(not to exceed \$34.25) ederal Lifeline Support Claimed (10) \$			
	(TT 0)					(**)		
Toll Limitation Service	es (ILS)							
Cost of Providing T		(11)	0.00000	0				
(the lesser of increment	al cost or \$3 in 2012 /\$2	in 2013)						
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	oort Claimed (13) \$ 0		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0		<u>.</u>			
Charges Waived pe	r Connection	(15) \$			(for multiple rates	s, use an average amount)		
		(not to	exceed \$100)					
Total Connection Charges Waived (16) \$ $0.0$		0.0						
Deferred Interest	(17) \$ <u>0.00</u>							
			т	otal	Tribal Link Up Sup	port Claimed (18) \$ <u>0</u>		
ETC Payment								
	Total TLS \$_0_			r	T.:	)		
Total Lifeline \$	Total TLS \$_U_			otal	Tribal Link Up \$ <u>(</u>			
					Tota	I 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.

OFFICER TITLE	OFFICER NAME	
Compliance	Maybell Kelly	
DATE	OFFICER SIGNATURE	
03/05/2015	Maybell Kelly	

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 le	dentification Number	1430	36544		(2) Stu	dy Area Code <u>269038</u>		
(3) Filer 499 ID <u>829223</u>	P. Daniel and Marketing	(4) Te	chnology Ty	rpe (	check one) Wireli	ne 🔲 Wireless 🖸		
(5) ETC Designation Type (C	check one): Lifelin	e Only	<b>✓</b>	ligh	Cost/Low Income			
(6) Organization Information	1			(7)	Filing Information			
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	04/06/2015		
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	March 2015		
Mailing Address:	499 EAST SHERIC	OAN ST	SUITE 300	c)	Type of Filing (check one)			
						Original / Revision		
	Dania, FL 3300	4		d)	State Reporting	KENTUCKY		
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmi	nc.con	n					
Lifeline								
			_ifeline		(b) Lifeline Sup			
Non-Tribal Low-Income Sub	scribers	Subsc	<u>cribers</u>		Subscriber Su	рроп		
Receiving federal L	ifeline Support	(8)		<del></del>	x \$ 9.25 = \$			
Tribal Low-Income Subscrib		(9) 0			x \$ <u>0.00</u> = \$ <u>0</u>			
Receiving federal L	ifeline Support	To			(not to exceed \$34.25)  Federal Lifeline Support Claimed (10) \$			
T-#1 ::4-4: 0	(TLO)				ouerai ziieiiiie our	coport oranioa (10) ¢		
Toll Limitation Service	es (TLS)							
Cost of Providing T		(11)	0.00000	0				
•	al cost or \$3 in 2012 /\$2	•	0					
Number of TLS Sub	scribers	(12)	0					
T 21 112 1 11 22 22 22						oort Claimed (13) \$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppoi	<i>t)</i>			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	•		(for multiple rates	s, use an average amount)		
		(not to	exceed \$100)					
` Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
			Т	otal	Tribal Link Up Sup	port Claimed (18) \$ 0		
ETC Downard					, -1	. ,		
ETC Payment	-				_			
Total Lifeline \$	Total TLS \$ <u>0</u>			Γotal	Tribal Link Up \$ (	<u> </u>		
					Tota	al 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.

04/06/2015	Maybell Kelly
DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly
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 lo	dentification Number	14303	36544		(2) Stu	dy Area Co	ode 269038	
(3) Filer 499 ID <u>829223</u>	<del></del>	(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	heck one): Lifeline	Only	Į.	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information	<del></del>		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	05/05/2	2015	
Contact Name:	Caitlyn Lumpkin			b)	Data Month	April 20	)15	
Mailing Address:	499 EAST SHERID	AN ST	SUITE 300	c)	Type of Filing (check one)			
						Original		
,	Dania, FL 33004	1		d)	State Reporting	Revision KENTU	ICKY	
Telephone Number:	678-389-6024					11121110		
Fax Number:	770-594-3878			İ				
E-mail Address:	cmmurp@cgmir	nc.con	1					
Lifeline								
			ifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subsc	ribers		Subscriber Su	pport		
Receiving federal Li	ifeline Support	(8)			x \$ 9.2	x \$ 9.25 = \$		
Tribal Low-Income Subscrib	ers	(9) <u>C</u>	)		x \$ 0.00 = \$ 0 (not to exceed \$34.25) ederal Lifeline Support Claimed (10) \$			
Receiving federal Li	ifeline Support	` '	To	4al E				
			10	itai F	ederai Lifeline Suj	pport Ciaim	ied (10) \$	
Toll Limitation Service	es (TLS)							
				_				
Cost of Providing T		(11)	0.00000	0				
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	,	•					
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claime	ed (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe		(15) \$			(for multiple rates	— (for multiple rates, use an average amount)		
		(not to	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest								
		, , ,		otal '	 Tribal Link Up Sup	port Claim	ed (18) \$ 0	
ETC Payment			·		<b>-</b>	1		
ETC Payment	2				,	,		
Total Lifeline \$	Total TLS \$ <u>0</u>			Γotal	Tribal Link Up \$ _	)		
					Tota	al Dollars (1	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.

