COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

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

EASY WIRELESS' RESPONSES TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION

Easy Telephone Services Company d/b/a Easy Wireless, hereby serves its Responses to

the Kentucky Public Service Commission Request for Information dated April 6, 2016.

VERIFICATION

STATE OF FLORIDA County of MARION

I, TINA ALLEN, being first duly sworn upon oath, depose and say that I am the SECRETARY of EASY TELEPHONE SERVICES COMPANY d/b/a EASY WIRELESS and as such am authorized to make this verification on its behalf; that I have read the foregoing responses; that I know the contents thereof; and that the facts set forth in the foregoing responses are true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry.

Ana C. all

Subscribed and sworn to before me this _____ day of April, 2016

) ss.

Kuste Say

Notary Public My Commission expires: <u>ID | 19 | 19</u>



DATA RESPONSES

<u>REQUESTS FOR INFORMATION TO PARTIES THAT RECEIVED PAYMENT FROM</u> <u>THE KENTUCKY UNIVERSAL SERVICE FUND ("KUSF")</u>

<u>REQUEST NO. 1.</u> Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

<u>RESPONSE:</u> Please see attached Exhibit 1.

<u>REQUEST NO. 2.</u> Provide the Federal Communication Commission ("FCC") Form 497 submitted to the FCC from January 2014 to the present.

<u>RESPONSE:</u> Please see attached Exhibit 2.

<u>REQUEST NO. 3.</u> Refer to the Lifeline plans you filed with the Commission with your Application for Designation as an Eligible Telecommunications Carrier ("ETC"). State whether there have been changes to these Lifeline plans since the Commission entered an Order designating you as an ETC for the purpose of offering Lifeline service in Kentucky. If there have been changes to the Lifeline plans, provide:

RESPONSE:

- a. Please see the attached rate sheet.
- b.
- i. Easy Wireless was approved with a 100 minute plan for \$12.75. We now offer 250 minutes, which also includes text and 25 MB of data. We also have retail plans and family plans. The retail plans are offered to Lifeline customers with a \$12.75 discount. The family plans are offered to customers that have at least one account (retail or Lifeline) with Easy already.
- ii. The only plan offered when designated as an ETC was the 100 minute plan.
- c. Plans were changed to offer better products with more options to the eligible Lifeline customers in KY.

<u>REQUEST NO. 4.</u> If the Commission's decision is to maintain state Lifeline support for only voice service, describe how that decision would affect whether and how you provide Lifeline service in Kentucky.

<u>**RESPONSE:</u>** This decision would not affect whether or not Easy Wireless offers service in Kentucky.</u>

<u>REQUEST NO. 5.</u> Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

<u>**RESPONSE:</u>** Easy Wireless believes cost-effective procedures have been implemented by USAC and the FCC and does not believe additional oversight is needed by the KY PSC.</u>

<u>REQUEST NO. 6.</u> If the Commission's decision is to change the amount of Lifeline support, state how soon upon the issuance of an Order by the Commission changing the Lifeline support amount that you are or anticipate being able to implement the changes on customer bills.

<u>RESPONSE</u>: Easy Wireless does not send a bill to the lifeline customers on the Free 250 minute plan. Only customers who are on a paying plan (where the Lifeline discount is applied to a retail rate higher than the subsidy) would receive a bill, and currently that is less than 0.1% of our customer base. Easy Wireless believes that if there is any change to the amount of Lifeline support, the company can begin implementing the change to customer's bills within 60 days. This amount of time is necessary to give customer's advanced notice of the change to their plans.

<u>REQUEST NO.7.</u> Provide, in detail, the methods employed to verify the eligibility of customers who participate in the Lifeline program.

<u>RESPONSE</u>: Easy Wireless uses the CGM ECP App to enroll a customer in the Lifeline program. The agent collects the customer's information, proof of ID, proof of eligibility, proof of address (if address does not validate against USPS), Lifeline Form, IEH Worksheet, and signature. This information is then reviewed by a third party Quality Control representative, who verifies the spelling of the name, the date of birth matches that on the proof of ID provided, that the name on the order matches the name on the proof of ID provided, that the address matches the proof of address, that the proof of eligibility matches the eligibility selected, and that the signature is unique to the customer. Once the QC rep approves the order, the agent is able to finish the order and issue a phone to the customer. Customer is required to activate the phone by verifying the last 4 digits of the SSN on the order. The phone is required to be activated before Lifeline funds are claimed on the customer. The CGM ECP App verifies the customer is not a duplicate within the Easy Wireless database, as well as integrated with NLAD to verify the customer is not a duplicate within NLAD. The ECP App will collect the IEH form if needed.

<u>REQUEST NO. 8.</u> State whether you have been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program. If you have been so subjected, provide in detail, including citations to the FCC action, the investigation, action, and/or penalties to which you were subjected.

RESPONSE:

Easy Telephone Services Company d/b/a Easy Wireless (Easy or the Company) has been subjected to Federal Communication Commission (FCC) investigation and action relating to its participation in the Lifeline program. It has not been subjected to any penalties.

On September 30, 2013, the FCC issued a Notice of Apparent Liability for Forfeiture (NAL) (File No.: EB-IHD-13-00010590) to Easy alleging that Easy sought reimbursement from the universal service fund for intra-company duplicate subscribers. The NAL proposed a monetary forfeiture of \$1,586,545. Easy takes very seriously the issue of alleged intra-company duplicates raised in the NAL. We believe that the NAL is both misguided and unfounded, and on December 4, 2013, Easy submitted its response to the NAL seeking cancellation of the proposed forfeiture. Easy supplemented its response on August 4, 2014 to provide additional data in support of its positions. Many of the major Lifeline providers have received similar NALs and similarly responded to the FCC seeking cancellation.

The NAL remains pending, and consequently Easy has not paid any amount of the proposed fines. Most recently, on or around November 24, 2015, the FCC's Enforcement Bureau referred the NAL to the FCC's Office of Inspector General (OIG). OIG is reviewing other documents that Easy has provided related to its participation in the program in conjunction with a subpoena to the Company.

It is important to note that, even if every duplicate alleged in the NAL were actually a duplicate, Easy was 99.4% effective at predicting what the Universal Service Administrative Company (USAC) would call a duplicate and denying those enrollments. A better-than-99-percent effective rate is not the sign of an ETC that ignores the FCC's rules or abuses the Lifeline program by accepting duplicate enrollment attempts by end users. Indeed, a 0.6% error rate is well below the Improper Payments Elimination and Recovery Act (IPERA) threshold of 1.5% for being susceptible to "significant improper payments" that is applied to government payment programs.¹ Further, last year the FCC and USAC identified thousands of "production inter-company duplicates" that had been approved by the National Lifeline Accountability Database (NLAD) and had to be resolved.² It appears that Easy was far more effective at identifying and denying intra-company duplicate enrollment attempts than the NLAD was at identifying and denying inter-company duplicate enrollment attempts.

¹ See Improper Payments Elimination and Recovery Act of 2010, P.L. 111-204 (Jul. 22, 2010), 31 U.S.C. § 3321.

² The FCC and USAC have not said how many production duplicates were found.

Further, Easy has participated in industry self-regulatory efforts to prevent duplicates. Specifically, prior to the implementation of the NLAD, Easy joined with dozens of other ETCs to voluntarily utilize an interim inter-company duplicates database (IDD), developed by CGM, LLC. The IDD prevented over 375,000 duplicate enrollment attempts, equating to Lifeline program savings of over \$4 million per month or \$50 million annually.

Moreover, for the following reasons, the Company cannot at this time estimate when, if ever, the FCC would impose the forfeiture or when, if ever, Easy would pay it.

- First, the NAL contains allegations rather than factual and legal determinations. Though it is more typical for the FCC to conduct a factual investigation prior to issuing a public NAL, it did not do so here. Easy had no advanced notice of the FCC action with respect to the duplicates alleged in the NAL.³ Further, the case before the FCC involves a complex set of facts related to each subscriber enrolled in the Lifeline program. If the FCC ultimately seeks to convert the NAL into a forfeiture, the agency will need to do its factfinding in the context of the NAL proceeding. The Company will cooperate fully to allow for a proper determination as to whether any of the customer-attestation-supported enrollments involve a customer unlawfully receiving a duplicate benefit. Similarly, the FCC will need to consider Easy's legal defenses to allegations of various rule violations prior to making any formal finding.
- Second, the proposed forfeitiure structure is only a proposal. It is neither law nor regulation nor could it be (it is patently unlawful).
- Third, the FCC has five years to act on an NAL. It has been two and a half years with no action by the FCC. Possible outcomes include no further public action by the agency, cancellation of the NAL, or a settlement and consent decree. The FCC could also take other action, such as folding the issues raised in the NALs into a rulemaking proceeding or converting the NAL into a forfeiture order. Such an order would be subject to appeal in a United States Court of Appeals. It is impossible to predict the outcome at this point. Easy stands ready to cooperate fully with the FCC and we will seek an outcome that is fair for our customers, our employees, our owners and investors, and the Lifeline program itself.

