

**COMMONWEALTH OF KENTUCKY**  
**BEFORE THE PUBLIC SERVICE COMMISSION**

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IN THE MATTER OF:

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

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**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

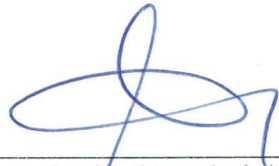
I, Issa Asad, first being duly sworn, depose and state that I am the CEO of Q LINK WIRELESS LLC, and do hereby declare under oath that the foregoing responses are true and accurate to the best of my knowledge, information, and belief formed after a reasonable inquiry.

Executed on 4/25/16

  
\_\_\_\_\_  
Issa Asad, CEO  
Q LINK WIRELESS LLC

Subscribed and sworn to before me this 25<sup>th</sup> day of April 2016.



  
\_\_\_\_\_  
(Signature of person authorized to administer oath)

My Commission Expires: October 29<sup>th</sup>, 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

**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. 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.**

**Responsible Witness:** Issa Asad, CEO

**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. 2**

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

**Response: See attached Exhibit 2.**

**Responsible Witness:** Issa Asad, CEO

**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. 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.**

**Responsible Witness:** Issa Asad, CEO

**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.**

**Responsible Witness: Issa Asad, CEO**

**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. 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.**

**Responsible Witness: Issa Asad, CEO**



**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. 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.**

**Responsible Witness: Issa Asad, CEO**

**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. 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, Q 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 state-specific criteria**

**Responsible Witness: Issa Asad, CEO**

**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. 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.**

**Responsible Witness:** Issa Asad, CEO

**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. 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.**

**Responsible Witness:** Issa Asad, CEO

**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.**

**Responsible Witness: Issa Asad, CEO**

**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.**

**Responsible Witness: Issa Asad, CEO**

**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.**

**Responsible Witness: Issa Asad, CEO**

**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.**

**Responsible Witness: Issa Asad, CEO**



**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.**

**Responsible Witness: Issa Asad, CEO**

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<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.**

**Responsible Witness: Issa Asad, CEO**

**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.**

**Responsible Witness:** Issa Asad, CEO

**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.**

**Responsible Witness:** Issa Asad, CEO

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

**EXHIBIT 1**



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 2/12/2014

Reporting Month 2014-01

Carrier Information	
Company Name	Q LINK WIRELESS LLC
Company Address	499 EAST SHERIDAN STREET, SUITE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
Vendor Number	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	CEO
	(Printed)	Company Official	
			(Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 3/10/2014

Reporting Month 2014-02

Carrier Information	
Company Name	Q LINK WIRELESS LLC
Company Address	499 EAST SHERIDAN STREET, SUITE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
Vendor Number	[REDACTED]

Classification	<input type="radio"/> ILEC <input type="radio"/> CLEC <input checked="" type="radio"/> Cellular <input type="radio"/> PCS		
Please Circle One			

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	
			(Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/9/2014

Reporting Month 2014-03

Carrier Information	
Company Name	Q LINK WIRELESS LLC
Company Address	499 EAST SHERIDAN STREET, SUITE 300 DANIA, FL 33004
Telephone / Fax	855-754-8543/855-837-5465
Vendor Number	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Issa Asad</u> (Printed)	Title <u>CEO</u> Company Official <u>[Signature]</u> (Signed)

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

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211 Sower Blvd,  
P.O. Box 615  
Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 5/12/2014

Reporting Month 2014-04

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	[REDACTED]

Classification Please Circle One	ILEEC	CLEC	<b>Cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$ 0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	<u>[Signature]</u>
			(Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 6/11/2014

Reporting Month 2014-05

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	[REDACTED]

Classification	ILEC	CLEC	<b>Cellular</b>	PCS
Please Circle One				

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	<u>[Signature]</u>
			(Signed)

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211 Sower Blvd.  
P.O. Box 613  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$ 0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
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Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	
			(Signed)

