### ATTACHMENT 2 PAGE 1

April 2012 Edition	LIFELINE WORKSHEET OMB Approve					the second second second second	
				Avg.	Burden Est.	per Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143004824</u>		(2) Stu	dy Area Cod	de 265182	
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wireli	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	_		Cost/Low Income			
(6) Organization Information	E			Filing Information			
Company Legal Name:		mmunications LLC	100 20	Submission Date	09/15/20	)14	]
Contact Name:	CarolAnn Wom	ack	b)	Data Month	January	2014	
Mailing Address:		t, 35D40 AT&T Midtown Ctr	c)	Type of Filing	oundary		
			1		Original Revision		
	Atlanta, GA 303	308	d)	State Reporting	KENTUC	СКҮ	
Telephone Number:	404-927-8103		1		le contrata da Cara		
Fax Number:	404-927-4959		1				
E-mail Address:	cw4617@att.co	m	1				
Lifeline			2				
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup			
Receiving federal Li	feline Support	(8)		x \$9.25	;	= \$ .	
Tribal Low-Income Subscribe Receiving federal Lit		(9) 0	<u></u>	x \$ <u>0.00</u>		= \$ _0	
Receiving receival El	terine Support	То	tal F	not to excee) ederal Lifeline Supp		d (10)\$	
Toll Limitation Servic	es (TLS)						
Cost of Providing TL (the lesser of incrementa	.S per Subscriber Il cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0	_			
Number of TLS Subs	scribers	(12) 0		);			
<b>-</b>				Total TLS Suppo	rt Claimed	(13) \$ 0	
Tribal Link Up (Available	e only to ETCs rece	iving High Cost sup	pport	)			
Number of Connection	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, i	use an averag	e amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		То	tal T	ribal Link Up Suppo	ort Claimed	(18) \$ 0	
ETC Payment							
Total Lifeline \$	Total TLS \$_0	т	otal 1	ribal Link Up \$ 0			
					Dollars (19)	\$	
+ <i>1</i> 33							

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

#### Certified Offline

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.

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## ATTACHMENT 2 PAGE 3

FCC Form 497 April 2012 Edition						1B Approval	
				Avg.	Burden Est.	per Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143004824</u>		(2) Stu	dy Area Cod	e265182	
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wireli	ne 🗾	Wireless	
(5) ETC Designation Type (C	Check one): Lifelin	e Only	High	Cost/Low Income			1.00
(6) Organization Information	ĩ	. –	1000 <del>0</del> 010	Filing Information			
Company Legal Name:	1	nmunications LLC	1	Submission Date	10/28/20	14	
Contact Name:	CarolAnn Wom	ack	b)	Data Month	February	2014	
Mailing Address:	675 West Peachtree Stree	t, 35D40 AT&T Midtown Ct	r c)	Type of Filing (check one)	,		
			1		Original [ Revision [	<u>~</u> ]	
	Atlanta, GA 303	308	d)	State Reporting	KENTUC	KY	
Telephone Number:	404-927-8103						
Fax Number:	404-927-4959						
E-mail Address:	cw4617@att.co	m					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	and the	
Receiving federal Li	feline Support	(8)		x \$9.25	5	= \$	
Tribal Low-Income Subscrib		(9) 0		× \$ <u>0.00</u>		= \$ _0	
Receiving federal Li	renne Support	Тс	tal F	(not to excer ederal Lifeline Sup		1 (10) \$	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	e only to ETCs rece	eiving High Cost su	ppor	)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	e amount)	
		•					
Total Connection Cl	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal T	ribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payment							
Total Lifeline \$	Total TLS \$ 0	т	otal	Tribal Link Up \$ 0			
			5.001		Dollare (10)	¢	
				rotal	Dollars (19)	Ψ.	

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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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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## ATTACHMENT 2 PAGE 5

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Approva					the second s	
				Avg.	Burden Est. per	Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143004824		(2) Stu	dy Area Code <u>2</u>	265182	
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wireli	ne 🚺	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🛄	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	BellSouth Telecor	nmunications LLC	1	Submission Date	04/01/2015	5	
Contact Name:	CarolAnn Wom	ack	b)	Data Month	March 2014	4	
Mailing Address:	675 West Peachtree Stree	, 35D40 AT&T Midtown Ctr	c)	Type of Filing	L		
			1		Original		
	Atlanta, GA 303	308	d)	State Reporting	KENTUCK	Y	
Telephone Number:	404-927-8103						
Fax Number:	404-927-4959		1				
E-mail Address:	cw4617@att.co	m	]				
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8)		x \$9.25	<u>;</u> = ;	\$	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		\$_0	
Receiving federal Li	feline Support	То	tal F	(not to excee ederal Lifeline Supp		10) \$	
Toll Limitation Servic	es (TLS)						
Cost of Providing TL	S par Subscriber	(11) 0.00000	0				
(the lesser of incrementa	al cost or \$3 in 2012 /\$2 i						
Number of TLS Subs	scribers	(12) 0					
Table 1 Contractor and				Total TLS Suppo	ort Claimed (13	s) <b>s</b> <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	oport	)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average ar	mount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00		<u></u>			
		Тс	otal T	ribal Link Up Supp	ort Claimed (18	s) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ Total TLS \$_0 Total Tribal Link Up \$_0							
					Dollars (19) \$		
				i otari			

FCC Form 497 April 2012 Edition

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

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FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Appro						B Approval
				Ava	Burden Est. pe		3060-0819
(1) USAC Service Provider	Identification No. 1	142004024					nt. 2.5 ms.
(1) USAC Service Provider	Identification Numbe	er 143004624		(2) Stu	dy Area Code	265182	<del>/ 11/2 -</del> 1
(3) Filer 499 ID 802971		(4) Technology Ty	pe (	check one) Wireli	ne 🔽	Wireless	
(5) ETC Designation Type (	Check one): Lifeli	ne Only 🛄 🛛 H	ligh	Cost/Low Income			
(6) Organization Informatio	n		(7)	Filing Information			
Company Legal Name:	BellSouth Teleco	mmunications LLC	a)	Submission Date	04/22/201	5	
Contact Name:	CarolAnn Won	nack	b)	Data Month	April 2014		
Mailing Address:	675 West Peachtree Stre	et, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)			
					Original ☑ Revision ☑		
	Atlanta, GA 30	308	d)	State Reporting	KENTUCK	Y	
Telephone Number: Fax Number:	404-927-8103						
rax number:	404-927-4959						
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		(a) # Lifeline		(b) Lifeline Sup		) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup	port		
Receiving federal L	ifeline Support	(8)		x \$9.25	5=	\$	
Tribal Low-Income Subscril Receiving federal L		(9) 0		x \$ <u>0.00</u>		\$ _0	
Receiving lederal L	menne Support	Tot	al Fe	not to excee) ederal Lifeline Sup		10) \$	
Toll Limitation Servio	ces (TLS)						
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.000000</u>	)				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (1	31 5 0	
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost sup	port,	)	in one inco (in	·/ •	
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average a	imount)	
		(10110 EXCEED \$100)					
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		To	tal T	ribal Link Up Supp	ort Claimed (1	B) \$ 0	
ETC Payment				ii 199	25		
Total Lifeline \$	Total TI S & O	То	4.1.7				
rown Enernie Ø		10	all				
				Total I	Dollars (19) \$		

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#### LIFELINE WORKSHEET

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

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April 2012 Edition	LIFELINE WORKSHEET					OMB Approval 3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	Identification Numbe	143004824		(2) Stu	dy Area Co	de <u>265182</u>
(3) Filer 499 ID 802971		(4) Technology Ty	/pe (	check one) Wireli	ne 🖸	Wireless 🔲
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🛄 🛛 H	ligh	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information		
Company Legal Name:	BellSouth Telecor	mmunications LLC	a)	Submission Date	04/22/2	015
Contact Name:	CarolAnn Wom	ack	b)	Data Month	May 20	14
Mailing Address:	675 West Peachtree Stree	t, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)		
			1		Original	
	Atlanta, GA 303	308	d)	State Reporting	Revision KENTU	
Telephone Number:	404-927-8103				deini ini ini ini ini	
Fax Number:	404-927-4959					
E-mail Address:	cw4617@att.co	m				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal L	ifeline Support	(8)		x \$9.2	5	= \$
Tribal Low-Income Subscribers (9)		(9) 0		x \$ <u>0.00</u>		= \$
Receiving federal L	ifeline Support	То	tal F	(not to exce ederal Lifeline Sup		ed (10) \$
Toll Limitation Servio	ces (TLS)					20210813408
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0			
Number of TLS Sub	scribers	(12) 0				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost sup	opon			
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates,	use an avera	ige amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		Тс	otal 1	ribal Link Up Supp	ort Claime	d (18) \$ 0
ETC Payment						8 T.
	0			0		
Total Lifeline \$	Total TLS \$_0	тт	otal	Tribal Link Up \$ <u>0</u>		
				Total	Dollars (19	) \$

