

STOLL·KEENON·OGDEN

PLLC

2000 PNC PLAZA 500 WEST JEFFERSON STREET LOUISVILLE, KY 40202-2828 MAIN: (502) 333-6000 FAX: (502) 333-6099

www.skofirm.com

DOUGLAS F. BRENT DIRECT DIAL: 502-568-5734 DIRECT FAX: 502-562-0934 douglas.brent@skofirm.com

March 4, 2009

RECEIVED

MAR 9 2009

PUBLIC SERVICE

COMMISSION

Jeff Derouen
Executive Director
Kentucky Public Service Commission
211 Sower Boulevard
P.O. Box 615
Frankfort, KY 40601

RE: Case No. 2009-00051--Petition of Everycall Communications, Inc. d/b/a Local USA d/b/a All American Home Phone as an Eligible Telecommunications

Carrier in the Commonwealth of Kentucky

Dear Mr. Derouen:

Enclosed please find an original and ten copies of a supplemental exhibit (Exhibit 4) to the referenced Petition. This exhibit is a sample Lifeline and Link-Up Application used by the Petitioner.

Please acknowledge receipt of this filing by placing your file-stamp on the extra copy and returning to me via the enclosed self-addressed, postage paid envelope. Thank you.

Sincerely yours,

STOLL KEENON OGDEN, PLLC

Douglas F. Brent

DFB: jms Enclosure



800-673-1529

LIFELINE AND LINK-UP APPLICATION

RECEIVE DISCOUNTS OFF YOUR TELEPHONE SERVICE EVERY MONTH!

(\$13.00/month in NC), (\$10.00/month in AL, FL, GA, KY, MS, SC, TX), (\$8.25/month in LA)

Lifeline is a program designed to increase the availability of telecommunications services to low income subscribers by providing a credit to monthly recurring local service for qualifying residential subscribers. **Link-Up** provides a credit on the non-recurring installation and service charges to qualifying residential subscribers.

—Applicant ———			
i AST NAME	FIRST	MIDDLE	
STREET	CITY	STATE	ZIP
I do not currently have telephone	,		
PHONE #	CURRENT PROVIDER	R (TELEPHONE COMPANY)	
[] I currently receive monthly Lifelin			
1 previously received Link-Up ass	sistance at the above address	S.	
- Eligibility Requireme	nts —		
I currently participate in or receive be			
[] Medicaid (AL, FL, GA, KY, LA, MS,	NC, SC, TX)		
[] Low-Income Home Energy Assist	ance (LIHEAP) (AL, FL, GA, K	Y, LA, NC)	
Food Stamps (AL, FL, GA, KY, LA,	MS, NC, SC, TX)		
[] National School Lunch Program's	free lunch program (must q	ualify for free lunch). (FL, KY, LA)	
[] Supplemental Security Income (S	SI) (AL, FL, GA, KY, LA, MS, N	IC, TX)	
Federal Public Housing Assistanc	e (SECTION 8) (AL, FL, GA, K	Y, LA, NC, TX)	
Temporary Assistance for Needy	Families (TANF) (AL, FL, GA,	KY, LA, MS, NC, SC, TX)	
Household Income based on Feder (FL, LA, MS, SC) (SC must go thro	-		plication to qualify*
[] Senior Citizens discount plans off	ered by the local gas or pow	ver company (GA only)	
Certification ———			
I understand that I must meet the above for a single telephone line at my principa I understand that completion of the applie to the release of my personal information my local telephone company when I am I I HEREBY CERTIFY UNDER PENALTY OF I	I residence and that I may not r cation does not constitute imme as may be required for the adr no longer participating in any of	eceive Link-Up benefits more than on ediate enrollment in the Lifeline or Lin ninistration of the Lifeline or Link-Up the above-designated program(s).	ce at the same residence. k-Up programs. I consent programs. I agree to notify
Signature		Date	
I am an Authorized Representative for thi applicant in seeking telephone service be Authorized Representative Name (please	enefits.		
Signature	Date		

Please fax completed form to: 1-877-607-7070

Or, mail to: ALL AMERICAN HOME PHONE 4315 Bluebonnet Blvd., Suite A, Baton Rouge, LA 70809