³ In 2012, Easy was subject to a Letter of Inquiry (LOI) from the Enforcement Bureau concerning its Lifeline practices (File No. EB-12-IH-1641). Easy responded to the LOI on January 22, 2013. The FCC later reassigned this inquiry to the NAL file number, but there has been no additional activity.

<u>REQUEST NO. 9.</u> Describe, in detail your current marketing programs for Lifeline service in Kentucky, including, but not limited to, person-to-person sales.

<u>RESPONSE</u>: In-Person sales, Door to Door sales, website, and occasional direct mail. Easy Wireless believes in-person sales are extremely effective way of obtaining the Lifeline order. Easy uses the CGM app to capture the customer's information and images of their proof of ID and proof of subsidy. Without the in-person enrollment, this information would be difficult to gather in real time; instead coming by way of mail, fax or email, thus causing a delay in order completion. This also gives a chance for the customer to select the phone model of their choosing, get their questions answered face-to-face, and provides a customer service aspect that is missing over the phone. With the absence of brick-and-mortar stores in the area, in-person sales through tent events and door-to-door sales are the next best method for obtaining the customer.

REQUESTS FOR INFORMATION TO ALL PARTIES

<u>REQUEST NO. 1.</u> Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

<u>RESPONSE:</u> Same response as #1

<u>REQUEST NO. 2.</u> Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer receives service in the middle of a month.

<u>RESPONSE</u>: The line receives a full month subsidy.

<u>REQUEST NO. 3.</u> Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a customer leaves in the middle of a month.

<u>**RESPONSE:</u>** It depends on the day of the month the line started, and the day of the month the line cancelled. If the line cancels on a day of the month after the start day, they receive full subsidy. If the line cancels a day of the month prior to the start day of the month, no subsidy will be requested. Here is an example:</u>

If line activates1/15/2015 and disconnects 5/7/2015, the line is NOT eligible for subsidy on the way out.

If line activates 1/15/2015 and disconnects 5/27/2015, the line IS eligible of Lifeline subsidy on the way out.

<u>REQUEST NO. 4.</u> Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

<u>RESPONSE</u>: To calculate the remittance amount, we take the number of lines in Kentucky and multiply by the \$0.08 surcharge amount (now \$0.14). Though the customer may not pay a zero invoice, if the customer was active throughout the month the company does still remit the \$0.08 (now \$0.14) for each active line.

<u>REQUEST NO. 5.</u> State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform' is concluded before rendering a decision in this proceeding, and explain the basis for your response.

<u>**RESPONSE:</u>** Easy Wireless believes the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding. The FCC is always implementing new ways to prevent fraud, waste, and abuse, and often has the best methods for ensuring compliance with the program. It would be a waste of PSC resources to implement changes that may have to be altered when the FCC investigation of Lifeline reform is concluded.</u>

<u>REQUEST NO. 6.</u> State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are or anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of access lines for each account type.

<u>**RESPONSE:</u>** Easy Wireless believes that if there is any change to the amount of Lifeline support, the company can begin implementing the change to customer's bills within 60 days. This amount of time is necessary to provide customer notice.</u>

CERTIFICATE OF SERVICE

In accordance with 807 KAR 5:001, Section 8, I certify that the April 27, 2016 electronic filing of these Data Responses is a true and accurate copy of the same document being filed in paper medium; that the electronic filing was transmitted to the Commission on April 27, 2016; that there are currently no parties that the Commission has excused from participation by electronic means in this proceeding; and that an original paper medium of these Data Responses will be mailed to the Commission by first class United States mail, postage prepaid, on April 27, 2016.

Douglas F. Brent

Exhibit 1



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date2/12/2014		Reporting Month	2014-01
	·		
	:	Carrier Information	
Company Name	EASY TELEPH	ONE SERVICE	,
Company Address	4352 SE 95 TH S	STREET OCALA, FL 34480	
Telephone / Fax	352-433-2116 /	352-433-2161	
Vendor Number			an a
	:		
Classification Please Circle One	ILEC C	CLEC Cellular PCS	
	:		
	· · · · · · · · · · · · · · · · · · ·	Monthly Access Line Data	
1. Total Access	Lines in Service	2,26	50
2. Surcharge Per	Access Line	\$	0.08
3. Amount of Su	rcharge Remitted to Ke	entucky USF\$1	80.80
4. Number of Ac	ccess Lines Receiving L		
5. Amount of Re	imbursement Requeste	d from Kentucky USF\$6	975.50
L			
		Signature Block	0
I hereby attest that the	information reported he	erein is true and accurate to the best of my know	vledge.
Company Official <u>Jos</u>	eph Fernandez (Printed)	_Title _ <u>President</u> Company Offici	al(Signed)
Make check payable State Treasurer" and a report to: Finance and Administra ATTN: KY USF	send with this	Ke AT 21	nd a copy of this report to: ntucky Public Service Commission TN: Jim Stevens 1 Sower Blvd. D. Box 615
702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	488A		ankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND Exhibit 1 Page 2

Date___3/10/2014_

Reporting Month_____2014-02

Carrier Information				
Company Name	EASY TELEPHONE SERVICE			
Company Address	4352 SE 95 TH STREET OCALA, FL 34480			
Telephone / Fax	352-433-2116 / 352-433-2161			
Vendor Number				

Classification			cellular		
Please Circle One	ILEC	CLEC	Central	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1933
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$154.64
1827 4.	Number of Access Lines Receiving Lifeline Support	1827
5.	Amount of Reimbursement Requested from Kentucky USF	\$6,394.50

Signature Block	1
I hereby attest that the information reported herein is true and accurate to the best of my know Company Official Joseph Fernandez Title President Company Official	ledge.
(Printed)	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Reporting Month_____ 2014-03_

	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 TH STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	

Classification			cellular		
Please Circle One	ILEC	CLEC	Celiulai	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1785	-
2.	Surcharge Per Access Line	\$0.08	
3. 1827	Amount of Surcharge Remitted to Kentucky USF	\$142.80	
4.	Number of Access Lines Receiving Lifeline Support	1725	
5.	Amount of Reimbursement Requested from Kentucky USF	\$6,037.50	

		\square
	Signature Block	
I hereby attest that the information reported herein is	s true and accurate to the	e best of my knowledge.
Company OfficialJoseph FernandezTitle (Printed)	President	Company Official (Signed)
Make check payable to: "Kentucky		
State Treasurer" and send with this report to:		Send a copy of this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 5/12/	/2014
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Reporting Month 2014-04

Carrier Information				
Company Name	EASY TELEPHONE SERVICE			
Company Address	4352 SE 95 TH STREET OCALA, FL 34480			
Telephone / Fax	352-433-2116 / 352-433-2161			
Vendor Number				

Classification			cellular		
Please Circle One	ILEC	CLEC	Cellular	PCS	

otal Access Lines in Service	2083
urcharge Per Access Line	\$0.08
mount of Surcharge Remitted to Kentucky USF	\$166.64
Number of Access Lines Receiving Lifeline Support	2013
mount of Reimbursement Requested from Kentucky USF	\$7,045.50
1	urcharge Per Access Line mount of Surcharge Remitted to Kentucky USF umber of Access Lines Receiving Lifeline Support

Signature Block	///
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Joseph Fernandez Title President Company Official	
(Printed)	(Signed)

Make	check	pay	able	to: '	'Kentı	ıcky
State	Treasu	rer"	and	send	with	this
report	to:					

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

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

Revised 03-13-2008



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND Exhibit 1 Page 5

Date___6/11/2014___

Frankfort, KY 40601

Reporting Month_____2014-05___

Carrier Information				
Company Name	EASY TELEPHONE SERVICE			
Company Address	4352 SE 95 TH STREET OCALA, FL 34480			
Telephone / Fax	352-433-2116 / 352-433-2161			
Vendor Number				

Classification			cellular		
Please Circle One	ILEC	CLEC	cellular	PCS	

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

Signature Block				
I hereby attest that the information reported he Company OfficialJoseph FernandezTi (Printed)		·	(Signed)	
Make check payable to: "Kentucky State Treasurer" and send with this report to:			end a copy of this report to: entucky Public Service Commission	
Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A		A 21 P.	TTN: Jim Stevens 11 Sower Blvd. O. Box 615 rankfort, KY 40602	