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND


Date 8/11/2014

Reporting Month 2014-07

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$ 0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
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Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	 (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 9/11/2014

Reporting Month 2014-08

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	[REDACTED]

Classification	ILEC	CLEC	<b>Cellular</b>	PCS
Please Circle One				

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

Signature Block			
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Company Official	<b>Issa Asad</b>	Title	CEO
	(Printed)	Company Official	(Signed)

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P.O. Box 615  
Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 10/10/2014

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	[REDACTED]

Classification	ILEC	CLEC	<u>Cellular</u>	PCS
Please Circle One				

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	[Signature] (Signed)

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Frankfort, KY 40601

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 11/11/2014

Reporting Month 2014-10

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	(Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 12/9/2014

Reporting Month 2014-11

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	
			(Signed)

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P.O. Box 615  
Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND


Date 1/12/2015

Reporting Month 2014-12

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	 (Signed)

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

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
Telephone / Fax	855-754-6543/855-837-5465
Vendor Number	[REDACTED]

Classification	ILEC	CLFC	<input checked="" type="radio"/> Cellular	PCS
Please Circle One				

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	CEO
	(Printed)	Company Official	
			(Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 3/11/2015

Reporting Month 2015-02

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	[REDACTED]

Classification	ILEC	CLEC	<b>Cellular</b>	PCS
Please Circle One				

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	<u>[Signature]</u>
			(Signed)

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Frankfort, KY 40601

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/10/2015

Reporting Month 2015-03

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$ 0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	CEO
	(Printed)	Company Official	
			(Signed)

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 5/11/2015

Reporting Month 2015-04

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$ 0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	<u>[Signature]</u>
			(Signed)

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

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Frankfort, KY 40601

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P.O. Box 615  
Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 6/9/2015

Reporting Month 2015-05

Carrier Information	
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-8543/855-837-5465
Vendor Number	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$ 0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	<u>[Signature]</u>
			(Signed)

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Frankfort, KY 40601

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Kentucky Public Service Commission  
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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 7/9/2015

Reporting Month 2015-06

Carrier Information	
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5485
Vendor Number	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$ 0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	CEO
	(Printed)	Company Official	
			(Signed)

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

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Frankfort, KY 40601

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211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 8/10/2015

Reporting Month 2015-07

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	CEO
	(Printed)	Company Official	<u>[Signature]</u>
			(Signed)

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

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Frankfort, KY 40601

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P.O. Box 615  
Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 9/10/2015

Reporting Month 2015-08

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	[REDACTED]

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
-------------------------------------	-------------------------------	-------------------------------	--	------------------------------

Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surecharge Per Access Line.....	\$ 0.08
3. Amount of Surecharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	(Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 10/12/2015

Reporting Month 2015-09

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	[REDACTED]

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
-------------------------------------	-------------------------------	-------------------------------	--	------------------------------

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)		Company Official <u>[Signature]</u>
			(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

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 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	[REDACTED]

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
-------------------------------------	-------------------------------	-------------------------------	--	------------------------------

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	CEO
	(Printed)	Company Official	[Signature]
			(Signed)

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Frankfort, KY 40601

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 12/08/2015

Reporting Month 2015-11

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	CEO
	(Printed)	Company Official	<u>[Signature]</u>
			(Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 1/11/2016

Reporting Month 2015-12

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	[Signature] (Signed)

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COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

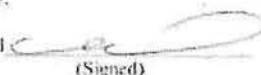
Date 2/09/2016

Reporting Month 2016-01

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block			
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Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	 (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 3/08/2016

Reporting Month 2016-02

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official	<b>Issa Asad</b> (Printed)	Title <b>CEO</b> Company Official (Signed)

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND


Date 4/11/2016

Reporting Month 2016-03

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	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<b>Cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$ 0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	[REDACTED]
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	<u>Issa Asad</u>	Title	<u>CEO</u>
	(Printed)	Company Official	 (Signed)

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Frankfort, KY 40602



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

**EXHIBIT 2**

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	02/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