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## ATTACHMENT 2 PAGE 11

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Appr					B Approval	
				Avg.	Burden Est. pe		3060-0819
(1) USAC Service Provider	Identification Number	143004824			dy Area Code		
(3) Filer 499 ID 802971						121220	_
S2 D2 Alter and a second se		_		check one) Wireli		Wireless	
(5) ETC Designation Type (		e Only L	ligh	Cost/Low Income			
(6) Organization Informatio			(7)	Filing Information	r		
Company Legal Name:		nmunications LLC	a)	Submission Date	04/22/201	5	
Contact Name: Mailing Address:	CarolAnn Wom	ack	b)	Data Month	June 2014	1	
Maning Address:	675 West Peachtree Stree	I, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)			
					Original 🗸		
Telephone Number:	Atlanta, GA 303	308	d)	State Reporting	KENTUCK	(Y	
Fax Number:	404-927-8103						
	404-927-4959						
E-mail Address:	cw4617@att.co	m					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		c) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup	port		
Receiving federal L	ifeline Support	(8)		x \$9.25	5=	= \$	
Tribal Low-Income Subscril Receiving federal L	Constrained and the second	(9) 0		× \$ <u>0.00</u>		* \$	
Receiving rederar L	inenne Support	То	tal F	(not to excee ederal Lifeline Sup		(10) \$	
Toll Limitation Servie	ces (TLS)						
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	oscribers	(12) 0					
				Total TLS Suppo	ort Claimed (1	3) \$ 0	
Tribal Link Up (Availat	ble only to ETCs rece	iving High Cost sup	pon				
Number of Connect	n a la casa a successione de la casa de la c	(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)	
		(					
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Тс	otal T	ribal Link Up Supp	ort Claimed (1	18) \$ 0	
ETC Payment							
Total Lifeline \$	Total TLS \$_0	-	otal	Tribal Link Up \$ 0			
	10tat 163 \$	I	oudi				
				Total	Dollars (19) \$		

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

Certified Offline

DATE

OFFICER SIGNATURE

#### OFFICER TITLE

#### OFFICER NAME

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## ATTACHMENT 2 PAGE 13

ECO Es 407			~				
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		ON	1B Approval
				Avg.	Burden Est. p	er Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r 143004824		(2) Stu	dy Area Code	265182	
(3) Filer 499 ID 802971							_
		_		check one) Wireli		Wireless	
(5) ETC Designation Type (0	Check one): Lifelir	ie Only	High	Cost/Low Income			
(6) Organization Information			1	Filing Information	1		
Company Legal Name:	BellSouth Telecor	mmunications LLC	; a)	Submission Date	04/22/201	15	
Contact Name:	CarolAnn Wom	nack	b)	Data Month	July 2014	1	
Mailing Address:	675 West Peachtree Stree	et, 35D40 AT&T Midtown Ct	( c)	Type of Filing (check one)			
					Original Revision	7	
	Atlanta, GA 303	308	d)	State Reporting	KENTUC	KY	
Telephone Number:	404-927-8103						
Fax Number:	404-927-4959						
E-mail Address:	cw4617@att.co	om					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Subscribers		Subscribers		Subscriber Sup	port	31,754	
Receiving federal L	ifeline Support	(8)		× \$9.25	<u>;</u>	= \$	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal L	ifeline Support	Тс	tal F	(not to excee ederal Lifeline Sup		(10) \$	
Tall Limitation Consis	(TI 0)		, cui i		port claimed	(10) \$	
Toll Limitation Servic	es (ILS)						
Cost of Providing T	S par Subscribar	(11) 0.00000	0				
(the lesser of increment	al cost or \$3 in 2012 /\$2		•				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (	13) \$ 0	
Tribal Link Up (Availabl	le only to ETCs rece	eiving High Cost su	opon		in olumou (		
Number of Connecti	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		<ul> <li>(for multiple rates,</li> </ul>	use an average	e amount)	
		(not to exceed \$100)				1.00	
Total Connection Cl	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Te	otal T	ribal Link Up Supp	ort Claimed (	18) \$ 0	<u></u>
ETC Payment							
Total Lifeline \$	Total TLS \$_0	т	otal	Tribal Link Up \$ 0			
					Dellars (40) A		
				Total	Dollars (19) \$		

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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## EDITED

FCC Form 497							
April 2012 Edition		LIFELINE WORK	SHE	ET		ON	IB Approval
				Avg.	Burden Est	. per Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	ar 143004824		(2) Stu	dy Area Co	de 265182	
							_
(3) Filer 499 ID 802971		1 10 10 10 10 10 10 10 10 10 10 10 10 10	pe (	check one) Wireli	ne 🗹	Wireless	
(5) ETC Designation Type	(Check one): Lifeli	ne Only 🖵 🛛 H	ligh	Cost/Low Income			
(6) Organization Informatio			(7)	Filing Information			
Company Legal Name:	BellSouth Teleco	mmunications LLC	a)	Submission Date	04/22/2	015	
Contact Name:	CarolAnn Wor	nack	b)	Data Month	August	2014	
Mailing Address:	675 West Peachtree Stre	et, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)			
					Original Revision	7	
	Atlanta, GA 30	308	d)	State Reporting	KENTU	CKY	
Telephone Number:	404-927-8103						
Fax Number:	404-927-4959						
E-mail Address:	cw4617@att.c	om					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lif	eline
Non-Tribal Low-Income St	Ibscribers	Subscribers		Subscriber Sup	oport		
Receiving federal Lifeline Support		(8)		x \$9.2	5	= \$	
Tribal Low-Income Subscr		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal	Lifeline Support	То	tal F	(not to exce ederal Lifeline Sup		ed (10)\$	
Toll Limitation Serv	icos (TI S)						
Ton Emilation Serv	1003 (123)						
	TLS per Subscriber	(11) 0.00000	0				
235	ntal cost or \$3 in 2012 /\$2	0					
Number of TLS Su	IDSCribers	(12) <u>0</u>				0	
Tribal Link Up (Availa	able only to ETCs rec	ceiving High Cost sup	opor	Total TLS Supp	ort Claimeo	d (13) \$ <u> </u>	
		0					
Number of Conne Charges Waived p		(14) 0 0.00		(for multiple rates,	use an aver	age amount)	
		(not to exceed \$100)					
Total Connection	Charges Waived	(16) \$ 0.0					
Deferred Interest							
Delened interest						0	
		Тс	otal *	Fribal Link Up Supp	oort Claime	d (18) \$	
ETC Payment							
Total Lifeline \$	Total TLS \$_0	т	otal	Tribal Link Up \$ 0			
			2.041				
				Total	Dollars (19	9)\$.	

FCC Form 497 April 2012 Edition

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ATTACHMEN	T 2	
PAG	E 17	

#### EDITED FCC Form 497 April 2012 Edition LIFELINE WORKSHEET OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143004824 (2) Study Area Code 265182 (3) Filer 499 ID 802971 (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: BellSouth Telecommunications LLC Submission Date a) 04/22/2015 Contact Name: CarolAnn Womack Data Month September 2014 b) Mailing Address: 675 West Peachtree Street, 35D40 AT&T Midtown Ctr Type of Filing C) (check one) Original Revision Atlanta, GA 30308 d) State Reporting KENTUCKY Telephone Number: 404-927-8103 Fax Number: 404-927-4959 E-mail Address: cw4617@att.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) 9.25 \$ 0 **Tribal Low-Income Subscribers** 0.00 (9) 0 = \$ **Receiving federal Lifeline Support** (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers 0 (12)Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) 0 Number of Connections Waived (14)(15) \$ 0.00 **Charges Waived per Connection** (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived** Deferred Interest (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total TLS \$ 0 Total Lifeline \$ Total Tribal Link Up \$ 0 Total Dollars (19) \$

