



607 Broadway • Paducah, KY 42001
Ph: (270) 441-7799 • Fax: (270) 441-7917

September 8, 2016

Filed Electronically
Talina R Mathews
Executive Director
Public Service Commission
211 Sower Blvd
PO Box 615
Frankfort KY 40601

*Re: In the Matter of an Inquiry into the State Universal Service Fund, Case No.
2016-00059*

Dear Ms. Mathews:

Enclosed for filing are e-Tel's responses to the Kentucky PSC staff's Initial Requests for Information and Supplemental Requests for Information in the above-referenced matter. These responses were not filed previously as a result of unintentional oversight, and we respectfully request that they are accepted for filing and incorporated into the record. The certificate of service below certifies that the enclosed was filed electronically today.

Thank you, and if you have any questions with regard to this matter, please call me.

Sincerely,

A handwritten signature in cursive script that reads "Renee Hayden".

Renee Hayden

CERTIFICATION

I hereby certify that I have supervised the preparation of the responses on behalf of e-Tel LLC to the requests for information from the Kentucky PSC. The responses contained herein are true and accurate to the best of my knowledge, information, and belief formed after reasonable inquiry.

Renee Hayden

Renee Hayden
Manager
e-Tel LLC

Date: Sept 8 2016

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

e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon
All Parties dated April 6, 2016

September 8, 2016

Item 1 Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to present.

Response Please see the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration by e-Tel LLC attached as Exhibits 1-3.

Responsible Witness Renee Hayden

Item 2 Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer received service in the middle of the month.

Response e-Tel states that the total number of subscriber lines reported on the KUSF reimbursement form is calculated using the number of customers receiving Lifeline support on the last day of each month.

Responsible Witness Renee Hayden

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

e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon
All Parties dated April 6, 2016

September 8, 2016

Item 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 e-Tel states that the total number of subscriber lines reported on the KUSF reimbursement form is calculated using the number of customers receiving Lifeline support on the last day of each month.

Responsible Witness Renee Hayden

Item 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 bill to, but not paid by, the customer is remitted.

Response e-Tel states that when a bad debt is experienced it remits the full amount of the KUSF surcharge billed to the customer.

Responsible Witness Renee Hayden

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

e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon
All Parties dated April 6, 2016

September 8, 2016

Item 5 State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding, and explain the basis for your response.

Response e-Tel believes the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before it renders its decision in this proceeding because the eventual reforms made by the FCC may impact how the Commission decides to administer the KUSF. Waiting will ensure the KUSF reforms coordinate with the federal reforms and could avoid the Commission having to again reform the KUSF after the federal reform is concluded.

Responsible Witness Renee Hayden

Item 6 Provide the Federal Communication Commission Form 497 submitted to the FCC from January 2014 to the present.

Response Please see the FCC Forms submitted to the FCC by e-Tel LLC attached as Exhibits 4-6.

Responsible Witness Renee Hayden

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

e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon
All Parties dated April 6, 2016

September 8, 2016

Item 7 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.

Response There have been no changes to e-Tel's Lifeline plans other than those implemented directly by the KY PSC.

Responsible Witness Renee Hayden

Item 8 If the Commission's decision is to maintain state Lifeline support for only voice service, describe how that decision would effect whether and how you provide Lifeline service in Kentucky

Response Should the Commission decide to only offer Lifeline support for voice service, e-Tel would not be effected by that decision. e-Tel's provision of Lifeline service in Kentucky would not change.

Responsible Witness Renee Hayden

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

e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon
All Parties dated April 6, 2016

September 8, 2016

Item 9 Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

Response e-Tel states that it has no suggestions as to cost effective measures the Commission could implement.

Responsible Witness Renee Hayden

Item 10 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 e-Tel requests 120 days to be able to implement the changes on customer bills. The 120 day notice would also allow for e-Tel to provide proper notification to its Lifeline customers

Responsible Witness Renee Hayden

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

e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon
All Parties dated April 6, 2016

September 8, 2016

Item 11 Provide, in detail, the methods employed to verify the eligibility of customers who participate in the Lifeline program.

Response e-Tel requires the customer to prove eligibility established by federal standards upon application for Lifeline program. e-Tel then submits the customer information to the federal NLAD system for verification. An annual audit of customers receiving Lifeline support is completed in accordance with the Kentucky PSC and USAC.

Responsible Witness Renee Hayden

Item 12 State whether you have been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program.

Response e-Tel has not been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program.