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date7/9/2014		_	Reporting	g Month	2014-06		
		Carrier Ir	formation				
Company Name	EASY TELEPHONE SERVICE						
Company Address	4352 SE 95 TH STREET OCALA, FL 34480						
Telephone / Fax	352-433-2116 / 3	352-433-2116 / 352-433-2161					
Vendor Number				• • • • • • • • • • • • • • • • • • •			
Classification Please Circle One	ILEC CI		ular	PCS			
		Monthly Acc	ess Line Data				
I. Total Access L	ines in Service			2	,895		
2. Surcharge Per Access Line							
3. Amount of Surcharge Remitted to Kentucky USF							
4. Number of Access Lines Receiving Lifeline Support							
5. Amount of Reimbursement Requested from Kentucky USF							
······································		~					
		Signatur		at of my long			
I hereby attest that the ir Company OfficialJos	-	FitlePresident		ompany Of			
Make check payable to State Treasurer" and so report to: Finance and Administrat ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 48 Frankfort, KY 40601	end with this tion Cabinet		COP	K A 2 P	end a copy of this report to: entucky Public Service Commission TTN: Jim Stevens 11 Sower Blvd. .O. Box 615 rankfort, KY 40602		

Revised 03-13-2008



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND Exhibit 1 Page 7

Date___8/11/2014___

Reporting Month_____2014-07___

Carrier Information				
Company Name	EASY TELEPHONE SERVICE			
Company Address	4352 SE 95 TH STREET OCALA, FL 34480			
Telephone / Fax	352-433-2116 / 352-433-2161			
Vendor Number				

Classification	· · · · · · · · · · · · · · · · · · ·		cellular	· · · · · · · · · · · · · · · · · · ·
Please Circle One	ILEC	CLEC	Johnand	PCS

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

	Signature Block
I hereby attest that the information reported herein is tru	e and accurate to the best of my knowledge.
Company Official <u>Joseph Fernandez</u> Title (Printed)	President Company Official (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date___9/9/2014_

Reporting Month_____2014-08__

	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 TH STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	

Classification			cellular		
Please Circle One	ILEC	CLEC	Cellulai	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3,836
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$306.88
4.	Number of Access Lines Receiving Lifeline Support	3,833
5.	Amount of Reimbursement Requested from Kentucky USF	\$13,415.50

Signature Block	1
I hereby attest that the information reported herein is true and accurate to the best of my know Company OfficialJoseph Fernandez TitlePresident Company Official (Printed)	ledge. (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to:	Kentucky Public Service Commission ATTN: Jim Stevens
Finance and Administration Cabinet	211 Sower Blvd.
ATTN: KY USF	P.O. Box 615
702 Capital Ave.	Frankfort, KY 40602
Capitol Annex, Room 488A	
Frankfort, KY 40601	

Revised 03-13-2008



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Exhibit 1 Page 9

Date___10/10/2014__

Capitol Annex, Room 488A Frankfort, KY 40601

Reporting Month_ 2014-09

	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 TH STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	

Classification			cellular		
Please Circle One	ILEC	CLEC	Celiulai	PCS	

	Monthly Access Line Data	
1	Total Access Lines in Service	4,304
2.		
	Surcharge Per Access Line	
3.	Amount of Surcharge Remitted to Kentucky USF	
4.	Number of Access Lines Receiving Lifeline Support	4,298
5.	Amount of Reimbursement Requested from Kentucky USF	\$15,043.00

	Signature Block	
I hereby attest that the information report	ed herein is true and accurate to the bes	st of my knowledge.
Company OfficialJoseph Fernandez (Printed)	TitlePresidentCo	mpany Official (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this		Send a copy of this report to:
Finance and Administration Cabinet		Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd.
702 Capital Ave.		P.O. Box 615 Frankfort KV 40602

Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 11/10/2014

Reporting Month_____2014-10__

Carrier Information				
Company Name	EASY TELEPHONE SERVICE			
Company Address	4352 SE 95 TH STREET OCALA, FL 34480			
Telephone / Fax	352-433-2116 / 352-433-2161			
Vendor Number				
	POSTED			
Classification Please Circle One	ILEC CLEC Cellular PCS			

	Monthly Access Line Data			
1.	Total Access Lines in Service			
2.	Surcharge Per Access Line			
3.	Amount of Surcharge Remitted to Kentucky USF			
4.	Number of Access Lines Receiving Lifeline Support			
5.	Amount of Reimbursement Requested from Kentucky USF			
	1			
Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.				
Compa	any Official Joseph Fernandez Title President Company Official			

Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to:	Kentucky Public Service Commission ATTN: Jim Stevens
Finance and Administration Cabinet	211 Sower Blvd.
ATTN: KY USF	P.O. Box 615
702 Capital Ave.	Frankfort, KY 40602
Capitol Annex, Room 488A	
Frankfort, KY 40601	

(Printed)

Revised 03-13-2008

(Signed)





COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date___12/9/2014_____

report to:

ATTN: KY USF

702 Capital Ave.

Frankfort, KY 40601

Reporting Month 2014-11

Carrier Information				
Company Name	EASY TELEPHONE SERVICE			
Company Address	4352 SE 95 TH STREET OCALA, FL 34480			
Telephone / Fax	352-433-2116 / 352-433-2161			
Vendor Number				

Classification			cellular		
Please Circle One	ILEC	CLEC	Cenular	PCS	

	Monthly Access Line Data				
1.	Total Access Lines in Service				
2.	Surcharge Per Access Line				
3.	Amount of Surcharge Remitted to Kentucky USF				
4.	Number of Access Lines Receiving Lifeline Support				
5.	5. Amount of Reimbursement Requested from Kentucky USF				
	Signature Block				
I here	by attest that the information reported herein is true and accurate to the best of my knowledge.				
Comp	pany Official <u>Joseph Fernandez</u> Title <u>President</u> Company Official (Signed)				
Make	check payable to: "Kentucky				

State Treasurer" and send with this Finance and Administration Cabinet Capitol Annex, Room 488A

Send a copy of this report to:

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

Revised 03-13-2008



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 1/12/2015

State Treasurer" and send with this

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

report to:

ATTN: KY USF

702 Capital Ave.

Reporting Month_____2014-12___

Carrier Information			
Company Name	EASY TELEPHONE SERVICE		
Company Address	4352 SE 95 [™] STREET OCALA, FL 34480		
Telephone / Fax	352-433-2116 / 352-433-2161		
Vendor Number			

Classification			cellular		
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	4,574
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$365.92
4.	Number of Access Lines Receiving Lifeline Support	4,572
5.	Amount of Reimbursement Requested from Kentucky USF	\$16,002.00

Signature Bl	ock
I hereby attest that the information reported herein is true and accurate	to the best of my knowledge
Company Official Joseph FernandezTitle_President (Printed)	Company Official (Signed)
Make check payable to: "Kentucky	Send a copy of this report to:

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

Revised 03-13-2008



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

e2/13/2015	Reporting Month2015-01
	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 TH STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular PCS D

	Monthly Access Line Data		
1.	Total Access Lines in Service	4,293	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$343.44	
4.	Number of Access Lines Receiving Lifeline Support	4,293	
5.	Amount of Reimbursement Requested from Kentucky USF	\$15,025.50	

Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of	f my knowledge.			
Company Official _Joseph Fernandez TitlePresidentCo (Printed)	ompany Official (Signed)			

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

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

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

Revised 03-13-2008

Exhibit 1 Page 13



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 3/10/2015

Reporting Month_____2015-02___

 Carrier Information

 Company Name
 EASY TELEPHONE SERVICE

 Company Address
 4352 SE 95TH STREET OCALA, FL 34480

 Telephone / Fax
 352-433-2116 / 352-433-2161

 Vendor Number
 Image: Company Address

Classif Please	ication Circle One ILI	EC C	LEC	cellular	PCS		
		\square		STED			
		D		onthly AccessiLine Data	l	:	
		U	Lanna				
1.	Total Access Lines in	1 Service		······		4,148	-
2.	Surcharge Per Access	s Line				\$0.08	
3.	Amount of Surcharge	e Remitted to Ker	ntucky U	SF		\$331.84	<u> </u>
4.	Number of Access Li	ines Receiving Li	feline Sı	upport	4	,148	
5.	Amount of Reimburs	ement Requested	from Ke	entucky USF		\$14,518.00	

Signature Blo	ock	In
I hereby attest that the information reported herein is true and accurate	to the best of my knowledge.	
Company OfficialJoseph FernandezTitlePresident (Printed)	Company Official	(Signed)
Make check payable to: "Kentucky		

	1	
Make check payable to: "Kentucky State Treasurer" and send with this		Send a copy of this report to:
report to:		Kentucky Public Service Commission
Finance and Administration Cabinet		ATTN: Jim Stevens 211 Sower Blvd.
ATTN: KY USF		P.O. Box 615
702 Capital Ave.		Frankfort, KY 40602
Capitol Annex, Room 488A		-
Frankfort, KY 40601		



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/8/2015	

Reporting Month_____2015-03___

Carrier Information				
Company Name	EASY TELEPHONE SERVICE			
Company Address	4352 SE 95 TH STREET OCALA, FL 34480			
[·] Telephone / Fax	352-433-2116 / 352-433-2161			
Vendor Number				

Classification			cellular	
Please Circle One	ILEC	CLEC	Cellular	PCS

1. I otal Access Lines in Service	4,011
2. Surcharge Per Access Line	\$0.08
3. Amount of Surcharge Remitted to Kentucky US	F\$320.88
4. Number of Access Lines Receiving Lifeline Sup	port4,011
5. Amount of Reimbursement Requested from Ken	tucky USF\$14,038.50

Signature Block				
I hereby attest that the information reported herein is true	and accurate to the best of my knowledge.			
Company Official _Joseph Fernandez TitlePres (Printed)	sidentCompany Official(Signed)			
Make check payable to: "Kentucky	Send a copy of this report to:			

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

State Treasurer" and send with this report to:

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

Revised 03-13-2008



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

.