05/05/2015	Maybell Kelly	Maybell Kelly					
DATE	OFFICER SIGNATURE						
Compliance	Maybell Kelly						
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	1430	36544		(2) Stu	dy Area Co	de_269038	
(3) Filer 499 ID 829223		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>✓</b>	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	06/05/20	015	
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	May 201	15	
Mailing Address:	499 EAST SHERIC	AN ST	SUITE 300	c)	Type of Filing (check one)			
					,	Original		
	Dania, FL 3300	4		d)	State Reporting	Revision KENTU	CKY	
Telephone Number:	678-389-6024					1		
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmii	nc.con	n					
l ifalina				•				
Lifeline		(a) # L	_ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
No TONIA	••		cribers		Subscriber Su		(-,	
Non-Tribal Low-Income Sub- Receiving federal Li		(8)			x \$9.2	x \$ 9.25 = \$		
Tribal Low-Income Subscrib	ers	(9) <u>(</u>	)		x \$ <u>0.00</u>	= \$ 0		
Receiving federal Li	feline Support			tal E	(not to exceed \$34.25) ederal Lifeline Support Claimed (10) \$		ad (10) ¢	
			10	ilai r	ederai Ellelille Sup	pport Giaiini	ed (10) \$	
Toll Limitation Service	es (TLS)							
Coat of Droviding T	l C may Cubaayibay	(44)	0.00000	0				
Cost of Providing To (the lesser of increment)	al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	<u> </u>	···········			
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	орог	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	age amount)	
		(not to	exceed \$100)					
Total Connection Cl	narges Waived	(16) \$	0.0					
Deferred Interest	(17) \$ <u>0.00</u>							
			T	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
	Total TLS \$ 0		7	[otal	Tribal Link IIn & C	)		
. Otto Enomino W	σται τωσ ψ_σ			otai				
					Tota	I Dollars (19	9) \$	

### 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.

06/05/2015	Maybell Kelly
DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly
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	143036	6544		(2) Stud	dy Area Cod	de 269038
(3) Filer 499 ID <u>829223</u>		(4) Tech	nology Ty	pe (	check one) Wirelin	пе 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔽	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	07/07/20	D15
Contact Name:	Caitlyn Lumpkin			b)	Data Month	June 20	15
Mailing Address:	499 EAST SHERID	AN ST S	UITE 300	c)	Type of Filing (check one)	*	
		, ,			· (	Original	
	Dania, FL 3300 <sup>2</sup>	1		d)	State Reporting	Revision   KENTU(	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
Lifellife		(a) # Life	eline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non Tribal Law Income Sub	a a uib a ua	Subscri	bers		Subscriber Sup	port	•
Non-Tribal Low-Income Sub- Receiving federal Li		(8)			x \$ 9.25 = \$		
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			_ x \$ 0.00 = \$ 0		
Receiving federal Li					(not to exceed \$34.25)  Federal Lifeline Support Claimed (10) \$		
			10	tal F	ederal Lifeline Sup	port Claime	ed (10) \$
Toll Limitation Service	es (TLS)						
			0 00000	Λ			
Cost of Providing To (the lesser of incrementation)	L <mark>S per Subscriber</mark> al cost or \$3 in 2012 /\$2 i	(''') -	0.00000	U			
Number of TLS Sub	scribers	(12)	0		<del></del>		
					Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving Hig	h Cost su	opor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	age amount)
		(not to ex	(ceed \$100)				
Total Connection Cl	harges Waived	(16) \$ <u>(</u>	0.0				
Deferred Interest		(17) \$	0.00				
			Te	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
_	Total TLS \$_0		т	otal	Tribal Link Up $\$$ 0	ŀ	
Total Enville #	ισιαι ι Εσ φ <u>σ</u>		I	otai			(
					Tota	Dollars (19	2) \$