Responsible Witness Renee Hayden

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

e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon
All Parties dated April 6, 2016

September 8, 2016

Item 13 Describe, in detail, your current marketing programs for Lifeline service in Kentucky, including, but no limited to, person-to-person sales.

Response e-Tel provides information on the Lifeline support program and complete application information on its website at etelonline.com. An abbreviated version of this information of provided on every customer invoice as well. Customer Service Representatives detail the Lifeline support program to any customer who inquires during a person-to-person transaction.

Responsible Witness Renee Hayden



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date Jan 2014

Reporting Month December 2013

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	2420
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$193.60
4. Number of Access Lines Receiving Lifeline Support.....	66
5. Amount of Reimbursement Requested from Kentucky USF.....	\$231.00

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

COMPLETED
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193 60

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 Feb 2014

Reporting Month ²⁰¹⁴ ~~January-2013~~

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2430
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$194.40
4. Number of Access Lines Receiving Lifeline Support.....	65
5. Amount of Reimbursement Requested from Kentucky USF.....	\$227.50

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

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

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2-25-14
6742

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date March 2014

Reporting Month February 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2442
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$195.36
4. Number of Access Lines Receiving Lifeline Support.....	66
5. Amount of Reimbursement Requested from Kentucky USF.....	\$231.00

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 2014

Reporting Month March 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2445
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$195.60
4. Number of Access Lines Receiving Lifeline Support.....	64
5. Amount of Reimbursement Requested from Kentucky USF.....	\$224.00

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

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4-15-14
193.00

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 2014

Reporting Month April 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2460
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$196.80
4. Number of Access Lines Receiving Lifeline Support.....	62
5. Amount of Reimbursement Requested from Kentucky USF.....	\$217.00

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

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6957

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 2014

Reporting Month May 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	2463
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$197.04
4. Number of Access Lines Receiving Lifeline Support.....	61
5. Amount of Reimbursement Requested from Kentucky USF.....	\$213.50

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 2014

Reporting Month June 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	2483
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$198.64
4. Number of Access Lines Receiving Lifeline Support.....	75
5. Amount of Reimbursement Requested from Kentucky USF.....	\$262.50

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date August 2014

Reporting Month July 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3461
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$276.88
4. Number of Access Lines Receiving Lifeline Support.....	70
5. Amount of Reimbursement Requested from Kentucky USF.....	\$245.00

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

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1295

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date September 2014

Reporting Month August 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3493
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$279.44
4. Number of Access Lines Receiving Lifeline Support.....	70
5. Amount of Reimbursement Requested from Kentucky USF.....	\$245.00

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

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7421

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 2014

Reporting Month September 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3448
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$275.84
4. Number of Access Lines Receiving Lifeline Support.....	67
5. Amount of Reimbursement Requested from Kentucky USF.....	\$234.50

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

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7514
10-17-14
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date November 2014

Reporting Month October 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	I L E C	C L E C	C e l l u l a r	P C S

Monthly Access Line Data	
1. Total Access Lines in Service.....	3457
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$276.56
4. Number of Access Lines Receiving Lifeline Support.....	69
5. Amount of Reimbursement Requested from Kentucky USF.....	\$241.50

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

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Finance and Administration Cabinet
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702 Capital Ave.
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Frankfort, KY 40601

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7637
11-24-14

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Kentucky Public Service Commission
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date December 2014

Reporting Month November 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3429
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$274.32
4. Number of Access Lines Receiving Lifeline Support.....	69
5. Amount of Reimbursement Requested from Kentucky USF.....	\$241.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Renee Haydel</u> (Printed)	Title <u>manager</u> Company Official <u>Renee Haydel</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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12-23-14
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date January 2015

Reporting Month December 2014

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3410
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$272.80
4. Number of Access Lines Receiving Lifeline Support.....	69
5. Amount of Reimbursement Requested from Kentucky USF.....	\$241.50

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

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

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7838
1-14-15
272.80

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 2015

Reporting Month January 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3379
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$270.32
4. Number of Access Lines Receiving Lifeline Support.....	71
5. Amount of Reimbursement Requested from Kentucky USF.....	\$248.50

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

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Frankfort, KY 40601

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2-25-15
7994
270.32

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date March 2015

Reporting Month February 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	3381
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$270.48
4. Number of Access Lines Receiving Lifeline Support.....	72
5. Amount of Reimbursement Requested from Kentucky USF.....	\$52.00 → should be 052.00