Date 5/12/2015

Frankfort, KY 40601

Reporting Month 2015-04

Carrier Information Company Name EASY TELEPHONE SERVICE Company Address 4352 SE 95TH STREET OCALA, FL 34480 Telephone / Fax 352-433-2116 / 352-433-2161 Vendor Number Classification cellular Please Circle One ILEC CLEC PCS Monthly Access Line Data . Ι. 2. Amount of Surcharge Remitted to Kentucky USF...... \$216.40 3. 4. Amount of Reimbursement Requested from Kentucky USF...... \$9,464.00 5. Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official _____ Joseph Fernandez _____ Title __President _____ Company Official _____ (Printed) (Signed) Make check payable to: "Kentucky Send a copy of this report to: State Treasurer" and send with this report to: Kentucky Public Service Commission ATTN: Jim Stevens Finance and Administration Cabinet 211 Sower Blvd. ATTN: KY USF P.O. Box 615 702 Capital Ave. Frankfort, KY 40602 Capitol Annex, Room 488A

Revised 03-13-2008


COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	6/9/2015
Date	0/9/2015

Reporting Month 2015-05

	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 TH STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	

Classification Please Circle One ILE	c CLEC cellular	PCS
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	Monthly Access Line Data		
1.	Total Access Lines in Service		
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$206.40	- '
4.	Number of Access Lines Receiving Lifeline Support	2580	
5.	Amount of Reimbursement Requested from Kentucky USF	\$9,030.00	· · ·

	Signature Bloc	k
I hereby attest that the information reported	d herein is true and accurate to	o the best of my knowledge.
Company OfficialJoseph Fernandez (Printed)	Title_President	Company Official(Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to:		Send a copy of this report to: Kentucky Public Service Commission
Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601		ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602
		Revised 03-13-2008



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date___7/13/2015___

Reporting Month_____2015-06_

Carrier Information		
Company Name	EASY TELEPHONE SERVICE	
Company Address	4352 SE 95 TH STREET OCALA, FL 34480	
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		

	ification e Circle One ILEC CLEC CEllular
	Pesie
	Monthly Access Line Data
1.	Total Access Lines in Service
2.	Surcharge Per Access Line
3.	Amount of Surcharge Remitted to Kentucky USF
4.	Number of Access Lines Receiving Lifeline Support
5.	Amount of Reimbursement Requested from Kentucky USF

Signature Block	1
I hereby attest that the information reported herein is true and accurate to the best of my knowledge Company OfficialJoseph FernandezTitlePresidentCompany Official (Printed)	

Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 8/17/2015		Reporting N	Month2015-07
		Carrier Information	
Company Name	EASY TELEF	HONE SERVICE	
Company Address	4352 SE 95TH	STREET OCALA, FL 3448	30
Telephone / Fax		6 / 352-433-2161	
Vendor Number			
	e e e e e e e e e e e e e e e e e e e		
Classification Please Circle One	ILEC	CLEC Cellular	PCS
		Monthly Access Line Data	
1. Total Access	Lines in Service		2210
2. Surcharge Pe	r Access Line		\$0.08_
 Amount of Surcharge Remitted to Kentucky USF 		Kentucky USF	\$176.80
4. Number of A	ccess Lines Receivin	g Lifeline Support	2207
5. Amount of R	eimbursement Reque	sted from Kentucky USF	\$7,724.50
			A
These has a state of the		Signature Block	
		herein is true and accurate to the best	
Company Official _Jo	(Printed)	Title_PresidentC	ompany Official (Signed)
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this ration Cabinet		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

ate9/9/2015		Reporting M	10nth2015-08
2	Ca	rrier Information	
Company Name	EASY TELEPHONE SER	VICE	· · · · · · · · · · · · · · · · · · ·
Company Address	4352 SE 95 TH STREET (
Telephone / Fax	352-433-2116 / 352-433-	Contraction and the second	
Vendor Number	002-400-21107 002-400-	2101	
Classification Please Circle One	ILEC CLEC	cellular	PCS
	Month	ly Access Line Data	
. Total Access I	lines in Service		2018
2. Surcharge Per	Access Line		\$0.08_
3. Amount of Su	charge Remitted to Kentucky USF.		\$161.44
. Number of Ac	cess Lines Receiving Lifeline Suppo	ort	2013
5. Amount of Re	mbursement Requested from Kentu	ıcky USF	\$7,045.50
	S	ignature Block	
hereby attest that the i	nformation reported herein is true as	nd accurate to the best	of my knowledge.
Company OfficialJo	seph FernandezTitlePre (Printed)	esidentCo	ompany Official (Signed)
Make check payable f State Treasurer" and s eport to: Finance and Administra ATTN: KY USF 202 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	end with this tion Cabinet		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date11/2/2015	Reporting Month2015-09		
	Carrier Information		
Company Name	EASY TELEPHONE SERVICE		
Company Address	4352 SE 95 TH STREET OCALA, FL 34480		
Telephone / Fax	352-433-2116 / 352-433-2161		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular PCS		
	Monthly Access Line Data		
1. Total Access	Lines in Service		
2. Surcharge Per Access Line			
3. Amount of Surcharge Remitted to Kentucky USF			
4. Number of Access Lines Receiving Lifeline Support			
5. Amount of Re	5. Amount of Reimbursement Requested from Kentucky USF		

	•	Signature Block	< c	\sim
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official_Joseph FernandezTitlePresidentCompany Official				
(Printed)				(Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to:				y of this report to: Public Service Commission
Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601			211 Sower P.O. Box 6 Frankfort, I	Blvd. 15



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	11/	11/2	015

report to:

ATTN: KY USF

702 Capital Ave.

Frankfort, KY 40601

Reporting Month 2015-10

Carrier Information EASY TELEPHONE SERVICE Company Name Company Address 4352 SE 95TH STREET OCALA, FL 34480 Telephone / Fax 352-433-2116 / 352-433-2161 Vendor Number

Classification Please Circle One	ILEC	CLEC	cellular	PCS	
-------------------------------------	------	------	----------	-----	--

	Monthly Access Line Data		
1.	Total Access Lines in Service	1617	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$129.36	
4.	Number of Access Lines Receiving Lifeline Support	1617	
5.	Amount of Reimbursement Requested from Kentucky USF	\$5,659.50	

Signatur	re Block
I hereby attest that the information reported herein is true and accurate	urate to the best of my knowledge.
Company OfficialJoseph FernandezTitlePresident (Printed)	Company Official (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:

Finance and Administration Cabinet Capitol Annex, Room 488A

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 12/9/2015

Reporting Month____2015-11__

	Carrier Information
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 TH STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS	
		the second s			

	Monthly Access Line Data		
1.	Total Access Lines in Service	1654	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$132.32	
4.	Number of Access Lines Receiving Lifeline Support	1652	
5.	Amount of Reimbursement Requested from Kentucky USF	\$5,782.00	

Signature Block			
I hereby attest that the information reporte	d herein is true and accurate to	the best of my knowledge.	
Company Official _Joseph Fernandez TitlePresident (Printed)		Company Official (Signed)	
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

1/12/2016	Reporting Month 2015-12	
	Carrier Information	
Company Name	EASY TELEPHONE SERVICE	
Company Address	4352 SE 95 TH STREET OCALA, FL 34480	
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		

Classification Please Circle One ILEC CLEC CEllular PCS	
--	--

Monthly Access Line Data				
1.	Total Access Lines in Service	1504		
2.	Surcharge Per Access Line	\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF	\$120.32		
4.	Number of Access Lines Receiving Lifeline Support	1504		
5.	Amount of Reimbursement Requested from Kentucky USF	\$5,264.00		