### 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.

OFFICER TITLE	OFFICER NAME					
Compliance	Maybell Kelly					
DATE	OFFICER SIGNATURE					
07/07/2015	Maybell Kelly					

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 I	dentification Number	(2) Study Area Code <u>269038</u>			
(3) Filer 499 ID <u>829223</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	1		(7)	Filing Information	
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date	08/06/2015
Contact Name:	Caitlyn Lumpkin			Data Month	July 2015
Mailing Address:	499 EAST SHERIC	DAN ST SUITE 300	(c)	Type of Filing (check one)	
				` ,	Original 🗸
	Dania, FL 3300	4	d)	State Reporting	Revision LIKENTUCKY
Telephone Number:	678-389-6024		Ť		ILLIVIOUVI
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmii	nc.com	1		
Lifeline					
Litelitie		(a) # Lifeline		(b) Lifeline Sup	pport/ (c) Total Lifeline
N. 7711 1 01	.,	<u>Subscribers</u>		<u>Subscriber Sur</u>	
Non-Tribal Low-Income Sub Receiving federal L		(8)		x \$9.2	= \$
Tribal Low-Income Subscrib	oore	(9) <u>0</u>		x \$ 0.00	= \$ 0
Receiving federal L		(9)		(not to exceed \$34.25)	
		To	otal F	ederal Lifeline Sup	oport Claimed (10) \$
Toll Limitation Service	es (TLS)				
	, ,				
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013) 0.0000	00		
Number of TLS Sub	escribers	(12) <u>0</u>			
				Total TLS Supp	oort Claimed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi	t)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>		(for multiple rates	, use an average amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		1	otal	Tribal Link Up Sup	port Claimed (18) \$ <u>0</u>
ETC Payment					
Total Lifeline \$	Total TLS \$_0		Total	Tribal Link Up \$ 0	<u>)</u>
				Tota	I 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.

08/06/2015	Maybell Kelly
DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly
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	(1) USAC Service Provider Identification Number 143036544				(2) Study Area Code <u>269038</u>			
(3) Filer 499 ID <u>829223</u>		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>✓</b>	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information	_		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	09/04/20	015	
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	August 2	2015	
Mailing Address:	499 EAST SHERIC	AN ST	SUITE 300	c)	Type of Filing (check one)	***************************************		
						Original Revision	<b>✓</b>	
	Dania, FL 3300	4		d)	State Reporting	KENTU	CKY	
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmi	nc.con	n					
Lifeline								
Lifelific			-ifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers			Subscriber Su	pport		
Receiving federal Li		(8)			x \$9.2	x \$ 9.25 = \$		
Tribal Low-Income Subscrib	ers	(9) 0			x \$ <u>0.00</u>	x \$ <u>0.00</u> = \$ <u>0</u>		
Receiving federal Li	ifeline Support	To		ıtal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$			
			10	rtai i	euerai Liieiille Ju	oport Giainit	εα (10) ψ <b>(</b>	
Toll Limitation Service	es (TLS)							
Cost of Providing T	LS per Subscriber	(11)	0.00000	0				
	al cost or \$3 in 2012 /\$2							
Number of TLS Sub	scribers	(12) <u>0</u>						
					Total TLS Supp	oort Claimed	1 (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppoi	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe		(15) \$	0.00		(for multiple rates	s, use an avera	age amount)	
		(not to	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
			т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
_	0			_		1		
Total Lifeline \$	Total TLS \$ <u>0</u>			Total	Tribal Link Up \$ <u>(</u>			
					Tota	i Dollars (19	9) \$	

### 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.

09/04/2015	Maybell Kelly
DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly
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	36544		(2) Stud	dy Area Co	<sub>de</sub> 269038	
(3) Filer 499 ID <u>829223</u> (4) Technology					check one) Wirelii	ne 🔲	Wireless 🕖	
(5) ETC Designation Type (C	heck one): Lifeline	Only	Z H	ligh	Cost/Low Income			
(6) Organization Information	·	_		(7)	Filing Information			
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	10/08/20	015	
Contact Name:	Caitlyn Lumpkin	)		b)	Data Month	Septem	ber 2015	
Mailing Address:	499 EAST SHERID	AN ST	SUITE 300	c)	Type of Filing (check one)			
						Original Revision		
	Dania, FL 33004	4		d)	State Reporting	KENTU	CKY	
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmir	nc.com	1					
Lifeline								
			ifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		Subscribers				Subscriber Support		
Receiving federal Li	ifeline Support	(8)			x \$ 9.2	5	= \$	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>			x \$ 0.00 = \$ 0			
Noorving reactar E	nemie oupport		То	tal F	ederal Lifeline Sup		ed (10) \$	
Toll Limitation Service	es (TLS)							
			0.0000					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> n 2013)	0.00000	10				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe		(15) \$			(for multiple rates	, use an aver	age amount)	
		(not to	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
			т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$	Total TLS \$ 0		7	Tata!	Tribal Link Up \$ 0	)		
Total Lifetine \$	Total ILS \$			otal	•			
					Tota	l Dollars (1	9) \$	