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

PAID

File
3-30-15

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 April 2015

Reporting Month March 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	3391
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$271.28
4. Number of Access Lines Receiving Lifeline Support.....	69
5. Amount of Reimbursement Requested from Kentucky USF.....	\$241.50

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

PAID
4-24-15
271.28
8198

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 2015

Reporting Month April 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3338
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$267.04
4. Number of Access Lines Receiving Lifeline Support.....	69
5. Amount of Reimbursement Requested from Kentucky USF.....	\$241.50

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

PAID
8343
5-22-15
267.04

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 June 2015

Reporting Month May 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	I L E C	C L E C	C e l l u l a r	P C S

Monthly Access Line Data	
1. Total Access Lines in Service.....	3358
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$268.64
4. Number of Access Lines Receiving Lifeline Support.....	67
5. Amount of Reimbursement Requested from Kentucky USF.....	\$234.50

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

PAID
\$455
6-30-15

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 2015

Reporting Month June 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3346
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$267.68
4. Number of Access Lines Receiving Lifeline Support.....	66
5. Amount of Reimbursement Requested from Kentucky USF.....	\$231.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Renee Hayde</u> (Printed)	Title <u>manager</u> Company Official <u>Renee Hayde</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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2845
7-27-15

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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 August 2015

Reporting Month July 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3333
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$266.64
4. Number of Access Lines Receiving Lifeline Support.....	64
5. Amount of Reimbursement Requested from Kentucky USF.....	\$224.00

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

PAID
#634
#25-15

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 September 2015

Reporting Month August 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	3348
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$267.84
4. Number of Access Lines Receiving Lifeline Support.....	64
5. Amount of Reimbursement Requested from Kentucky USF.....	\$224.00

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

PAID
8767
9-30-15

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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 October 2015

Reporting Month September 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	3398
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$271.84
4. Number of Access Lines Receiving Lifeline Support.....	62
5. Amount of Reimbursement Requested from Kentucky USF.....	\$217.00

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

PAID
10-19-15
\$ 271.⁰⁰

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 November 2015

Reporting Month October 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	3411
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$272.88
4. Number of Access Lines Receiving Lifeline Support.....	68
5. Amount of Reimbursement Requested from Kentucky USF.....	\$238.00

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

PAID
2906
11-13-15
072.24

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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 December 2015

Reporting Month November 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	I L E C	C L E C	Cellular	P C S

Monthly Access Line Data	
1. Total Access Lines in Service.....	3400
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$272.00
4. Number of Access Lines Receiving Lifeline Support.....	64
5. Amount of Reimbursement Requested from Kentucky USF.....	\$224.00

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

PAID
9054
12-23-15

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 January 2016

Reporting Month December 2015

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	3373
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$269.84
4. Number of Access Lines Receiving Lifeline Support.....	63
5. Amount of Reimbursement Requested from Kentucky USF.....	\$220.50

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

PAID
9149
1-21-16

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 February 2016

Reporting Month January 2016

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	3351
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$268.08
4. Number of Access Lines Receiving Lifeline Support.....	61
5. Amount of Reimbursement Requested from Kentucky USF.....	\$213.50

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

PAID
2-25-16
9272

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 March 2016

Reporting Month February 2016

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	3314
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$265.12
4. Number of Access Lines Receiving Lifeline Support.....	61
5. Amount of Reimbursement Requested from Kentucky USF.....	\$213.50

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

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

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

PAID
9320
3-22-16

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date April 2016

Reporting Month March 2016

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	3321
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$265.68
4. Number of Access Lines Receiving Lifeline Support.....	56
5. Amount of Reimbursement Requested from Kentucky USF.....	\$196.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Renee Hayde</u> (Printed)	Title <u>manager</u> Company Official <u>Renee Hayde</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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9464
4-25-16

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 2016

Reporting Month April 2016

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	3326
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$266.08
4. Number of Access Lines Receiving Lifeline Support.....	56
5. Amount of Reimbursement Requested from Kentucky USF.....	\$196.00

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

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

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702 Capital Ave.
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Frankfort, KY 40601

PAID
5-23-16
9542
266.08

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211 Sower Blvd.
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 2016

Reporting Month May 2016

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3316
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$265.28
4. Number of Access Lines Receiving Lifeline Support.....	55
5. Amount of Reimbursement Requested from Kentucky USF.....	\$192.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Renee Hayden</u> (Printed)	Title <u>manager</u> Company Official <u>Renee Hayden</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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9050
6-24-16