**Total Dollars (19) \$**

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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02/07/2014

Maybell Kelly

DATE

OFFICER SIGNATURE

Compliance

Maybell Kelly

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	03/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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03/07/2014

Maybell Kelly

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	04/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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

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04/07/2014

Maybell Kelly

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Compliance

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OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	05/06/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>                    </u>	x \$ <u>9.25</u>	= \$ <u>                    </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>                    </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$



**(20) CERTIFICATIONS AND SIGNATURES**

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05/06/2014

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038  
 (3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	06/06/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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  
 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  
 Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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06/06/2014

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(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High 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	b) Data Month	June 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
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Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			\$ <u>          </u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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Number of Connections Waived (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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07/08/2014

Maybell Kelly

DATE

OFFICER SIGNATURE

Compliance

Maybell Kelly

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	08/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>                    </u>	x \$ <u>9.25</u>	= \$ <u>                    </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>                    </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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08/07/2014

Maybell Kelly

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High 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 SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$



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09/08/2014

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	10/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

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10/07/2014

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(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	11/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			\$ <u>          </u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 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

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

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

Total Dollars (19) \$

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(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	12/04/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
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Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

**Total Dollars (19) \$**

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OFFICER TITLE

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

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	01/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2014
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$



**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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01/06/2015

Maybell Kelly

DATE

OFFICER SIGNATURE

Compliance

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OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) 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 SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
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<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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02/05/2015

Maybell Kelly

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	03/05/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			\$ <u>          </u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 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

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

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

Total Dollars (19) \$

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03/05/2015

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(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	04/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

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<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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04/06/2015

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(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	05/05/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

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**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
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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

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

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

Total Dollars (19) \$



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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	06/05/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

**Total Dollars (19) \$**

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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06/05/2015

Maybell Kelly

DATE

OFFICER SIGNATURE

Compliance

Maybell Kelly

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	07/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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07/07/2015

Maybell Kelly

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	08/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>          </u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 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

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

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

Total Dollars (19) \$

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08/06/2015

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	09/04/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>          </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

**Total Dollars (19) \$**



**(20) CERTIFICATIONS AND SIGNATURES**

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09/04/2015

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(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	10/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
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Total Federal Lifeline Support Claimed (10)			\$ <u>          </u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 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

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

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

Total Dollars (19) \$

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10/08/2015

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	11/09/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			\$ <u>          </u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 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

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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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11/09/2015

Maybell Kelly

DATE

OFFICER SIGNATURE

Compliance

Maybell Kelly

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	12/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>                    </u>	x \$ <u>9.25</u>	= \$ <u>                    </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>                    </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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12/07/2015

Maybell Kelly

DATE

OFFICER SIGNATURE

Compliance

Maybell Kelly

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143036544 (2) Study Area Code 269038

(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	01/06/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2015
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>                    </u>	x \$ <u>9.25</u>	= \$ <u>                    </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>                    </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$



**(20) CERTIFICATIONS AND SIGNATURES**

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01/06/2016

Maybell Kelly

DATE

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Compliance

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(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	02/05/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2016
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>                    </u>	x \$ <u>9.25</u>	= \$ <u>                    </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>                    </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

**(20) CERTIFICATIONS AND SIGNATURES**

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02/05/2016

Maybell Kelly

DATE

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Compliance

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OFFICER TITLE

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(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	03/04/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2016
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
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<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>                    </u></b>

**Toll Limitation Services (TLS)**

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 (14) 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

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

Total Dollars (19) \$

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03/04/2016

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(3) Filer 499 ID 829223 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	Q Link Wireless LLC	a) Submission Date	04/06/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2016
Mailing Address:	499 EAST SHERIDAN ST SUITE 300	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	
	Dania, FL 33004		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>          </u>	x \$ <u>9.25</u>	= \$ <u>          </u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>          </u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 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

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

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

Total Dollars (19) \$

**(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

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.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.