### 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.

10/08/2015	Maybell Kelly
DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly
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	(1) USAC Service Provider Identification Number 143036544					(2) Study Area Code <u>269038</u>			
(3) Filer 499 ID <u>829223</u>	(3) Filer 499 ID <u>829223</u> (4) Technology T				check one) Wirelin	Wireless 🔽			
(5) ETC Designation Type (C	heck one): Lifelin	e Only	Н	ligh	Cost/Low Income	100000			
(6) Organization Information				(7)	Filing Information				
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	11/09/2	015		
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	October	2015		
Mailing Address:	499 EAST SHERIC	AN ST SU	ITE 300	c)	Type of Filing (check one)	•			
						Original	<b>✓</b>		
	Dania, FL 3300	4		d)	State Reporting	Revision KENTU	CKY		
Telephone Number:	678-389-6024	<u> </u>				INCINIO	OICI		
Fax Number:	770-594-3878								
E-mail Address:	cmmurp@cgmii	nc.com							
i e e	I								
Lifeline		(a) # Lifeli	ino		(b) Lifeline Sup	nort/	(c) Total Lifeline		
		Subscribe			Subscriber Sup		(c) Total Ellenne		
Non-Tribal Low-Income Sub- Receiving federal Li		(8)			x \$9.2	5	= \$		
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ 0.00 =\$ (		= \$ 0		
Receiving federal Li		,			(not to exceed \$34.25)				
			Tot	tal F	ederal Lifeline Sup	port Claim	ed (10) \$		
Toll Limitation Service	es (TLS)								
							•		
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2	\''' —	.00000	0					
Number of TLS Sub	scribers	(12) <u>0</u>							
					Total TLS Supp	ort Claime	d (13) \$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	iving High	Cost sup	por	t)				
Number of Connect	ions Waived	(14) 0							
Charges Waived per	Connection	(10) Ψ	.00		(for multiple rates	, use an aver	age amount)		
		(not to exce	ed \$100)						
Total Connection CI	narges Waived	(16) \$ <u>0.</u>	0		<del></del>				
Deferred Interest		(17) \$ <u>0</u> .	.00						
			To	otal <sup>·</sup>	Гribal Link Up Sup <sub>l</sub>	port Claime	ed (18) \$ <u>0</u>		
ETC Payment									
	Total TLS \$_0_		_	-4.4	A O	ı			
Total Lifeline \$	lotal ILS \$_U_		'	otal	Tribal Link Up \$ <u>U</u>				
					Total	Dollars (1	9) \$		

### 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.

11/09/2015	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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	(1) USAC Service Provider Identification Number 143036544					(2) Study Area Code <u>269038</u>			
(3) Filer 499 ID <u>829223</u>		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽		
(5) ETC Designation Type (C	heck one): Lifeline	e Only	<b>✓</b>	ligh	Cost/Low Income				
(6) Organization Information				(7)	Filing Information				
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	12/07/20	015		
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	Novemb	per 2015		
Mailing Address:	499 EAST SHERIC	AN ST	SUITE 300	c)	Type of Filing (check one)				
					,	Original Revision	CO C		
	Dania, FL 3300	4		d)	State Reporting	KENTU	CKY		
Telephone Number:	678-389-6024								
Fax Number:	770-594-3878								
E-mail Address:	cmmurp@cgmi	nc.con	n						
Lifeline									
Lifeiiile			_ifeline		(b) Lifeline Sup		(c) Total Lifeline		
Non-Tribal Low-Income Sub	ecribore	Subso	cribers		Subscriber Sup	<u>oport</u>			
Receiving federal Li		(8)			x \$ <u>9.2</u>	.5	= \$		
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00 =\$ 0		= \$ 0		
Receiving federal Li		(-)		tal C	(not to exce				
			10	ılaı r	ederal Lifeline Sup	oport Claim	ed (10) \$		
Toll Limitation Service	es (TLS)								
Cost of Providing T	l S nor Subocribor	(11)	0.00000	0					
	al cost or \$3 in 2012 /\$2			<u>-ī</u>					
Number of TLS Sub	scribers	(12)	0						
					Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	ligh Cost su	рроі	t)				
Number of Connect	ions Waived	(14)	0						
Charges Waived per		(15) \$			(for multiple rates	, use an aver	age amount)		
		(not to	exceed \$100)						
Total Connection Cl	harges Waived	(16) \$	0.0						
Deferred Interest		(17) \$	0.00						
			т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>		
ETC Payment									
			_			1			
Total Lifeline \$	Total TLS \$_U_			otal	Tribal Link Up \$ C	,			
					Tota	l Dollars (1	9) \$		