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 July 2016

Reporting Month June 2016

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	3298
2. Surcharge Per Access Line.....	\$0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	\$461.72
4. Number of Access Lines Receiving Lifeline Support.....	54
5. Amount of Reimbursement Requested from Kentucky USF.....	\$189.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Renee Hayden</u> (Printed)	Title <u>manager</u> Company Official <u>Renee Hayden</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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9733
7-22-16
461.72

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 August 2016

Reporting Month July 2016

Carrier Information	
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	3287
2. Surcharge Per Access Line.....	\$0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	\$460.18
4. Number of Access Lines Receiving Lifeline Support.....	54
5. Amount of Reimbursement Requested from Kentucky USF.....	\$189.00

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

PAID
9893
8-31-16

Send a copy of this report to:

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

LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

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.

DATE

OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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

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

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

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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.

LIFELINE WORKSHEET

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion. We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

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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- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

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Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

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LIFELINE WORKSHEET

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(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

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.

DATE

OFFICER SIGNATURE

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-PER, 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.

LIFELINE WORKSHEET

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion. We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

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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LIFELINE WORKSHEET

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- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
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- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

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Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

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LIFELINE WORKSHEET

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(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

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.

DATE

OFFICER SIGNATURE

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-PER, 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.

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LIFELINE WORKSHEET

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion. We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

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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DATE

OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion. We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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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.

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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.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel Murray, LLC	a) Submission Date	October 2014
Contact Name:	Renee Hayden	b) Data Month	July 2014
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>70</u>	x \$ <u>9.25</u>	= \$ <u>647.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ _____ (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>647.50</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) _____
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)
 Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0
 Charges Waived per Connection (15) \$ 0 (for multiple rates, use an average amount)
 (not to exceed \$100)
 Total Connection Charges Waived (16) \$ 0
 Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 647.50 Total TLS \$ 0.00 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 647.50

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/01/14

Renee Hayden

DATE

COO

OFFICER SIGNATURE

Renee Hayden

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-PER, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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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.

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
a) Submission Date - The date that you are filling out this form.
b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion. We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel Murray, LLC	a) Submission Date	October 2014
Contact Name:	Renee Hayden	b) Data Month	August 2014
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>70</u>	x \$ <u>9.25</u>	= \$ <u>647.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ _____ (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>647.50</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) _____
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)
 Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0
 Charges Waived per Connection (15) \$ 0 (for multiple rates, use an average amount)
 (not to exceed \$100)
 Total Connection Charges Waived (16) \$ 0
 Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 647.50 Total TLS \$ 0.00 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 647.50

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/01/14

Renee Hayden

DATE

COO

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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.

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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.

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel Murray, LLC	a) Submission Date	October 2014
Contact Name:	Renee Hayden	b) Data Month	September 2014
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>67</u>	x \$ <u>9.25</u>	= \$ <u>619.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ _____ (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>619.75</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0

Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 619.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 619.75

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/15/14

Renee Hayden

DATE

COO

OFFICER SIGNATURE

Renee Hayden

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-PER, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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

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.

LIFELINE WORKSHEET

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

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Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion. We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

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.

DATE

OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion. We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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

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.

LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

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.

DATE

OFFICER SIGNATURE

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-PER, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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

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.

LIFELINE WORKSHEET

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

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Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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LIFELINE WORKSHEET

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

(3) Filer 499 ID _____ (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:		a) Submission Date	
Contact Name:		b) Data Month	
Mailing Address:		c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
			d) State Reporting
Telephone Number:			
Fax Number:			
E-mail Address:			

Lifeline

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

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived (14) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ _____

ETC Payment

Total Lifeline \$ _____ Total TLS \$ _____ Total Tribal Link Up \$ _____

Total Dollars (19) \$ _____

(20) CERTIFICATIONS AND SIGNATURES

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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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DATE

OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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- Line 1 USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) - Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID - Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type - Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information - Indicate your company's legal name and mailing address.
Contact Name, Telephone Number and Fax Number - Provide information for the individual who should be contacted with questions about this form.
E-mail Address - Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
 - a) Submission Date - The date that you are filling out this form.
 - b) Data Month - The month for which you are reporting data. Please submit one worksheet per month.
 - c) Type of filing - Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
 - d) State Reporting - Indicate in which state the ETC is claiming support.

Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

Tribal Lifeline: Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.