FCC Form 497 April 2012 Edition

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

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FCC Form 407	EDITED				)E		
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Appr	oval
				Ανα	Burden Est	3060-0 per Respondent: 2.5	
		142004024					
(1) USAC Service Provider I	dentification Number	143004824		(2) Stud	dy Area Cod	e_200162	
(3) Filer 499 ID 802971	<del></del>	(4) Technology Ty	pe (	check one) Wirelin	1e 🔽	Wireless 🗖	
(5) ETC Designation Type (C	Check one): Lifeline	e Only 📮 🛛 F	ligh	Cost/Low Income			
(6) Organization Information	۱		(7)	Filing Information			
Company Legal Name:	BellSouth Telecom	munications LLC	a)	Submission Date	04/22/20	15	
Contact Name:	CarolAnn Woma	ack	b)	Data Month	October	2014	
Mailing Address:	675 West Peachtree Street,	35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)			
					Original Revision	<b>Z</b>	
w 1 1 1 1 1	Atlanta, GA 303	08	d)	State Reporting	KENTUC	CKY	
Telephone Number:	404-927-8103						
Fax Number:	404-927-4959						
E-mail Address:	cw4617@att.co	m				÷	
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		<u>Subscribers</u>		Subscriber Sup			
Receiving federal Li	ifeline Support	(8)		x \$9.25	<u>;</u>	= \$	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ 0.00	(36.463.60	= \$	
Receiving rederar E	nemie oupport	Tot	tal F	ederal Lifeline Sup		d (10)\$	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed	(13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sup	por	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived per	r Connection	(15) \$ 0.00		(for multiple rates,	use an averag	je amount)	
		(not to exceed \$100)					
Total Connection Cl	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		То	tal	Fribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payment							
Total Lifeline \$ Total TLS \$_0 Total Tribal Link Up \$_0							
				Total	Dollars (19)	\$	r.

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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.

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Certified Offline

DATE

#### OFFICER SIGNATURE

#### OFFICER TITLE

OFFICER NAME

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FCC Form 407	EDITED					TAGE	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OM	B Approval
				Ava	Burden Est	per Responde	3060-0819
							11. 2.0 113.
(1) USAC Service Provide	r Identification Numbe	r <u>143004824</u>		(2) Stu	dy Area Cod	e <u>265182</u>	
(3) Filer 499 ID 802971 (4) Technology			vpe (	check one) Wireli	ne 🔽	Wireless	
(5) ETC Designation Type	(Check one): Lifelin	ne Only 🛄 🛛 I	ligh	Cost/Low Income			
(6) Organization Informati	on		(7)	Filing Information	·		
Company Legal Name:	BellSouth Telecor	mmunications LLC	a)	Submission Date	04/22/20	15	
Contact Name:	CarolAnn Wom	nack	b)	Data Month	Novemb	er 2014	
Mailing Address:	675 West Peachtree Stree	et, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)	Lawrence		
				· · · ·	Original Revision	7	
	Atlanta, GA 30	308	d)	State Reporting	KENTU	CKY	
Telephone Number:	404-927-8103						
Fax Number:	404-927-4959						
E-mail Address:	cw4617@att.co	om					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income S	ubscribers	Subscribers		Subscriber Sup	port		
Receiving federal	Lifeline Support	(8)		x \$9.2	5	= \$ _	
Tribal Low-Income Subsc		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal	Lifeline Support	То	tal F	(not to exce ederal Lifeline Sup		d (10)\$	
Toll Limitation Serv	rices (TLS)				.2		
	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0				
Number of TLS S	ubscribers	(12) 0					
<b>T</b> (1 - 1 - 1 - 1 - 1				Total TLS Supp	ort Claimed	(13) \$ 0	
Tribal Link Up (Availe	able only to ETCs rec	eiving High Cost suj	opor	<i>t)</i>			
Number of Conne	ctions Waived	(14) 0		<u></u>			
Charges Waived	per Connection	(15) \$ 0.00		(for multiple rates,	use an avera	ge amount)	
		(not to exceed \$100)					
Total Connection	Charges Waived	(16) \$ 0.0					

**Deferred Interest** 

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

ETC Payment		
Total Lifeline \$	Total TLS \$_0	Total Tribal Link Up \$ 0
		Total Dollars (19) \$

(17) \$ 0.00

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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FCC Form 497							
April 2012 Edition		LIFELINE WORK	SHE	ET			B Approval 3060-0819
				Avg.	Burden Est. per	Responder	nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	143004824		(2) Stu	dy Area Code2	65182	
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wireli	ne 🖸	Wireless	
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🛄 🛛 I	High	Cost/Low Income			
(6) Organization Information	ι <u></u>		(7)	Filing Information		а. С	
Company Legal Name:	BellSouth Telecor	nmunications LLC	a)	Submission Date	04/22/2015	;	
Contact Name:	CarolAnn Wom	ack	b)	Data Month	December	2014	
Mailing Address:	675 West Peachtree Stree	t, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)			
					Original Revision		
	Atlanta, GA 303	308	d)	State Reporting	KENTUCK	Y	
Telephone Number:	404-927-8103						
Fax Number:	404-927-4959						
E-mail Address:	cw4617@att.co	m	1				
Lifeline							
Linchine		(a) # Lifeline		(b) Lifeline Sup	port/ (c	) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup			
Receiving federal Li		(8)		x \$9.2	5=	\$	
Tribal Low-Income Subscrib	ers	(9) 0		× \$ 0.00	=	\$_0	
Receiving federal Li	feline Support	То	tal F	(not to exce ederal Lifeline Sup		10) \$	
Toll Limitation Sanvia	ACC (TI S)				port orannoa (		
Toll Limitation Servic	es (ILS)						
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u>	0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimad (12		
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost sup	opon		on claimed (15	, <u>, ,</u>	
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average a	mount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Тс	tal T	ribal Link Up Supp	oort Claimed (18	s) \$ <u>0</u>	
ETC Payment				18 A.A		w 2014 INNO DO	
	Total TLS \$ 0	-	otol	Tribal Link Up \$ 0			
Total Lifeline \$		1	otal				
				Total	Dollars (19) \$ .		

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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## EDITED

FCC Form 497 April 2012 Edition		LIFELINE WORK	CLIC	CT.		01	
		LI ELINE WORK	SHE	C1		ON	1B Approval 3060-0819
				Avg.	Burden Est. p	per Responde	ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numb	er 143004824		(2) Stu	dy Area Cod	e <u>265182</u>	
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wirelin	ne 🔽	Wireless	
(5) ETC Designation Type (0	Check one): Lifeli	ne Only 📮	High	Cost/Low Income	7		
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	BellSouth Teleco	mmunications LLC	a)	Submission Date	08/11/20	15	
Contact Name:	Debra M. Gam	nble	b)	Data Month	January 2	2015	
Mailing Address:	675 West Peachtree Stre	et, 35D40 AT&T Midtown Ct	c)	Type of Filing (check one)			
			]		Driginal	7	
	Atlanta, GA 30	308	d)	State Reporting	Revision KENTUC	KY	
Telephone Number:	404-927-8106				hannen einen eine Constant		
Fax Number:	404-927-8106		1				
E-mail Address:	dg3250@att.co	om	1				
Lifeline							
		(a) # Lifeline		(b) Lifeline Supp	oort/	(c) Total Life	line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup		• • • • • • • • • • • • •	
Receiving federal Li		(8)		× \$9.25		= \$	
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00		= \$ _0	
Receiving federal Li	feline Support	То	tal F	(not to excee ederal Lifeline Supp	ed \$34.25)		
Toll Limitation Sanda		10		Sucial Ellenne Supp	Joit Glaimeu	(10) \$	_
Toll Limitation Servic	es (1L3)						
Cost of Providing TI	LS per Subscriber	(11) 0.00000	0				
(the lesser of increment;	al cost or \$3 in 2012 /\$2						
Number of TLS Sub	scribers	(12) 0		ne (No a)			
Tribal Link Lin (Availab)	a aply to ETCo roo	obien Link Conta		Total TLS Suppo	rt Claimed (	13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCS lec		pon,	)			
Number of Connecti		(14) 0		-			
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, u	use an average	amount)	
		0.0					
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		To	tal T	ribal Link Up Suppo	ort Claimed (	18) \$ 0	
ETC Payment							
Total Lifeline \$	Total TLS \$ 0	Te	ntal 7	ribal Link Un ¢ ()			i,
			Juli				
				Total [	Dollars (19) \$		

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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OFFICER TITLE	OFFICER NAME			
Controller	Ron Hilyer			
DATE	OFFICER SIGNATURE			
08/11/2015	Ron Hilyer			