Signature Block						
I hereby attest that the information reported	d herein is true and accurate	to the best of my knowledge.				
Company OfficialJoseph Fernandez (Printed)	Title President	Company Official (Signed)				
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Data	4/13/2016	
Date	4/13/2010	

Reporting Month_____2016-01___

 Carrier Information

 Company Name
 EASY TELEPHONE SERVICE

 Company Address
 4352 SE 95TH STREET OCALA, FL 34480

 Telephone / Fax
 352-433-2116 / 352-433-2161

 Vendor Number
 Image: Carrier Information

Classification			cellular		
Please Circle One	ILEC	CLEC	Johnand	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1177	_
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$96.16	
4.	Number of Access Lines Receiving Lifeline Support	1177	
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,119.50	

		Signature B	lock	\cap
I hereby attest that	the information reported	d herein is true and accurate	e to the best of my knowledge.	///
Company Official _	_Joseph Fernandez (Printed)	TitlePresident	Company Official	(Signed)

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

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

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/13/2016	

Reporting Month 2016-02

 Carrier Information

 Company Name
 EASY TELEPHONE SERVICE

 Company Address
 4352 SE 95TH STREET OCALA, FL 34480

 Telephone / Fax
 352-433-2116 / 352-433-2161

 Vendor Number
 Image: Carrier Information

Classification			cellular		
Please Circle One	ILEC	CLEC		PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1164	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$93.12	_
4.	Number of Access Lines Receiving Lifeline Support	1164	
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,074.00	

			Signature Bloc	k	1.1
I hereby attest that the	he information reported	herein is t	rue and accurate to	the best of my knowledge	. ////
Company Official	Joseph Fernandez (Printed)	Title	President	Company Official_	(Signed)

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

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

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/13/2016	

Reporting Month 2016-03

	Carrier Information	
Company Name	EASY TELEPHONE SERVICE	
Company Address	4352 SE 95 TH STREET OCALA, FL 34480	
Telephone / Fax	352-433-2116 / 352-433-2161	
Vendor Number		

Classification			cellular		
Please Circle One	ILEC	CLEC		PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1226	
2.	Surcharge Per Access Line	\$0.14_	-
3.	Amount of Surcharge Remitted to Kentucky USF	\$171.64	
4.	Number of Access Lines Receiving Lifeline Support	1225	
5.	Amount of Reimbursement Requested from Kentucky USF	\$4,287.50	<u></u>

	Signature Blo	ck	1
I hereby attest that the information reported	herein is true and accurate	to the best of my knowledge.	// /
Company OfficialJoseph Fernandez (Printed)	TitlePresident	Company Official	(Signed)
Make check payable to: "Kentucky			w of this report to:

State Treasurer" and send with this report to:

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

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

					Page 1	
FCC Form 497 April 2012 Edition LIFELINE WORK				KSHEET OMB A		
· • • · · · • · · · · · · · · · · · · ·					3060-0819	
				Avg. Burden Est. pe	er Respondent: 2.5 Hrs.	
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area Code	269032	
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🔽	
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄 🛛 I	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 02/07/201	4	
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month January 2	014	
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)		
				Original Revision	1	
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	Υ	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878	-				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline	
Non-Tribal Low-Income Sub					▲ 10425	
Receiving federal L	ifeline Support	(8) 1993			= \$ 18435	
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ _0	
Receiving rederal L	neime Support	Tota		I Federal Lifeline Support Claimed (10) $\$$ 1843		
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber	(11) 0.00000	00			
(the lesser of increment	tal cost or \$3 in 2012 /\$2 i	n 2013)				
Number of TLS Sub	oscribers	(12) 0				
				Total TLS Support Claimed ((13) \$ <u>0</u>	
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ppol	<i>t</i>)		
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	e amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Support Claimed	(18) \$ <u>0</u>	
ETC Payment						
-		-		Tribal Link Up \$ <u>0</u>		
I otal Lifeline \$_10433	Iotal ILS $\frac{50}{2}$		ı otal	-		
				Total Dollars (19)	\$_18435	

Exhibit 2 Page 2

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/07/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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

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

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

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

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

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

500 F (07					Page 3
FCC Form 497 April 2012 Edition LIFELINE WC			SHE	ET	OMB Approval
•				Avg. Burdon	3060-0819
				Avg. buiden	Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area	Code <u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	/pe (check one) Wireline 🛄	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🛄 🛛 H	ligh	Cost/Low Income	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date 03/07	7/2014
Contact Name:	CAITLYN LUMF	PKIN	b)		uary 2014
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	
-	BELLEVIEW, F	L 34420	d)	State Reporting KEN	TUCKY
Telephone Number:	678-389-6024		_		
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Sub					40000
Receiving federal L	ifeline Support	(8) 1827		x \$ <u>9.25</u>	
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.2	= 0
	neine Support	Тс	otal F	ederal Lifeline Support Cla	
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	l C nar Cubaaribar	(11) 0.00000	0		
Cost of Providing T (the lesser of increment	al cost or \$3 in 2012 /\$2 i	(1)			
Number of TLS Sub	scribers	(12) <u>0</u>			
				Total TLS Support Clai	med (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	рроі	t)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an a	average amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Cla	imed (18) \$_0
ETC Payment					
Total Lifeline <u>\$</u> 16900	Total TIS \$ 0	r	Fotal	Tribal Link Un \$ 0	
. 5.61 En 61110 ψ	<u> </u>		. J.ul	-	
				Total Dollars	s (19) \$ <u>16900</u>

Exhibit 2 Page 4

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

03/07/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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						Page 5
FCC Form 497 April 2012 Edition		LIFELINE WORKSHEET				OMB Approval
		_	_	Ave	Durdon Fat r	3060-0819
				Avg.	burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143034376		(2) Stu	dy Area Code	<u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireli	ne 🔲	Wireless 🕑
(5) ETC Designation Type (C	check one): Lifeling	e Only 🛄 🛛 I	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	I	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date	04/07/20	14
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	March 20)14
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)		
				· ,	Original [Revision	
	BELLEVIEW, F	L 34420	d)	State Reporting	KENTUC	KY
Telephone Number:	678-389-6024		4			
Fax Number:	770-594-3878		-			
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub						
Receiving federal L	ifeline Support	(8) 1725		x \$ <u>9.2</u>	5	= \$ 15956
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exce	ad (*24.25)	= \$ _0
Receiving lederal L	neine Support	Total Fe		ederal Lifeline Sup		d (10) \$ <u>15956</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
		(/		Total TLS Supp	art Claimad	(12) ¢ ()
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppo		ort Claimed	(13) \$ 0
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an averag	ge amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claimed	(18) \$ 0
ETC Payment						
Total Lifeline \$ <u>15956</u>		-				
i otal Liteline \$_10000	I otal ILS $\frac{50}{2}$		i otal	-		
				Tota	l Dollars (19)	\$_12920

Exhibit 2 Page 6

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(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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04/07/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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500 F 107					Page 7
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
·				Ava Burdon Ect. p	3060-0819
				Avg. Buiden Esi. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143034376		(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄 🛛 I	High	Cost/Low Income	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date 05/08/207	14
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month April 2014	4
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	7
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	KY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline			(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	40000
Receiving federal L	ifeline Support	(8) 2013		x \$ <u>9.25</u>	= \$ 18620
Tribal Low-Income Subscrib		(9) <u>0</u>			= \$
Receiving federal L	ifeline Support	Tot		(not to exceed \$34.25) Federal Lifeline Support Claimed	I (10) \$ <u>18620</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	LS per Subscriber	(11) <u>0.00000</u>	00		
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	n 2013)			
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppol	rt)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an averag	e amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ ⁰
ETC Payment				-F - · FF - · · · · · · · · · · · · · ·	. ,
-		-		Tribal Link Up \$ <u>0</u>	
	10tal 1L5 \$ <u></u> _		otal	-	
				Total Dollars (19)	\$_10020

Exhibit 2 Page 8

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

(20) CERTIFICATIONS AND SIGNATURES

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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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05/08/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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						Page 9
FCC Form 497 April 2012 Edition		LIFELINE WORK	LIFELINE WORKSHEET			
		-	-	A.v.a	Durdon Fot n	OMB Approval 3060-0819 or Deependent: 2 5 Uro
				Avg.	Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143034376		(2) Stu	dy Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireli	ne 🔲	Wireless 🕑
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🛄 🛛 I	High	Cost/Low Income		
(6) Organization Information) 		(7)	Filing Information	1	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date	06/09/202	14
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	May 2014	1
Mailing Address:	4352 SE 95TH 3	STREET	c)	Type of Filing (check one)		
				. ,	Original Revision	
	BELLEVIEW, FI	L 34420	d)	State Reporting	KENTUC	KY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subseriber Sur		(c) Total Lifeline
Non-Tribal Low-Income Sub				Subscriber Su		04000
Receiving federal L	ifeline Support	(8) 2374		x \$ <u>9.2</u>		= \$ 21960
Tribal Low-Income Subscrib		(9) <u>0</u>		_ x \$ <u>0.00</u>		= \$ 0
Receiving federal L	nenne Support	Total		(not to exceed \$34.25) Federal Lifeline Support Claime		(10) \$ <u>21960</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
		()		Total TLS Supp	ort Claimad	(12) ¢ ()
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippol			(13) \$ <u>-</u>
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	, use an averag	e amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claimed	(18) \$ <u>0</u>
ETC Payment					-	
Total Lifeline \$ <u>21960</u>	() a e IT letoT	-	Total	Tribal Link Un ¢ ()	
	ισιαι ι μο φ <u>ο</u>		Jud			
				Tota	l Dollars (19)	\$