#### 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.

12/07/2015	Maybell Kelly
DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly
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 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider lo	dentification Number	14303	36544		(2) Stu	dy Area Cod	de 269038
(3) Filer 499 ID 829223		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	ligh	Cost/Low Income					
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	01/06/20	016
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	Decemb	er 2015
Mailing Address:	499 EAST SHERIC	AN ST	SUITE 300	c)	Type of Filing (check one)		
					,	Original Revision	
	Dania, FL 3300	4		d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com	า				
l ifalina				•			
Lifeline		(a) # L	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribore	Subsc			Subscriber Su		•
Receiving federal Li		(8)			x \$9.2	5	= \$
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00 = \$ 0		= \$ 0
Receiving federal Li		( )	····	4-1-	(not to exce		
			10	tal F	ederal Lifeline Sup	port Claime	ed (10) \$
Toll Limitation Service	es (TLS)						
			0 00000	Λ			
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	<u>U</u>			
Number of TLS Sub		(12)	0				
Number of TES Sub	scribers	(12)					0
Tribal Link Up (Availab	lo anly to ETCa room	sistina U	iah Cost su	222	Total TLS Supp	ort Claimed	I (13) \$ <u>U</u>
TIDAI LITIK OP (Availab	ie only to ETCs rece	iviliy mi	gri Cost suj	υροι	i)		
Number of Connect	ions Waived	(14)	0		<u> </u>		
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	, use an avera	ige amount)
		(1101 10 1	υλουσα ψ 100)				
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		<del></del>		
			To	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment					· •		
	T. 4-1-71 0 A O		T			1	
Total Lifeline \$	Total TLS \$ <u>0</u>			otal	Tribal Link Up \$ $\frac{0}{2}$	, , , , , , , , , , , , , , , , , , , ,	
					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.

01/06/2016	Maybell Kelly	
DATE	OFFICER SIGNATURE	
Compliance	Maybell Kelly	
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 lo	dentification Number	1430	36544		(2) Stu	dy Area Co	de 269038
(3) Filer 499 ID <u>829223</u>		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>✓</b>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Q Link Wireless	s LLC		a)	Submission Date	02/05/2	016
Contact Name:	Caitlyn Lumpkir	า		b)	Data Month	January	/ 2016
Mailing Address:	499 EAST SHERIE	DAN ST	SUITE 300	c)	Type of Filing (check one)	•	
					,	Original Revision	<b>✓</b>
	Dania, FL 3300	4		d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					1	
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.con	n				
Lifeline							
Liteline		(a) # L	_ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribare	Subscribers			Subscriber Sup	pport	
Receiving federal Li		(8)			x \$9.2	25	= \$
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ 0.00 = \$		= \$ 0
Receiving federal Li				4-1-	(not to exceed \$34.25)  Ederal Lifeline Support Claimed (10) \$		
			1 C	tai F	ederal Lifeline Sup	oport Claim	ed (10) \$
Toll Limitation Service	es (TLS)						
			0.00000	ın			
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000				
Number of TLS Subscribers		(12)	0		<u></u>		
					Total TI S Sunn	ort Claime	d (13) ¢ ()
Total TLS Support Claimed (13) \$\frac{0}{2}\$  Tribal Link Up (Available only to ETCs receiving High Cost support)							
Number of Connect	ione Waiyod	(1.1)	0				
Charges Waived pe		(14)	0.00		—— (for multiple rates	, use an aver	rage amount)
		(not to	exceed \$100)		, ,		
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			Т	otal '	Tribal Link Up Sup	port Claime	ed (18) \$ 0
ETC Devenue							, 1
ETC Payment							
Total Lifeline \$	Total TLS \$_0_			「otal	Tribal Link Up \$ 0	)	
					Tota	l Dollars (1	9) \$