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## EDITED

LDIIL		
LIFELINE WORK	SHEET	OMB Approval
		3060-0819
	Avg. Burden Est. pe	er Respondent: 2.5 Hrs.
ber <u>143004824</u>	(2) Study Area Code	265182
(4) Technology T	ype (check one) Wireline [	Wireless 🔲
eline Only 📮 🛛 I	High Cost/Low Income 🛛 🖓	
	(7) Filing Information	
communications LLC		5
mble	b) Data Month February 2	2015
treet, 35D40 AT&T Midtown Ctr	c) Type of Filing	
	Original 🗸	
30308		the second s
and the second		
6	1	
com		
·····	1	
(a) # Lifeline	(b) Lifeling Company	
Subscribers	Subscriber Support	:) Total Lifeline
(8)	x \$9.25 =	\$
Tribal Low-Income Subscribers (9) 0 Receiving federal Lifeline Support		\$ 0
To	(not to exceed \$34.25)	
10	and exercise compositionalined	
	0	
\$2 in 2013)		
(12) 0		
	Total TLS Support Claimed (1	3) \$ <u>0</u>
eceiving High Cost sup	oport)	
(14) 0		
1	(for multiple rates, use an average a	amount)
(16) \$ 0.0		
(17) \$ 0.00		
То	tal Tribal Link Up Support Claimed (1	8) \$ 0
10	and a support of annea (1	
) то	otal Tribal Link Up \$	
	Total Dollars (19) \$	
	LIFELINE WORK ther $143004824$ (4) Technology T eline Only communications LLC mble treet. 35D40 AT&T Midtown Ctr 30308 6 6 6 6 7 (a) # Lifeline Subscribers (8) (9) 0 To (11) 0.00000 \$2 in 2013) (12) 0 For every High Cost sup (14) 0 (15) \$ 0.00 (16) \$ 0.0 (17) \$ 0.00 To	(4) Technology Type (check one)       Wireline <pre></pre>

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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08/	1	3/	2	0	1	5

Ron Hilyer

Ron Hilyer

OFFICER NAME

OFFICER SIGNATURE

#### Controller

#### OFFICER TITLE

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FCC Form 497		EDITE	ED	)	JE 23
April 2012 Edition		LIFELINE WORK	SHE	EET OMB App	oroval
					-0819
(1) USAC Service Provider	Identification Numbe	- 143004824			51113.
(3) Filer 499 ID 802971				(2) Study Area Code <u>265182</u>	
				(check one) Wireline 🔽 Wireless 🗔	
(5) ETC Designation Type (		ne Only 🛄 🛛 I	High	n Cost/Low Income	
(6) Organization Information Company Legal Name:				Filing Information	
Contact Name:		mmunications LLC	a)	Submission Date 10/08/2015	
Mailing Address:	Debra M. Gam		b) c)	Data Month March 2015 Type of Filing	
	675 West Peachtree Stree	t, 35D40 AT&T Midtown Ctr		(check one)	
	Atlanta, GA 303	200	d)	Original Revision State Reporting	
Telephone Number:	404-927-8106	506	u)	State Reporting KENTUCKY	
Fax Number:	404-927-8106				
E-mail Address:	dg3250@att.co	m			
Lifeline					
Litenne		(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline	
Non-Tribal Low-Income Sub	scribors	Subscribers		(b) Lifeline Support/ (c) Total Lifeline Subscriber Support	
Receiving federal Li	ifeline Support	(8)		× \$ <u>9.25</u> = \$	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ <u>0.00</u> = \$ <u>0</u>	
Receiving federal Li	feline Support	Tot	al Fe	(not to exceed \$34.25) ederal Lifeline Support Claimed (10) \$	
Toll Limitation Servic	AS (TI S)				
	(120)				
Cost of Providing TI (the lesser of incrementa	<b>_S per Subscriber</b> al cost or \$3 in 2012 /\$2 i	(11) <u>0.000000</u> n 2013)	)		
Number of TLS Subs	scribers	(12) 0			
				Total TLS Support Claimed (13) \$ 0	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	port,	9	
Number of Connecti	ons Waived	(14) 0			
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)	
Total Connection Ch	arges Waived	(16) \$ 0.0		_	
Deferred Interest		(17) \$ 0.00			
		Tot	al Tr	ribal Link Up Support Claimed (18) \$ 0	
ETC Payment					
Fotal Lifeline \$	Total TLS \$_0				
		То	tal T	Fribal Link Up \$ 0	
				Total Dollars (19) \$ .	

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/08/2015	Ron Hilyer		
DATE	OFFICER SIGNATURE		
Controller	Ron Hilyer		
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.

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## EDITED

April 2012 Edition						IB Approval	
				Avg.	Burden Est.	per Responde	3060-0819 ant: 2.5 Hrs.
(1) USAC Service Provider	Identification Numbe	er <u>143004824</u>		(2) Stu	dy Area Coo	le 265182	
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wireli	ne 🕢	Wireless	
(5) ETC Designation Type (0	Check one): Lifeli	ne Only 🛄	High	Cost/Low Income			-
(6) Organization Information	n		(7)	Filing Information			
Company Legal Name:	BellSouth Teleco	mmunications LLC	1	Submission Date	10/08/20	015	
Contact Name:	Debra M. Gam	ble	b)	Data Month	April 201	15	
Mailing Address:	675 West Peachtree Stree	et, 35D40 AT&T Midtown Ctr	c)	Type of Filing			
			1		Original		
	Atlanta, GA 30	308	d)	State Reporting	Revision KENTUC		
Telephone Number:	404-927-8106						
Fax Number:	404-927-8106		]				
E-mail Address:	dg3250@att.co	om					
Lifeline							
Non-Tribal Low-Income Sub Receiving federal Li		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup	port	(c) Total Life	line
		(8)		x \$ <u>9.25</u>	)	= \$	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ 0.00	ed \$34.25)	= \$ 0	
		То	tal F	ederal Lifeline Sup	port Claimee	d (10)\$	
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0				
Number of TLS Sub	scribers	(12) 0					
Tribal Link Up (Availabl	le only to ETCs rece	eiving High Cost sup	port	Total TLS Suppo )	ort Claimed	(13) \$ 0	
Number of Connecti	one Maired	(14) 0					
Charges Waived per		(14) (15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	e amount)	
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest	•	(17) \$ 0.00		_			
				-			
570 0		То	tal T	ribal Link Up Supp	ort Claimed	(18) \$	
ETC Payment							
Total Lifeline \$	Total TLS \$_0	То	otal 1	ribal Link Up \$ 0		_	
				Total	Dollars (19)	s	

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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1	0/	08/	20	)1:	5

Ron Hilyer

Ron Hilver

OFFICER NAME

OFFICER SIGNATURE

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-				

### Controller

#### OFFICER TITLE

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## EDITED

FCC Farm 407							
FCC Form 497 April 2012 Edition		LIFELINE WORK	KSHEET				IB Approva
				Avg.	Burden Est. p	er Responde	3060-0819 int: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	143004824		(2) Stu	dy Area Code	265182	
(3) Filer 499 ID 802971		(4) Technology Ty	/pe (	check one) Wireli	ne 🖸	Wireless	
(5) ETC Designation Type (C	Check one): Lifelin	e Only 📮 🕴	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	BellSouth Telecor	nmunications LLC	a)	Submission Date	11/06/201	5	
Contact Name:	Debra M. Gaml	ole	b)	Data Month	May 2015	i	
Mailing Address:	675 West Peachtree Stree	t, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)			
					Original 🗸	}	
Talanhana Number	Atlanta, GA 303	308	d)	State Reporting	KENTUC	Ϋ́	
Telephone Number:	404-927-8106						
Fax Number:	404-927-8106						
E-mail Address:	dg3250@att.co	m					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup	port/ (	c) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup			
Receiving federal Li		(8)		× \$9.25	j :	= \$	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ 0.00	The second s	= \$	
		Tot	tal F	ederal Lifeline Sup		(10) \$	
Toll Limitation Servic	es (TLS)						
Cost of Providing TL (the lesser of incrementa	<b>-S per Subscriber</b> al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Subs	scribers	(12) 0					
Tibellichter				Total TLS Suppo	ort Claimed (1	13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	port	)			
Number of Connecti Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, i	use an average	amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0	_	1			
Deferred Interest		(17) \$ 0.00					
		То	tal T	ribal Link Up Supp	ort Claimed (1	8) \$ 0	
ETC Payment							
Total Lifeline \$		Ta	tal 1	Fribal Link Up \$ 0			
, east arrowing w	iotai i co ș	I d	rid I				
				Total I	Dollars (19) \$		

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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1	1	1	0	6/	2	0	1	5