Exhibit 2 Page 10

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

(20) CERTIFICATIONS AND SIGNATURES

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06/09/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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500 F 407					Page 11
FCC Form 497 April 2012 Edition LIFELINE WORI				ET	OMB Approval
•				Ava Burdon Est r	3060-0819
				Avy. Buiden Esi. p	ber Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143034376		(2) Study Area Code	<u>e269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔲 🛛 I	High	Cost/Low Income 🖾	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 07/08/20	14
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month June 201	4
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	К _Y
Telephone Number: Fax Number:	678-389-6024				
	770-594-3878	_	-		
E-mail Address:	caitlyn.lumpkin@	egminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					00050
Receiving federal L	ifeline Support	(8) 2838		x \$ <u>9.25</u>	= \$ 26252
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	= \$ 0
Receiving federal L	neine Support	Tot		(not to exceed \$34.25) Federal Lifeline Support Claimed	d (10) \$ <u>26252</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	LS per Subscriber	(11) <u>0.00000</u>	00		
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	n 2013)			
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ele only to ETCs rece	eiving High Cost su	ppol	rt)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average	ge amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ ⁰
ETC Payment		·			
-		-			
I otal Lifeline \$ 20232	I otal TLS \$ <u>_</u>		ı otal	Tribal Link Up \$ <u>0</u>	
				Total Dollars (19)	\$_20252

Exhibit 2 Page 12

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

(20) CERTIFICATIONS AND SIGNATURES

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07/08/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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500 F 407					Page 13		
FCC Form 497 April 2012 Edition LIFELINE WORK				ET	OMB Approval		
•				Ava Burden Est	3060-0819		
				Avg. buiden Est.	per Respondent: 2.5 Hrs.		
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area Cod	le <u>269032</u>		
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🛄	Wireless 🕑		
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🛄 🛛 I	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 08/08/20)14		
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month July 201	4		
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)			
				Original Revision			
-	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	CKY		
Telephone Number:	678-389-6024		_				
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgminc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline		
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support			
Receiving federal L	ifeline Support	(8) 3565		x \$ <u>9.25</u>	= \$ 32976		
Tribal Low-Income Subscrib		(9) <u>0</u>		x \$ <u>0.00</u>	= \$		
Receiving federal L	neine Support	Tot		(not to exceed \$34.25) Federal Lifeline Support Claime	d (10) \$ <u>32976</u>		
Toll Limitation Servio	ces (TLS)						
Cost of Providing T	I S par Subscriber	(11) 0.00000	00				
	al cost or \$3 in 2012 /\$2 i	(1)					
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Support Claimed	(13) \$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi	rt)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an avera	ge amount)		
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Support Claimed	d (18) \$ <u>0</u>		
ETC Payment							
Total Lifeline \$ 32976	Total TLS \$ 0		Total	Tribal Link Up \$ <u>0</u>			
······································			5.00	Total Dollars (19			
				i otal Dollars (19) \$		

Exhibit 2 Page 14

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

08/08/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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F00 F 407					Page 15	
FCC Form 497 April 2012 Edition LIFELINE WOR				ET	OMB Approval	
•				Ava Durdon Est	3060-0819	
				Avg. buiden Est.	per Respondent: 2.5 Hrs.	
(1) USAC Service Provider le	dentification Number	143034376		(2) Study Area Cod	le <u>269032</u>	
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🔽	
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔲 🛛 I	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 09/08/20)14	
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month August 2	2014	
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)		
				Original Revision		
	BELLEVIEW, F	L 34420	d)	State Reporting KENTU(СКҮ	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	0.5.4.5.5	
Receiving federal L	ifeline Support	(8) 3833		x \$ <u>9.25</u>	= \$ <u>35455</u>	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	= \$	
Receiving federal L	ifeline Support	Tot		(not to exceed \$34.25) Federal Lifeline Support Claime	d (10) \$ <u>35455</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber	(11) <u>0.00000</u>	00			
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	n 2013)				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Support Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippol	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates, use an avera	ge amount)	
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Support Claime	d (18) \$_0	
ETC Payment						
2		-	Total	Tribal Link Up \$ <u>0</u>		
	10tal 115 \$ <u>-</u>		otal	-		
				Total Dollars (19) \$	

Exhibit 2 Page 16

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

(20) CERTIFICATIONS AND SIGNATURES

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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.

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09/08/2014

Joseph Fernandez

DATE

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Joseph Fernandez

President

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OFFICER NAME

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						Exhibit 2 Page 17
FCC Form 497 April 2012 Edition LIFELINE WORK				ET		OMB Approval
·				Avg.	Burden Est. per	3060-0819 Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Stu	dy Area Code <u>2</u>	69032
(3) Filer 499 ID 826954			(no (check one) Wireli	-	Wireless
.,				-		Wileless 🗀
(5) ETC Designation Type (C	-	e Only 🖵 🛛 I	•	Cost/Low Income		
(6) Organization Information Company Legal Name:				Filing Information Submission Date	10/07/2014	
		ervice Company Inc				
Contact Name: Mailing Address:	CAITLYN LUMI		b) c)	Data Month Type of Filing	September	2014
	4352 SE 95TH	SIREEI	- ''	(check one)	Original 🔽	
	BELLEVIEW, F	1 24420	d)		Revision 🗍	v
Telephone Number:	678-389-6024	L 34420	~, 		KENTUCK	T
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline			_1			
		(a) # Lifeline		(b) Lifeline Sup) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup		00757
Receiving federal L	ifeline Support	(8) 4298		x \$ <u>9.2</u>		\$ <u>39757</u>
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exce		\$ 0
		Тс	otal F	ederal Lifeline Sup		10) \$ <u>39757</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T		(11) <u>0.00000</u>	00			
Υ.	tal cost or \$3 in 2012 /\$2	, 				
Number of TLS Sub	oscribers	(12) <u>0</u>				0
Tribal Link Up (Availat	he only to ETCs room	niving High Cost su	nnor	Total TLS Supp	ort Claimed (1	3) \$ <u>0</u>
		fiving riigh Cost su	ρροι	<i>l</i>)		
Number of Connect		$(14) \frac{0}{0.00}$		(for multiple rates		a)
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an average a	amount)
Total Connection C		(16) \$ <u>0.0</u>				
Total Connection C	narges waived					
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claimed (1	8) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>39757</u>	Total TLS \$ <u>0</u>	T	Total	Tribal Link Up \$ 0		
					I Dollars (19) \$	39757
				1014		

Exhibit 2 Page 18

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

(20) CERTIFICATIONS AND SIGNATURES

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10/07/2014

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					Page 19		
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET					OMB Approval		
					3060-0819		
				Avg. Burden Est. p	er Respondent: 2.5 Hrs.		
(1) USAC Service Provider Identification Number <u>143034376</u> (2) Study Area Code <u>269032</u>							
(3) Filer 499 ID <u>826954</u>		ype (check one) Wireline 🔲	Wireless 🗹			
(5) ETC Designation Type (Check one): Lifeline Only 🛄 High Cost/Low Income 🗹							
(6) Organization Information	۱		(7)	Filing Information			
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 11/07/201	4		
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month October 2	2014		
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)			
				Original Revision			
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	KY		
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgminc.com					
Lifeline							
		(a) # Lifeline			(c) Total Lifeline		
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support			
Receiving federal L	ifeline Support	(8) 4504		x \$9.25	= \$ 41662		
Tribal Low-Income Subscrib		(9) <u>0</u>		x <u>\$</u> 0.00	= \$ 0		
Receiving federal L	ifeline Support	Tota		(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 41662			
Toll Limitation Services (TLS)							
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(11) <u>0.00000</u> in 2013)	00				
Number of TLS Subscribers		(12) <u>0</u>					
	Total TLS Support Claimed (13) \$ <u>0</u>						
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippol				
Number of Connect	ions Waived	(14) 0					
Number of Connections Waived Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an average amount)			
		(not to exceed \$100)					
Total Connection Charges Waived		(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ <u>0.00</u>					
		т	otal	Tribal Link Up Support Claimed	(18) \$ ⁰		
ETC Payment							
-							
Total Lifeline \$ <u>41662</u> Total TLS \$ <u>0</u> Total Tribal Link Up \$ <u>0</u>							
				Total Dollars (19)	<u>\$ 41662</u>		