Line 12 Enter number of eligible subscribers for whom TLS was provided.

Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.

Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).

Line 17 Enter the dollar amount of deferred interest (if applicable).

Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.

Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

Block 20 - Certifications and Signatures

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

**USAC
Customer Operations
2000 L Street NW, Suite 200
Washington, DC20036**

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion. We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

emailed 4-1-15

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003

(3) Filer 499 ID 821714 (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:	e-Tel Murray, LLC	a) Submission Date	April 2015
Contact Name:	Renee Hayden	b) Data Month	January 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>71</u>	x \$ <u>9.25</u>	= \$ <u>656.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ _____	= \$ <u>0</u>
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>656.75</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0
Charges Waived per Connection (15) \$ 0 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0

Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 656.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 656.75

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel Murray, LLC	a) Submission Date	April 2015
Contact Name:	Renee Hayden	b) Data Month	February 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>72</u>	x \$ <u>9.25</u>	= \$ <u>666.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ _____	= \$ <u>0</u>
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>666.00</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0

Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 666.00 Total TLS \$ 0.00 Total Tribal Link Up \$ 0
 Total Dollars (19) \$ 666.00

If you have any questions, please call USAC at (866) 873-4727 Toll Free

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003

(3) Filer 499 ID 821714 (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:	e-Tel Murray, LLC	a) Submission Date	April 2015
Contact Name:	Renee Hayden	b) Data Month	March 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>69</u>	x \$ <u>9.25</u>	= \$ <u>638.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ _____ (not to exceed \$34.25)	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10) \$			<u>638.25</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) _____

Total TLS Support Claimed (13) \$ _____

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0
Charges Waived per Connection (15) \$ 0 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0

Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 638.25 Total TLS \$ 0.00 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 638.25

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(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.

04/01/15

Renee Hayden

DATE

COO

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

OFFICER NAME

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

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

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(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003

(3) Filer 499 ID 821714 (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:	e-Tel Murray LLC	a) Submission Date	July 2015
Contact Name:	Renee Hayden	b) Data Month	April 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>69</u>	x \$ <u>9.25</u>	= \$ <u>638.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed			(10) \$ <u>638.25</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0

Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 638.25 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 638.25

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003

(3) Filer 499 ID 821714 (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:	e-Tel Murray LLC	a) Submission Date	July 2015
Contact Name:	Renee Hayden	b) Data Month	May 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>67</u>	x \$ <u>9.25</u>	= \$ <u>619.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10) \$			<u>619.75</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0

Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 619.75 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 619.75

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel Murray LLC	a) Submission Date	July 2015
Contact Name:	Renee Hayden	b) Data Month	June 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	Paducah, KY 42001		
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>66</u>	x \$ <u>9.25</u>	= \$ <u>610.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10)			\$ <u>610.50</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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 (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0

Deferred Interest (17) \$ 0

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 610.50

Total TLS \$ 0

Total Tribal Link Up \$ 0

Total Dollars (19) \$ 610.50

(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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7/9/15

Renee Hayden

DATE

COO

OFFICER TITLE

OFFICER SIGNATURE

Renee Hayden

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003

(3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	October 2015
Contact Name:	Renee Hayden	b) Data Month	July 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	270 441-7799	d) State Reporting	Kentucky
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>64</u>	x \$ <u>9.25</u>	= \$ <u>592.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>592.00</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 592.00

Total TLS \$ 0

Total Tribal Link Up \$ 0

Total Dollars (19) \$ 592.00

If you have any questions, please call USAC at (866) 873-4727 Toll Free

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003

(3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	October 2015
Contact Name:	Renee Hayden	b) Data Month	August 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>64</u>	x \$ <u>9.25</u>	= \$ <u>592.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>592.00</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber <small>(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)</small>	(11) <u>0</u>	
Number of TLS Subscribers	(12) <u>0</u>	
		Total TLS Support Claimed (13) \$ <u>0</u>

Tribal Link Up *(Available only to ETCs receiving High Cost support)*

Number of Connections Waived	(14) _____	
Charges Waived per Connection	(15) \$ _____	<small>(for multiple rates, use an average amount)</small>
		<small>(not to exceed \$100)</small>
Total Connection Charges Waived	(16) \$ _____	
Deferred Interest	(17) \$ _____	
		Total Tribal Link Up Support Claimed (18) \$ <u>0</u>

ETC Payment

Total Lifeline \$ <u>592.00</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
Total Dollars (19) \$ <u>592.00</u>		