Ron Hilyer

DATE	OFFICER SIGNATURE
Controller	Ron Hilyer
OFFICER TITLE	OFFICER NAME
NOTIOE T	

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## EDITED

FCC Form 497				
April 2012 Edition LIFELINE WORK			SHE	ET OMB Approval
				3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	er <u>143004824</u>		(2) Study Area Code 265182
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wireline 🕢 Wireless 🗖
(5) ETC Designation Type (	Check one): Lifeli			Cost/Low Income
(6) Organization Informatio				
Company Legal Name:		mmunications LLC	-	Filing Information Submission Date 11/06/2015
Contact Name:	Debra M. Gam		b)	Data Month June 2015
Mailing Address:		West Peachtree Street, 35D40 AT&T Midtown Ctr		Type of Filing
			1	(check one) Original Revision
	Atlanta, GA 30	308	d)	State Reporting KENTUCKY
Telephone Number:	404-927-8106			
Fax Number:	404-927-8106		1	
E-mail Address:	dg3250@att.co	om	1	
Lifeline				
		(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Sul	oscribers	Subscribers		Subscriber Support
Receiving federal L		(8)		x \$9.25 = \$
Tribal Low-Income Subscri		(9) 0		x \$ <u>0.00</u> = \$ <u>0</u>
Receiving federal L	ifeline Support.	То	tal F	(not to exceed \$34.25) ederal Lifeline Support Claimed (10) \$
Toll Limitation Servi	ces (TLS)			
Cost of Providing 1 (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0	<u></u>
Number of TLS Sub	oscribers	(12) 0		_
				Total TLS Support Claimed (13) \$ 0
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost sup	port	)
Number of Connect	tions Waived	(14) 0		
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)
Total Connection Charges Waived		(16) \$ 0.0		
Deferred Interest		(17) \$ 0.00		
		То	tal T	ribal Link Up Support Claimed (18) \$
ETC Payment				
Total Lifeline \$_	Total TLS \$_0	Т	otal 1	Fribal Link Up \$ 0
n mennedi Ardanisense di P			- uti	
				Total Dollars (19) \$ .

FCC Form 497 April 2012 Edition

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

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OFFICER TITLE	OFFICER NAME		
Controller	Ron Hilyer		
DATE	OFFICER SIGNATURE		
11/06/2015	Ron Hilyer		

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# EDITED

## ATTACHMENT 2 PAGE 37

FCC Form 497 April 2012 Edition		LIFELINE WORI	SHE	ET		OMB Approval
				Ava	Burden Est, per Respo	3060-0819
(1) USAC Service Provider I	Identification Numbe	- 143004824		,	dy Area Code 26518	
	dentification Numbe					<u>2</u>
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wireli	ne 🗹 🦳 Wirele	ss 🔲
(5) ETC Designation Type (0	Check one): Lifelir	ne Only 🛄	High	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information	·	
Company Legal Name:	BellSouth Telecor	mmunications LLC	; a)	Submission Date	12/02/2015	
Contact Name:	Debra M. Gam	ble	b)	Data Month	July 2015	
Mailing Address:	675 West Peachtree Stree	et, 35D40 AT&T Midtown Cl	r C)	Type of Filing (check one)		
					Original 🔽 Revision	
	Atlanta, GA 303	308	d)	State Reporting	KENTUCKY	
Telephone Number:	404-927-8106					
Fax Number:	404-927-8106					
E-mail Address:	dg3250@att.co	m				
Lifeline			-			
Litonito		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total	Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal L		(8)		× \$ 9.25	5 = \$	
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00	= \$ 0	
Receiving federal L	ifeline Support	т	tal F	(not to excee		
Toll Limitation Convis						
Toll Limitation Servic	ces (115)					
Cost of Providing T	LS per Subscriber	(11) 0.00000	0			
(the lesser of increment	al cost or \$3 in 2012 /\$2	in 2013)				
Number of TLS Sub	scribers	(12) 0				
					ort Claimed (13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	pport	)		
Number of Connect						
	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates,	use an average amount)	
Charges Waived pe				(for multiple rates,	use an average amount)	
Charges Waived pe Total Connection Cl	r Connection	(15) \$ 0.00		(for multiple rates,	use an average amount)	
	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average amount)	
Total Connection Cl	r Connection	(15) \$ 0.00  (not to exceed \$100)  (16) \$ 0.0  (17) \$ 0.00	otal T			
Total Connection Cl Deferred Interest	r Connection	(15) \$ 0.00  (not to exceed \$100)  (16) \$ 0.0  (17) \$ 0.00	otal T		use an average amount) Fort Claimed (18) \$ <u>0</u>	
Total Connection Cl Deferred Interest ETC Payment	r Connection harges Waived	(15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00 T		— — Tribal Link Up Supp		
Total Connection Cl Deferred Interest	r Connection	(15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00 T				
Total Connection Cl Deferred Interest ETC Payment	r Connection harges Waived	(15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00 T		 Tribal Link Up Supp Tribal Link Up \$ <u>0</u>		

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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12/02/2015	Ron Hilyer		
DATE	OFFICER SIGNATURE		
Controller	Ron Hilyer		
OFFICER TITLE	OFFICER NAME		

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# EDITED

FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE				B Approval 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider	Identification Numbe	r 143004824	-	(2) Stud	dy Area Co	de 265182	10775-
(3) Filer 499 ID 802971		(4) Technology T	/pe (	check one) Wirelii	ne 🗾	Wireless	
(5) ETC Designation Type	(Check one): Lifelin	ne Only 🛄 🛛 I	ligh	Cost/Low Income			
(6) Organization Informatio	on		(7)	Filing Information			
Company Legal Name:	BellSouth Teleco	mmunications LLC	Contraction of the	Submission Date	12/02/20	015	
Contact Name:	Debra M. Gam	ble	b)	Data Month	August 2	2015	
Mailing Address:	675 West Peachtree Stree	et, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)			
			]		Original Revision	$\overline{}$	
	Atlanta, GA 30	308	d)	State Reporting	KENTU	CKY	
Telephone Number:	404-927-8106						
Fax Number:	404-927-8106						
E-mail Address:	dg3250@att.co	om					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	line
Non-Tribal Low-Income Su	beeribere	Subscribers		Subscriber Sup	port		111111111
Receiving federal		(8)		x \$9.25	5	= \$	
Tribal Low-Income Subscri		(9) 0		x \$ <u>0.00</u>		= \$ 0	
Receiving federal	Lifeline Support	То	tal F	(not to excee ederal Lifeline Sup		d (10) \$	
Toll Limitation Servi	ices (TLS)					- (, -	
	000 (120)						
Cost of Providing (the lesser of increment	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0				
Number of TLS Su	bscribers	(12) 0					
				Total TLS Suppo	ort Claimed	(13) \$ 0	
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost sup	port	)			
Number of Connec	tions Waived	(14) 0					
Charges Waived p	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
		(10110 exceed \$100)					
Total Connection C	Charges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00		_			
		То	tal T	ribal Link Up Supp	ort Claimec	1 (18) \$ <u>0</u>	
ETC Payment				10 A.S.		1979 - N.C. (1992) - 1972 - 19	
	T						
Total Lifeline \$	Total TLS \$_0	T	otal	Fribal Link Up \$ <u>0</u>			
				Total	Dollars (19)	\$ -	1000

FCC Form 497 April 2012 Edition

### LIFELINE WORKSHEET

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

### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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1	2/	02	2/2	20	1	5

Ron Hilver

	OFFICER NAME		
OFFICER TITLE			
Controller	Ron Hilyer		
DATE	OFFICER SIGNATURE		

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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April 2012 Edition		LIFELINE WORK	SHE	ET		OM	B Approval
				Avg.	Burden Est. p	per Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143004824</u>		(2) Stu	dy Area Code	265182	
(3) Filer 499 ID 802971		(4) Technology T	ype (	check one) Wirelin		Wireless	
(5) ETC Designation Type (C	Check one): Lifelin	_		Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	BellSouth Telecor	mmunications LLC		Submission Date	12/02/20	15	
Contact Name:	Debra M. Gam	ble	b)	Data Month	Septemb	er 2015	
Mailing Address:	675 West Peachtree Stree	t, 35D40 AT&T Midtown Ctr	c)	Type of Filing			
			1		Original		
	Atlanta, GA 303	308	d)	State Reporting	KENTUC	KY	
Telephone Number:	404-927-8106						
Fax Number:	404-927-8106		1				
E-mail Address:	dg3250@att.co	m					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Supp		(c) Total Life	line
Non-Tribal Low-Income Sub				Subscriber Sup			
Receiving federal Li	feline Support	(8)	******	× \$9.25		= \$	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ <u>0.00</u>		= \$	
Receiving rederar Li	tenne Support	To	tal F	(not to excee) ederal Lifeline Supp		(10) \$	
Toll Limitation Servic	es (TLS)			••••			
	,						
Cost of Providing TL (the lesser of incrementa	S per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0				
Number of TLS Subs	scribers	(12) 0					
<b>*</b>				Total TLS Suppo	rt Claimed (	13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost sup	port,	)			
Number of Connecti		(14) 0		<u> </u>			
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, u	use an average	amount)	
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17)\$ 0.00					
		То	tal T	ribal Link Up Suppo	ort Claimed (	18) \$ 0	
ETC Payment							
Total Lifeline \$_		То	otal T	ribal Link Up \$ _0			
					Dollars (19) \$		
				i v tull h			