### 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.

02/05/2016	Maybell Kelly			
DATE	OFFICER SIGNATURE			
Compliance	Maybell Kelly			
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 Ic	lentification Number	14303	36544		(2) Stu	dy Area Co	ode 269038	
(3) Filer 499 ID <u>829223</u>		(4) Te	chnology Ty	rpe (	check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<b>✓</b>	ligh	Cost/Low Income			
(6) Organization Information	<b></b>			(7)	Filing Information	<b></b>		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	03/04/2	016	
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	Februa	ry 2016	
Mailing Address:	499 EAST SHERIC	AN ST	SUITE 300	c)	Type of Filing (check one)			
					•	Original	<b>✓</b>	
	Dania, FL 3300	4		d)	State Reporting	Revision KENTU	ICKY	
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878	IRA-12.						
E-mail Address:	cmmurp@cgmi	nc.con	า					
Lifeline								
Liiciiiic			ifeline.		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subso	ribers		Subscriber Su	<u>pport</u>		
Receiving federal Li		(8)			x \$9.2	25	= \$	
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00 = \$ 0		= \$ 0	
Receiving federal Lifeline Support				tol F		eed \$34.25)		
			10	otai r	ederal Lifeline Sup	oport Ciaim	ied (10) \$	
Toll Limitation Service	es (TLS)							
Cost of Providing TI	S per Subscriber	(11)	0.00000	0				
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)								
Number of TLS Subscribers		(12)	0		<del></del>			
Total TLS Support Claimed						d (13) \$ 0		
Tribal Link Up (Availabl	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connecti	ions Waived	(14)	0					
Charges Waived per	Connection	(15) \$	0.00		(for multiple rates	tes, use an average amount)		
		(not to	exceed \$100)					
Total Connection Cl	narges Waived	(16) \$	0.0		_			
Deferred Interest (17) \$		0.00						
			т	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>	
ETC Payment								
LIGFayillelit								
Total Lifeline \$	Total TLS \$ 0			Γotal	Tribal Link Up \$ <u>(</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.

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.

03/04/2016	Maybell Kelly				
DATE	OFFICER SIGNATURE				
Compliance	Maybell Kelly				
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 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	1430	36544		(2) Stu	dy Area Co	de <u>269038</u>
(3) Filer 499 ID <u>829223</u>		(4) Te	chnology Ty	pe (	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only	H	ligh	Cost/Low Income		
(6) Organization Information	1			(7)	Filing Information		
Company Legal Name:	Q Link Wireless	LLC		a)	Submission Date	04/06/20	016
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	March 2	2016
Mailing Address:	499 EAST SHERIC	AN ST	SUITE 300	c)	Type of Filing (check one)		
					,	Original	
	Dania, FL 3300	4		d)	State Reporting	Revision KENTU	CKY
Telephone Number:	678-389-6024			<u> </u>		INCILLO	
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.con	n				
				ı			
Lifeline		(2) # [	_ifeline		(b) Lifeline Sug	nort/	(c) Total Lifeline
			<u>cribers</u>		Subscriber Su		(c) Total Elicinic
Non-Tribal Low-Income Sub Receiving federal Li		(8)			x \$ 9.2	25	= \$ ( )
Tribal Low-Income Subscrib	ners	(9) <u>(</u>	)		x \$ 0.00 = \$ 0		
Receiving federal Li					(not to exceed \$34.25)		
			То	tal F	ederal Lifeline Sup	oport Claim	ed (10) \$
Toll Limitation Service	es (TLS)						
				_			
Cost of Providing T		(11)	0.00000	0			
(the lesser of incremental cost or \$3 in 2012 /\$2		IN 2013)	0				
Number of TLS Sub	scribers	(12)	0		<del></del>		
					Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Available only to ETCs receiving High Cost support)							
Number of Connect	ions Waived	(14)	0				
Charges Waived pe		(15) \$			(for multiple rates	s, use an aver	age amount)
		(not to	exceed \$100)				
Total Connection Charges Waived (1		(16) \$	0.0				
Deferred Interest		(17) \$ 0.00			· · ·		
			т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
_	0					<b>)</b>	
Total Lifeline \$	Total TLS \$ 0			rotal	Tribal Link Up \$ C	J	
					Tota	d Dollars (1	9) \$

### 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.

04/06/2016	Maybell Kelly				
DATE	OFFICER SIGNATURE				
Compliance	Maybell Kelly				
OFFICER TITLE	OFFICED 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.