Exhibit 2 Page 20

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

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11/07/2014

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					Page 21		
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET					OMB Approval		
· • • · · · • · • · · • · ·				3060-0819			
				Avg. Burden Est. pe	er Respondent: 2.5 Hrs.		
(1) USAC Service Provider Identification Number <u>143034376</u> (2) Study Area Code <u>269032</u>							
(3) Filer 499 ID <u>826954</u>		(4) Technology T	ype (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:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 12/08/201	4		
Contact Name:	CAITLYN LUMF	CAITLYN LUMPKIN		Data Month Novembe	r 2014		
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)			
				Original Revision	1		
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	ΚΥ		
Telephone Number:	678-389-6024		_				
Fax Number:	770-594-3878		_				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline		
Non-Tribal Low-Income Sub					. 40705		
Receiving federal L	ifeline Support	(8) 4620			= \$ 42735		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$		
Necenting rederar L	neine Support	Tota		Federal Lifeline Support Claimed (10) \$ 42735			
Toll Limitation Services (TLS)							
Cost of Providing TLS per Subscriber $(11) = 0.000000$							
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(1)					
Number of TLS Subscribers		(12) <u>0</u>					
				Total TLS Support Claimed ((13) \$ <u>0</u>		
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippol	<i>t</i>)			
Number of Connect	(14) 0						
Number of Connections Waived Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an average amount)			
		(not to exceed \$100)					
Total Connection Charges Waived		(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
Total Tribal Link Up Support Claimed (18) \$ 0							
ETC Payment							
-							
Total Lifeline \$ <u>42735</u> Total TLS \$ <u>0</u> Total Tribal Link Up \$ <u>0</u>							
				Total Dollars (19)	<u>\$_42735</u>		

Exhibit 2 Page 22

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

12/08/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

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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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.

F00 F 407					Page 23		
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET					OMB Approval		
·				Ava Burdon Est p	3060-0819		
				Avg. Buiden Est. p	er Respondent: 2.5 Hrs.		
(1) USAC Service Provider Identification Number <u>143034376</u> (2) Study Area Code <u>269032</u>							
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (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:	Easy Telephone Se	ervice Company Inc	a)	Submission Date 01/08/207	15		
Contact Name:	CAITLYN LUMF	CAITLYN LUMPKIN		Data Month Decembe	er 2014		
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)			
				Original Revision	4		
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	KY		
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878	-					
E-mail Address:	caitlyn.lumpkin@	@cgminc.com					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline		
Non-Tribal Low-Income Sub					▲ 42201		
Receiving federal L	ifeline Support	(8) 4572		x \$ <u>9.25</u>	= \$ 42291		
Tribal Low-Income Subscrib Receiving federal I		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ 0		
Receiving federal Lifeline Support		Total		ederal Lifeline Support Claimed	I (10) \$ <u>42291</u>		
Toll Limitation Services (TLS)							
Cost of Providing TLS per Subscriber (11) 0.00			00				
(the lesser of incremental cost or \$3 in 2012 /\$2 i		, O					
Number of TLS Sub	oscribers	(12) <u>0</u>			0		
Total TLS Support Claimed (13) \$ <u>0</u> Tribal Link Up (Available only to ETCs receiving High Cost support)					(13) \$ <u>U</u>		
0							
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, use an averag	e amount)		
		(not to exceed \$100)					
Total Connection Charges Waived		(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ 0.00					
Total Tribal Link Up Support Claimed (18) \$ 0							
ETC Payment							
Total Lifeline 42291 Total TLS 0 Total Tribal Link Up 0							
Total Dollars (19) \$ 42291							
				Total Dollars (19)	\$		

Exhibit 2 Page 24

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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01/08/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.
						Exhibit 2 Page 25
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
				Avg.	Burden Est. ı	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Stu	dy Area Cod	e <u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🖵 🛛 I	High	Cost/Low Income		
(6) Organization Information	<u>ı</u>		(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date	02/06/20	15
Contact Name:	CAITLYN LUM	PKIN	b)	Data Month	January	2015
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	BELLEVIEW, F	L 34420	d)	State Reporting	KENTUC	CKY
Fax Number:	678-389-6024		-			
	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u> p		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 4293		x \$9.2		= \$ 39710
Tribal Low-Income Subscrib	bers	(9) <u>0</u>		x <u>\$</u> _0.00		= \$ 0
Receiving federal L	ifeline Support	Тс	otal F	not to exce) Federal Lifeline Sup		d (10) \$ 39710
Toll Limitation Servio	ces (TLS)				-	
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)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ppol	rt)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
		· · · /				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>39710</u>	Total TLS \$_0		Total	Tribal Link Up \$)	
-					l Dollars (19)	
				iola	. 201013 (19	, •

Exhibit 2 Page 26

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

02/06/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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

						Exhibit 2 Page 27
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Stu	dy Area Cod	e <u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🖵 🛛 I	High	Cost/Low Income	~	
(6) Organization Information	<u> </u>		(7)	Filing Information	1	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date	03/05/20	15
Contact Name:	CAITLYN LUMI	PKIN	b)	Data Month	February	/ 2015
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)		
					Original Revision	
Talankana Numkan	BELLEVIEW, F	L 34420	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						• 20260
Receiving federal L	ifeline Support	(8) 4148		x \$ <u>9.2</u>	5	= \$ 38369
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exce	ed \$34.25)	= \$ 0
		Тс	otal F	ederal Lifeline Sup		d (10) \$ <u>38369</u>
Toll Limitation Servio	ces (TLS)					
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)	00			
Number of TLS Sub	oscribers	(12) 0				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ppor	<i>t)</i>		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>
ETC Payment						
Total Lifeline <u>\$ 38369</u>	Total TIS\$0	-	Total	Tribal Link Un \$ 0)	
	<u> </u>		. J.ul		l Dollars (19	
				Iota	Donars (19	γφ

Exhibit 2 Page 28

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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03/05/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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					Page 29
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
· • • · · · • · • · · • · ·					3060-0819
				Avg. Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143034376		(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄 🛛 I	High	Cost/Low Income 🗹	
(6) Organization Information) 		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 04/06/201	15
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month March 20	15
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	4
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	KY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878	-			
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>4011</u>			
Receiving federal Lifeline Support				x \$ <u>9.25</u>	= \$ 37102
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ 0
		Тс	otal F	ederal Lifeline Support Claimed	i (10) \$ <u>37102</u>
Toll Limitation Servio	ces (TLS)				
		(11) 0.00000	0		
Cost of Providing T (the lesser of increment	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(1)	0		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippoi	<i>t)</i>	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an averag	e amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_	
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ 0
ETC Payment					-
-		-		Tribal Link Up \$ <u>0</u>	
Total Lifeline \$ 07 TOZ	10tal 1L5 \$ <u></u> _		otal	-	
				Total Dollars (19)	\$_37102

Exhibit 2 Page 30

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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04/06/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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

500 F 107					Page 31
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
•				Ava Burden Est n	3060-0819 ber Respondent: 2.5 Hrs.
					·
(1) USAC Service Provider le	dentification Number	143034376		(2) Study Area Code	<u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔲 🛛 I	High	Cost/Low Income	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date 05/07/20	15
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month April 201	5
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	
Talankana Namakan	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	ΚY
Telephone Number: Fax Number:	678-389-6024		-		
	770-594-3878		-		
E-mail Address:	caitlyn.lumpkin@	ecgminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>2704</u>			♠ 25012
Receiving federal Lifeline Support				x \$ <u>9.25</u>	= \$ 25012
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		_ x \$ <u>0.00</u> (not to exceed \$34.25)	= \$
Koooning loadia E		Тс	otal F	ederal Lifeline Support Claimed	1 (10) \$ <u>25012</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T (the lesser of increment	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	00		
Number of TLS Sub	oscribers	(12) 0			
		. ,		Total TLS Support Claimed	(12) ¢ ()
Tribal Link Up (Availab	ble only to ETCs rece	eiving High Cost su	ppol	••	(13) \$
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an averag	je amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_	
Deferred Interest		(17) \$ 0.00			
		т	otal	Tribal Link Up Support Claimed	(18) \$ 0
ETC Payment					
Total Lifeline \$ 25012	Total TIS\$0	-	Fotal	Tribal Link Up \$ <u>0</u>	
	<u> </u>			-	
				Total Dollars (19)	\$

Exhibit 2 Page 32

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

05/07/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

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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500 F 407					Page 33
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
•				Ava Burdon Est r	3060-0819
				Avy. Buiden Esi. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area Code	e <u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🛄 🛛 I	High	Cost/Low Income	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 06/05/20	15
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month May 201	5
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	~
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	КY
Telephone Number:	678-389-6024		_		
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/	(c) Total Lifeline
Non-Tribal Low-Income Sub				Subscriber Support	00005
Receiving federal L	ifeline Support	(8) 2580		x \$ <u>9.25</u>	= \$ 23865
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$
Receiving lederal L	neime Support	Тс	otal F	ederal Lifeline Support Claimed	d (10) \$ <u>23865</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	1 C nor Cubooribor	(11) 0.00000	00		
Cost of Providing T (the lesser of increment	tal cost or \$3 in 2012 /\$2 i	(1)			
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippol		
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average	ge amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	I (18) \$ O
ETC Payment					. ,
-	Total TIS \$ 0	-	Total	Tribal Link Up \$ <u>0</u>	
. 5.61 En 61110 ψ	<u> </u>		. Jui	Total Dollars (19)	
				Total Dollars (19)	\$

Exhibit 2 Page 34

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.