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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1	2/	02	/20	)15

Ron Hilyer

DATE	OFFICER SIGNATURE	
Controller	Ron Hilyer	
OFFICER TITLE	OFFICER NAME	
NOTION		

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# EDITED

FCC	Form	497
April	2012	Edition

(3) Filer 499 ID 802971

(6) Organization Information

404-927-8106

404-927-8106

Company Legal Name:

Contact Name:

Mailing Address:

**Telephone Number:** 

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143004824 (2) Study Area Code 265182 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (7) Filing Information BellSouth Telecommunications LLC a) Submission Date 12/08/2015 Debra M. Gamble b) Data Month October 2015 Type of Filing c) 675 West Peachtree Street, 35D40 AT&T Midtown Ctr (check one) Original P Revision Atlanta, GA 30308 d) State Reporting KENTUCKY dg3250@att.com

### Lifeline

Fax Number:

E-mail Address:

	(a) # Lifeline <u>Subscribers</u>	(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) <u>0</u> Total Fed	x \$ 0.00 (not to exceed \$34.25) eral Lifeline Support Claimer	= \$ <u>0</u> d (10) \$
Toll Limitation Services (TLS)			
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i	(11) <u>0.000000</u> n 2013)		
Number of TLS Subscribers	(12) 0		
Tribal Link Up (Available only to ETCs rece	iving High Cost support)	Total TLS Support Claimed	(13) \$ <u>0</u>
Number of Connections Waived Charges Waived per Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)	(for multiple rates, use an averag	e amount)
Total Connection Charges Waived	(16) \$ 0.0		
Deferred Interest	(17) \$ 0.00		
	Total Trib	al Link Up Support Claimed	(18) \$
ETC Payment			
Total Lifeline \$ Total TLS \$_0	Total Tri	bal Link Up \$ 0	-
		Total Dollars (19)	\$

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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12/08/2015

Ron Hilyer

DATE	OFFICER SIGNATURE	
Controller	Ron Hilyer	
OFFICER TITLE	OFFICER NAME	
NOTICE To implementation of the		

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# EDITED

## ATTACHMENT 2 PAGE 45

FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Ap	oproval
				Avg.	Burden Est.		0-0819
(1) USAC Service Provider	Identification Numbe	er 143004824			dy Area Cod	212 - L	
(3) Filer 499 ID 802971			/pe (	check one) Wireli	AND DECOMPOSITION FOR	Wireless	
(5) ETC Designation Type (	Check one): Lifeli			Cost/Low Income			
(6) Organization Information		_		Filing Information			
Company Legal Name:	BellSouth Teleco	mmunications LLC	a)	Submission Date	01/08/20	16	]
Contact Name:	Debra M. Gam	ible	b)	Data Month	Novemb	er 2015	1
Mailing Address:	675 West Peachtree Stre	et, 35D40 AT&T Midtown Ctr	c)	Type of Filing (check one)	Original [	7	
	Atlanta, GA 30	308	d)	State Reporting	Revision KENTUC	CKY	-
Telephone Number:	404-927-8106				INCINIOC		1
Fax Number:	404-927-8106						
E-mail Address:	dg3250@att.co	om					
Lifeline							
Non-Tribal Low-Income Sub Receiving federal L		(a) # Lifeline <u>Subscribers</u> (8)		(b) Lifeline Sup Subscriber Sup x \$ 9.25	port	(c) Total Lifeline	
Tribal Low-Income Subscrib Receiving federal L	ers	(9) 0	tal F	x \$ 0.00 (not to exceeded	ed \$34.25)	= \$ 0	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0				
Number of TLS Sub	scribers	(12) 0					
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost sup	port	Total TLS Suppo )	ort Claimed	(13) \$ <u>0</u>	
Number of Connect Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	e amount)	
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		То	tal T	ribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payment							
Total Lifeline \$	Total TLS \$_0	То	tal 1	ribal Link Up \$ 0		_	
					Dollars (19)	\$	

FCC Form 497 April 2012 Edition

### LIFELINE WORKSHEET

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

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0	1/0	8/2	01	6

Ron Hilyer

DATE	OFFICER SIGNATURE	
Controller	Ron Hilyer	
OFFICER TITLE	OFFICER NAME	

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FCC Form 497							
April 2012 Edition		LIFELINE WORK	SHE	ET		ON	1B Approva
				Avg.	Burden Est.	per Responde	3060-0819 ent: 2.5 Hrs
(1) USAC Service Provide	er Identification Numb	ner 143004824					
(3) Filer 499 ID 802971		0.000			dy Area Cod		
			уре	check one) Wireli	ne 🗹	Wireless	
(5) ETC Designation Type	e (Check one): Life	line Only 📮	High	Cost/Low Income			
(6) Organization Informat			1	Filing Information	T		
Company Legal Name:	BellSouth Telec	ommunications LLC	; a)	Submission Date	02/05/20	16	
Contact Name:	Debra M. Gar	nble	b)	Data Month	Decemb	er 2015	
Mailing Address:	675 West Peachtree Str	eet, 35D40 AT&T Midtown Ct	( c)	Type of Filing (check one)			
					Original Revision	7	
Telephone Number:	Atlanta, GA 30	the state of the s	d)	State Reporting	KENTUC	CKY	
Fax Number:	404-927-8106		1				
	404-927-8106						
E-mail Address:	dg3250@att.c	om					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income S		Subscribers		Subscriber Sup	port		
Receiving federal	Lifeline Support	(8)		× \$9.2	5	= \$	
Tribal Low-Income Subsc Receiving federal		(9) 0		× \$ 0.00		= \$ 0	
Receiving rederal	chemie Support	То	tal F	not to excee ederal Lifeline Sup		i (10) \$	
Toll Limitation Serv	rices (TLS)						
Cost of Providing (the lesser of increme	TLS per Subscriber ental cost or \$3 in 2012 /\$.	(11) <u>0.00000</u>	0				
Number of TLS St		0					
Number of 123 St	abscribers	(12) <u>U</u>					
Tribal Link Up (Availa	able only to ETCs red	ceiving High Cost su	oport	Total TLS Suppo )	ort Claimed	(13) \$ <u>U</u>	
Number of Conne	ctions Waived	(14) 0					
Charges Waived p	per Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	e amount)	
		(not to exceed \$100)					
Total Connection	Charges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		То	otal T	ribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payme <u>nt</u>							
Total Lifeline \$	Total TLS \$_0	т	otal "	Tribal Link Up \$ 0			
anan kanan kan Kanan			Jul				
				Total	Dollars (19)	\$	

FCC Form 497 April 2012 Edition

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02/05/2016

Ron Hilyer

OFFICER SIGNATURE	
Ron Hilyer	
OFFICER NAME	
	Ron Hilyer

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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.

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.