If you have any questions, please call USAC at (866) 873-4727 Toll Free

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	October 2015
Contact Name:	Renee Hayden	b) Data Month	September 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	270 441-7799	d) State Reporting	Kentucky
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>62</u>	x \$ <u>9.25</u>	= \$ <u>573.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>573.50</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____
 Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)
 Total Connection Charges Waived (16) \$ _____
 Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 573.50 Total TLS \$ 0 Total Tribal Link Up \$ 0
 Total Dollars (19) \$ 573.50

If you have any questions, please call USAC at (866) 873-4727 Toll Free

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10-1-15

Renee Hayden

DATE

10/1/15

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

OFFICER NAME

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

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

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	January 2016
Contact Name:	Renee Hayden	b) Data Month	October 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>68</u>	x \$ <u>9.25</u>	= \$ <u>629.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>629.00</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 629.00 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 629.00

(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.

1-12-16

Renee Hayden

DATE

1/12/16

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

OFFICER NAME

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

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

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	January 2016
Contact Name:	Renee Hayden	b) Data Month	November 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/>
			Revision <input type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>64</u>	x \$ <u>9.25</u>	= \$ <u>592.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>592.00</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 592.00 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 592.00

(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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1-12-16

Renee Hayden

DATE

1/12/16

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	January 2016
Contact Name:	Renee Hayden	b) Data Month	December 2015
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>63</u>	x \$ <u>9.25</u>	= \$ <u>582.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10)			\$ <u>582.75</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 582.75 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 582.75

(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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1-12-16

Renee Hayden

DATE

1/12/16

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	April 2016
Contact Name:	Renee Hayden	b) Data Month	January 2016
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>61</u>	x \$ <u>9.25</u>	= \$ <u>564.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>564.25</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 564.25 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 564.25

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003

(3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	April 2016
Contact Name:	Renee Hayden	b) Data Month	February 2016
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>61</u>	x \$ <u>9.25</u>	= \$ <u>564.25</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>564.25</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 564.25 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 564.25

If you have any questions, please call USAC at (866) 873-4727 Toll Free

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	April 2016
Contact Name:	Renee Hayden	b) Data Month	March 2016
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>56</u>	x \$ <u>9.25</u>	= \$ <u>518.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10) \$			<u>518.00</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 518.00 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 518.00

If you have any questions, please call USAC at (866) 873-4727 Toll Free

(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.





DATE

4/11/16

OFFICER SIGNATURE

Renee Hayden

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

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003

(3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	July 2016
Contact Name:	Renee Hayden	b) Data Month	April 2016
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/>
			Revision <input type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>56</u>	x \$ <u>9.25</u>	= \$ <u>518.00</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>518.00</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 518.00 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 518.00

If you have any questions, please call USAC at (866) 873-4727 Toll Free

(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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7-12-16

Renee Hayden

DATE

7/12/16

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
 (3) Filer 499 ID 821714 (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:	e-Tel	a) Submission Date	July 2016
Contact Name:	Renee Hayden	b) Data Month	May 2016
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>55</u>	x \$ <u>9.25</u>	= \$ <u>508.75</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
Total Federal Lifeline Support Claimed (10)			\$ <u>508.75</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 508.75 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 508.75

(20) CERTIFICATIONS AND SIGNATURES

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7-12-16

Renee Hayden

DATE

7/12/16

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003
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(6) Organization Information

(7) Filing Information

Company Legal Name:	e-Tel	a) Submission Date	July 2016
Contact Name:	Renee Hayden	b) Data Month	June 2016
Mailing Address:	607 Broadway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
		d) State Reporting	Kentucky
Telephone Number:	270 441-7799		
Fax Number:	270 441-7917		
E-mail Address:	renee@etelonline.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>54</u>	x \$ <u>9.25</u>	= \$ <u>499.50</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____	= \$ _____
(not to exceed \$34.25)			
Total Federal Lifeline Support Claimed (10)			\$ <u>499.50</u>

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0
(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) _____

Charges Waived per Connection (15) \$ _____ (for multiple rates, use an average amount)
(not to exceed \$100)

Total Connection Charges Waived (16) \$ _____

Deferred Interest (17) \$ _____

Total Tribal Link Up Support Claimed (18) \$ 0

ETC Payment

Total Lifeline \$ 499.50 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 499.50

(20) CERTIFICATIONS AND SIGNATURES

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7-12-16

Renee Hayden

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