# EDITED

FCC Form 497 April 2012 Edition		LIFELINE WORK	ene	ET		01	
			SHE	E 1		OM	IB Approval 3060-0819
				Avg.	Burden Est. p	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r 143004824		(2) Stud	dy Area Cod	e <u>265182</u>	
(3) Filer 499 ID 802971		(4) Technology Ty	/pe (	check one) Wirelin	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🛄 🛛 H	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	BellSouth Telecor	mmunications LLC	a)	Submission Date	03/08/20	16	
Contact Name:	Debra M. Gam	ble	b)	Data Month	January 2	2016	
Mailing Address:	675 West Peachtree Stree	t, 35D40 AT&T Midtown Ctr	c)	Type of Filing			
			1		Original	2	
	Atlanta, GA 303	308	d)	State Reporting	Revision L	KY	
Telephone Number:	404-927-8106						
Fax Number:	404-927-8106						
E-mail Address:	dg3250@att.co	m					
Lifeline							
		(a) # Lifeline		(b) Lifeline Supp		(c) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8)		× \$9.25	j	= \$	
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00		= \$ 0	
Receiving federal Li	feline Support	To	tal F	not to excee) ederal Lifeline Supp		(10) \$	
Toll Limitation Servic	ac(T/S)					() +	
i on Emilation Servic	es (125)						
Cost of Providing TI	_S per Subscriber	(11) 0.00000	0				
(the lesser of incrementa							
Number of TLS Sub	scribers	(12) <u>0</u>				20	
Tribal Link Up (Availabl	o only to ETCs ross	wing Lich Cost our		Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
	e only to E I CS rece	iving Figh Cost sup	pon	)			
Number of Connecti		(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	e amount)	
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
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	IUtai 120 9_0	10	Jidi				
				Total I	Dollars (19) \$	\$ -	

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

03/	08/	20	16

Ron Hilyer

DATE	OFFICER SIGNATURE
Controller	Ron Hilyer
OFFICER TITLE	OFFICER NAME
NOTION TO A CONTRACT OF	Comparison of the second second second second second second second second second second se Second second se Second second sec

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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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.

# EDITED

April 2012 Edition       LIFELINE WORKSHEET       OMB Approx         Age. Burden Est. per Respondent: 25 H       Age. Burden Est. per Respondent: 25 H         (1) USAC Service Provider Identification Number 143004824       (2) Study Area Code 265182         (3) Filer 499 ID 802971       (4) Technology Type (check one) Wireline       Wireless         (6) ETC Designation Type (Check one):       Lifeline Only       High CostLow Income       Image: Company Legal Name:         (7) Filing Information       (7) Filing Information       Company Legal Name:       Debra M. Gamble       is burnision Date       04/05/2016         Company Legal Name:       Debra M. Gamble       is burnision Date       04/05/2016         Contact Name:       Debra M. Gamble       is burnision Date       04/05/2016         Contact Name:       Debra M. Gamble       is burnision Date       04/05/2016         Contact Name:       Debra M. Gamble       is burnision Date       04/05/2016         Contact Name:       Debra M. Gamble       is burnision Date       04/05/2016         Contact Name:       dod-927-8106       E       is burnision Date       0/04/05/2016         Email Address:       dg3250@att.com       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (b) D       S       9       S <th>FCC Form 497</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	FCC Form 497							
Avg Burden Est, per Respondent: 2.5 Hi         (1) USAC Service Provider Identification Number 143004824       (2) Study Area Code 265182         (3) Filer 499 ID 802971       (4) Technology Type (check one) Wireline       Wireless         (6) Croganization Information         (7) Filing Information         Organization Information         (7) Filing Information         (7) Filing Information         Organization Information         Organi			LIFELINE WORK	SHE	ET		ON	
(3) Filer 499 ID <u>802971</u> (4) Technology Type (check one) Wireline       Wireless         (5) ETC Designation Type (Check one):       Lifeline Only       High CostLow Income       Wireless         (6) Organization Information       (7) Filing Information       (7) Filing Information       (7) Filing Information         Company Legal Name:       Debra M. Gamble       b) Data Month       February 2016         Mailing Address:       Debra M. Gamble       b) Data Month       February 2016         Mailing Address:       Debra M. Gamble       (a) State Reporting       Original Revision         Telephone Number:       404-927-8106       Revision       (c) Total Lifeline         E-mail Address:       dg3250@att.com       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       Subscribers       (b) 0.00000       (c) Total Lifeline         Receiving federal Lifeline Support       (a) # Lifeline Support       (c) Total Lifeline       (b) 0.00000       (c) Total Lifeline         Tribal Low-Income Subscribers       (b) 0.000000       (rot be exceed 334.26)       (c) Total Lifeline         Tribal Limitation Services (TLS)       Cost of Providing TLS per Subscribers       (12) 0       Total TLS Support Claimed (13) \$ 0         Tribal Link Up (Avallable only to ETCs receiving High Cost support)					Avg.	Burden Est.	per Responde	
(4) ETC Designation Type (Check one):       Lifeline Only       High Cost/Low Income       Interest         (6) Organization Information       (7) Filing Information       (7) Filing Information         Company Legal Name:       Debra M. Gamble       b) Data Month       February 2016         Contact Name:       Debra M. Gamble       b) Data Month       February 2016         Mailing Address:       675 West Peactrice Street, 35040 ATRT Middown Ctr       e) Type of Filing (check one)       Prevision         Telephone Number:       404-927-8106       Prevision       Prevision       Prevision         E-mail Address:       dg3250@att.com       (a) # Lifeline       Subscribers Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Subscribers       Receiving federal Lifeline Support       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Tribal Low-Income Subscribers       (b) O       x \$ 0.00       = \$ 0       (b) Conto exceed \$34.25)         Total Federal Lifeline Support       (c) Total Lifeline Support Claimed (10) \$       Total TLS Support Claimed (10) \$         Tribal Low-Income Subscribers       (12) O       Total TLS Support Claimed (13) \$ 0         Total TLintation Services (TLS)       Cost of Providing TLS per Su	(1) USAC Service Provider I	dentification Number	143004824		(2) Stu	dy Area Cod	le <u>265182</u>	
(6) Organization Information       (7) Filing Information         Company Legal Name:       Debra M. Gamble       a) Submission Date       04/05/2016         Contact Name:       Debra M. Gamble       b) Data Month       February 2016         Mailing Address:       675 West Peachtree Street, 3D040 AT&T Muttown Ctr       c) Type of Filing (theck one)       Original Revision         Mailing Address:       675 West Peachtree Street, 3D040 AT&T Muttown Ctr       c) Type of Filing (theck one)       Original Revision         Total Peachtrees       Atlanta, GA 30308       d) State Reporting       KENTUCKY         Fax Number:       404-927-8106       Email Address:       dg3250@att.com         Lifeline       (a) # Lifeline       Subscribers Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       Subscriber Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       Subscriber Support       (c) Total Lifeline         Receiving federal Lifeline Support       (c) Total Ederal Lifeline Support       (c) Total Lifeline         Subscribers       (b) D       (c) Total Lifeline Support       (c) Total Lifeline         Tribal Low-Income Subscribers       (c) O       (c) Total Ederal Lifeline Support Claimed (10) \$         Total Federal Lifeline Support       (c)	(3) Filer 499 ID 802971		(4) Technology Ty	/pe (	check one) Wireli	ne 🖸	Wireless	
Company Legal Name:       BellSouth Telecommunications LLC       a) Submission Date       04/05/2016         Contact Name:       Debra M. Gamble       b) Data Month       February 2016         Mailing Address:       B75 West Penditive Street, 30040 AT&T Midtown Ctr       c) Type of Filing (check one)       Original Revision Revision         Talephone Number:       404-927-8106         E-mail Address:       dg3250@att.com         Lifeline       (a) # Lifeline Subscribers Receiving federal Lifeline Support       (c) Total Lifeline Subscribers         Receiving federal Lifeline Support       (a) # Lifeline Subscribers       (c) Total Lifeline Subscribers         Receiving federal Lifeline Support       (a) # Lifeline Subscribers       = \$ 0         Tribal Low-income Subscribers Receiving federal Lifeline Support       (a) # Lifeline Subscribers       = \$ 0         Total Federal Lifeline Support       (a) # Lifeline Support       = \$ 0         Total Federal Lifeline Support       (a) # Lifeline Support       = \$ 0         Total Federal Lifeline Support       (a) # Lifeline Support       = \$ 0         Total Federal Lifeline Support       (a) \$ 0.0	(5) ETC Designation Type (0	Check one): Lifelin	e Only 🛄 🛛 I	ligh	Cost/Low Income			
Contact Name:       Debra M. Gamble       b)       Data Month       February 2016         Mailing Address:       875 West Peachtree Street, 35040 AT&T Midtown Ctr       0'       Type of Filing (check one)       Original Revision         Telephone Number:       404-927-8106       9'       0'       Type of Filing (check one)       Original Revision         Fax Number:       404-927-8106       0'       0'       Type of Filing (check one)       O'         Lifeline       (a) # Lifeline       (b) Lifeline Support/       (c) Total Lifeline         Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support       (a) # Lifeline       (b) Lifeline Support/       (c) Total Lifeline         Your Income Subscribers Receiving federal Lifeline Support       (a) # Lifeline Support       (c) Total Lifeline Support       (c) Total Lifeline         Tribal Low-Income Subscribers Receiving federal Lifeline Support       (a) # Lifeline Support       (c) Total Lifeline Support       (c) Total Lifeline         Total I Connection Services (TLS)       Cost of Providing TLS per Subscriber       (11)       0.000000       (for multiple rates, use an average amount)         Number of Connections Waived       (14)       0       (for multiple rates, use an average amount)         Total Connection Charges Waived       (16) \$       0.0       (for multiple rates, use an average amount) </td <td>(6) Organization Information</td> <td>1</td> <td></td> <td>(7)</td> <td>Filing Information</td> <td></td> <td></td> <td></td>	(6) Organization Information	1		(7)	Filing Information			
Mailing Address:       Debta M. Collary 2016         075 West Peachtree Street, 35040 AT&T Mutown Cr       0         075 West Peachtree Street, 35040 AT&T Mutown Cr       0         1       199 of Filing (check one)       0         075 West Peachtree Street, 35040 AT&T Mutown Cr       0         1       199 of Filing (check one)       0         1       Atlanta, GA 30308       4)         1       Site Reporting       KENTUCKY         Fax Number:       404-927-8106         E-mail Address:       dg3250@att.com         Lifeline       (a) # Lifeline Subscribers       (b) Lifeline Support         Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support       (a) # Lifeline Subscribers       (b) Lifeline Support         (a)       0       x \$ 0.00       (c) Total Lifeline Subscribers         Receiving federal Lifeline Support       (a) # Lifeline Subscribers       (c) Total Lifeline Support Claimed (10) \$         Total I Limitation Services (TLS)       (11)       0.000000       (not to exceed \$34.25)         Cost of Providing TLS per Subscriber       (11)       0.000000       (for multiple rates, use an average amount)         (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)       0       (for multiple rates, use an average amount)         Number of Connections W	Company Legal Name:	BellSouth Telecon	nmunications LLC	a)	Submission Date	04/05/20	16	
Image: Solid Alst Mathematical Control       9       (check one)       Original Revision         Atlanta, GA 30308       d)       State Reporting       INTUCKY         Telephone Number:       404-927-8106         E-mail Address:       dg3250@att.com         Lifeline       (a) # Lifeline       Subscriber         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Subscribers       (b)	Contact Name:	Debra M. Gamb	ble	b)	Data Month	February	/ 2016	
Atlanta, GA 30308       d)       State Reporting       KENTUCKY         Telephone Number:       404-927-8106       KENTUCKY         Fax Number:       404-927-8106       KENTUCKY         E-mail Address:       dg3250@att.com       (c) Total Lifeline         Lifeline       (a) # Lifeline       Subscribers       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       Subscribers       (c) Total Lifeline         Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Subscribers       (b) D       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         Tribal Low-Income Subscribers       (b) D       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         Tribal Limitation Services (TLS)       (b) D       (c) Total Federal Lifeline Support Claimed (10) \$       (f) \$         Cost of Providing TLS per Subscriber       (11) D       (D000000)       (for multiple rates, use an average amount)         (for to exceed \$100)       (for multiple rates, use an average amount)       (for multiple rates, use an average amount)         Tribal Link Up (Available only to ETCs receiving High Cost support) </td <td>Mailing Address:</td> <td>675 West Peachtree Street</td> <td>35D40 AT&amp;T Midtown Ctr</td> <td>c)</td> <td></td> <td>1</td> <td></td> <td></td>	Mailing Address:	675 West Peachtree Street	35D40 AT&T Midtown Ctr	c)		1		
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Receiving federal Lifeline Support         (not to exceed \$34.25)         Total Federal Lifeline Support Claimed (10) \$         Total TLS per Subscriber (11) 0.000000         (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)         Number of TLS Subscribers (12) 0         Total TLS Support Claimed (13) \$ 0         Number of Connections Waived (14) 0       (for multiple rates, use an average amount) (not to exceed \$100)         Total Connection Charges Waived (16) \$ 0.0       (for multiple rates, use an average amount)         Deferred Interest (17) \$ 0.00       O	Receiving federal Li	feline Support				5	= \$	
Total Federal Lifeline Support Claimed (10) \$         Total Federal Lifeline Support Claimed (10) \$         Total TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)         Number of TLS Subscribers       (12) 0         Total TLS Support Claimed (13) \$ 0         Mumber of Connections Waived (15) \$ 0.00       (for multiple rates, use an average amount)         Total Connection Charges Waived       (16) \$ 0.0       (16) \$ 0.0       (17) \$ 0.00       (17) \$ 0.00       (17) \$ 0.00       (18) \$ 0       (17) \$ 0.00       (18) \$ 0       (18) \$ 0       (18) \$ 0       (18) \$ 0       (18) \$ 0       (17) \$ 0       (18) \$				· · ·		= \$ _0	<u>.</u>	
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)       0         Number of TLS Subscribers       (12) 0         Tribal Link Up (Available only to ETCs receiving High Cost support)       Total TLS Support Claimed (13) \$0         Number of Connections Waived Charges Waived per Connection       (14) 0         Total Connection Charges Waived       (16) \$0.00         Deferred Interest       (17) \$0.00	Receiving rederar Li	tenne Support	То	tal F			d (10) \$	
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)       0         Number of TLS Subscribers       (12) 0         Tribal Link Up (Available only to ETCs receiving High Cost support)       Total TLS Support Claimed (13) \$0         Number of Connections Waived Charges Waived per Connection       (14) 0         Total Connection Charges Waived       (16) \$0.00         Deferred Interest       (17) \$0.00	Toll Limitation Servic	es (TLS)						
(the lesser of incremental cost or \$3 in 2012 /S2 in 2013)         Number of TLS Subscribers       (12)       O         Tribal Link Up (Available only to ETCs receiving High Cost support)       Total TLS Support Claimed (13) \$ 0         Number of Connections Waived Charges Waived per Connection       (14)       0       (15)         Total Connection Charges Waived       (16) \$ 0.0       (for multiple rates, use an average amount)         Total Connection Charges Waived       (16) \$ 0.0       0         Deferred Interest       (17) \$ 0.00       0		, ,						
Tribal Link Up (Available only to ETCs receiving High Cost support)       Total TLS Support Claimed (13) \$ 0         Number of Connections Waived Charges Waived per Connection       (14) 0       (15) \$ 0.00         Total Connection Charges Waived       (16) \$ 0.0       (16) \$ 0.0         Deferred Interest       (17) \$ 0.00       0	Cost of Providing TI (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2 i		0				
Dumber of Connections Waived Charges Waived per Connection       (14) (15) \$       0 0.00 (0.00) (not to exceed \$100)       (for multiple rates, use an average amount)         Total Connection Charges Waived       (16) \$       0.0       (16) \$       0.0         Deferred Interest       (17) \$       0.00       0.00       0.00       0.00	Number of TLS Sub	scribers	(12) 0					
Number of Connections Waived Charges Waived per Connection       (14) (15) \$       0 0.00 (15) \$       (for multiple rates, use an average amount)         Total Connection Charges Waived       (16) \$       0.0       (16) \$       0.0         Deferred Interest       (17) \$       0.00       0.00       0.00					Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Charges Waived per Connection       (15) \$ 0.00 (not to exceed \$100)       (for multiple rates, use an average amount)         Total Connection Charges Waived       (16) \$ 0.0 (17) \$ 0.00       (16) \$ 0.0	Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	port	)			
(not to exceed \$100)       Total Connection Charges Waived       (16) \$ 0.0       Deferred Interest       (17) \$ 0.00	Number of Connecti	ons Waived						
Total Connection Charges Waived(16) \$0.0Deferred Interest(17) \$0.00	Charges Waived per	Connection			(for multiple rates,	use an averag	e amount)	
Deferred Interest (17) \$ 0.00			(not to exceed \$100)					
	Total Connection Ch	arges Waived	(16) \$ 0.0					
Total Tribal Link Up Support Claimed (18) \$ 0	Deferred Interest		(17) \$ 0.00					
			То	tal T	ribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payment	ETC Payme <u>nt</u>							
Total Lifeline \$ Total TLS \$_0 Total Tribal Link Up \$_0	Total Lifeline \$	Total TLS \$_0	Te	otal '	Tribal Link Up \$ 0			

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

Total Dollars (19) \$

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME		
Controller	Ron Hilyer		
DATE	OFFICER SIGNATURE		
04/05/2016	Ron Hilyer	<del>7.7. 117</del>	

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

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

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

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

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