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06/05/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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

500 F 107					Page 35
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
•				Ava Purdon Ect n	3060-0819
				Avg. Burden Esi. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143034376		(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔲 🛛 I	High	Cost/Low Income 🔽	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 07/08/201	15
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month June 201	5
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original - Revision	
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	KY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>			(c) Total Lifeline
Non-Tribal Low-Income Sub				Subscriber Support	04000
Receiving federal L	ifeline Support	(8) 2310			= \$ 21368
Tribal Low-Income Subscribers		(9) 0			= \$
Receiving federal L	ifeline Support	Тс	otal F	(not to exceed \$34.25) ederal Lifeline Support Claimed	(10) \$ <u>21368</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	l C nar Cubaaribar	(11) 0.00000	00		
Cost of Providing T (the lesser of increment	al cost or \$3 in 2012 /\$2 i	(1)			
Number of TLS Sub	oscribers	(12) 0			
				Total TLS Support Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippoi		(10)
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average	e amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ ⁰
ETC Payment					. , .
2				Tribal Link Up \$ <u>0</u>	
	10tal 115 \$ <u>-</u>		otal	-	
				Total Dollars (19)	\$ 21300

Exhibit 2 Page 36

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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07/08/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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F00 F 407					Page 37
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
•				Ava Burdon Est r	3060-0819
				Avy. buiden Esi. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143034376		(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔲 🛛 I	High	Cost/Low Income 🖾	
(6) Organization Information)		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 08/04/20	15
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month July 2015	5
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	4
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	ΚY
Telephone Number: Fax Number:	678-389-6024				
	770-594-3878	_	-		
E-mail Address:	caitlyn.lumpkin@	egminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					00445
Receiving federal Lifeline Support		(8) 2207		x \$ <u>9.25</u>	= \$ 20415
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ _0
Receiving lederal L	neine Support	Тс	otal F	ederal Lifeline Support Claimed	1 (10) \$ <u>20415</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T		(11) <u>0.00000</u>	00		
,	al cost or \$3 in 2012 /\$2 i:	, O			
Number of TLS Sub	oscribers	(12) <u>0</u>			
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippol	Total TLS Support Claimed	(13) \$ <u>0</u>
•	-	0			
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, use an averag	e amount)
Unarges Warved pe		(not to exceed \$100)			je amounty
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ 0
ETC Payment		ľ			\- <i>\$</i> / ¥
-		-	T	Tribal Link Up \$ <u>0</u>	
Total Lifeline \$ 20710	10tal 1LS \$		i otal	-	
				Total Dollars (19)	\$ 20413

Exhibit 2 Page 38

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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08/04/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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F00 F 407					Page 39
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
·				Avg. Burdon Est	3060-0819
				Avg. Buiden Est	. per Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143034376		(2) Study Area Co	de <u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology T	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄 🛛 I	High	Cost/Low Income 🔽	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date 09/03/2	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month August	2015
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	
	BELLEVIEW, F	L 34420	d)	State Reporting KENTU	CKY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 2013			▲ 18620
Receiving federal Lifeline Support		0		x \$ <u>9.25</u>	= \$ <u>18620</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ 0
		Тс	otal F	ederal Lifeline Support Claim	ed (10) \$ <u>18620</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	LS per Subscriber	(11) 0.00000	00		
	tal cost or \$3 in 2012 /\$2 i				
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ppol	<i>t)</i>	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an aver	age amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_	
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claime	ed (18) \$ <u>0</u>
ETC Payment					
-	Total TI S ¢ 0	-	Total	Tribal Link Up \$ <u>0</u>	
. star Ensine <u>ψ</u>	<u> </u>		. Jtal	-	
				Total Dollars (1	9) \$

Exhibit 2 Page 40

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

09/03/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

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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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.

					Page 41
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
					3060-0819
				Avg. Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area Cod	e <u>269032</u>
(3) Filer 499 ID <u>826954</u>		(4) Technology T	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🔲 🛛	High	Cost/Low Income	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 10/05/20	15
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Septemb	oer 2015
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	<u>-</u>
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	KY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	
Receiving federal L	ifeline Support	(8) 1818		x \$ <u>9.25</u>	= \$ 16817
Tribal Low-Income Subscribers		(9) 0		x \$ <u>0.00</u>	= \$
Receiving federal L	ifeline Support	Tota		(not to exceed \$34.25) Federal Lifeline Support Claime	d (10)\$ <u>16817</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> in 2013)	00		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ 0
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippol	••	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average	ge amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	1 (18) \$ O
ETC Payment		•	- 141		
-	2			0	
Total Lifeline \$ 16817	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ <u>0</u>	
				Total Dollars (19)	\$ <u>16817</u>

Exhibit 2 Page 42

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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10/05/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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					Page 43
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
					3060-0819
				Avg. Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology T	ype (check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🔲 🛛 I	High	Cost/Low Income 🗹	
(6) Organization Information) 		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 11/06/201	15
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month October 2	2015
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	4
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	KY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline			(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	
Receiving federal L	ifeline Support	(8) 1617		x \$ <u>9.25</u>	= \$ 14957
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ <u>0.00</u>	= \$
Receiving federal L	ifeline Support	Тс	otal F	(not to exceed \$34.25) ederal Lifeline Support Claimed	(10) \$ <u>14957</u>
Toll Limitation Servio	ces (TLS)				
		0 00000	0		
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	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippol	rt)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an averag	e amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ <u>0</u>
ETC Payment					
-	Total TIS ¢ 0		Total	Tribal Link Up \$ <u>0</u>	
$rotar Literine \phi - root$	<u> </u>		lota	-	
				Total Dollars (19)	\$

Exhibit 2 Page 44

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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11/06/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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

					Page 45
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
· • • · · · • · · · · · · · · · · · · ·					3060-0819
				Avg. Burden Est. pe	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄 🛛 I	High	Cost/Low Income	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date 12/07/201	5
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Novembe	r 2015
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	1
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	Υ
Telephone Number:	678-389-6024		_		
Fax Number:	770-594-3878	-	-		
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					▲ 15001
Receiving federal Lifeline Support		(8) 1652			= \$ 15281
Tribal Low-Income Subscrib Receiving federal L		(9) 0		_ x \$ <u>0.00</u> (not to exceed \$34.25)	= \$
Receiving rederal L	neime Support	Тс	otal F	ederal Lifeline Support Claimed	(10) \$ <u>15281</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	LS per Subscriber	(11) 0.00000	00		
(the lesser of increment	tal cost or \$3 in 2012 /\$2 i	n 2013)			
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed ((13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ppo	rt)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average	e amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_	
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ <u>0</u>
ETC Payment					
-		-	-	- - - - - - - - - -	
Total Lifeline \$_15261	Total TLS \$ <u>_</u>		lotal	Tribal Link Up \$ <u>0</u>	
				Total Dollars (19)	\$_15281

Exhibit 2 Page 46

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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12/07/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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					Page 47
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval
					3060-0819
				Avg. Burden Est. pe	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology T	ype (check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeline	e Only	High	Cost/Low Income 🔽	
(6) Organization Information	۱		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 01/06/201	6
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Decembe	r 2015
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	a
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	ΚΥ
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline			(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	
Receiving federal L	ifeline Support	(8) 1504		x \$ <u>9.25</u>	= \$ 13912
Tribal Low-Income Subscribers		(9) 0			= \$ _0
Receiving federal L	ifeline Support	То	otal F	(not to exceed \$34.25) ederal Lifeline Support Claimed	(10) \$ <u>13912</u>
Toll Limitation Servio	ces (TLS)				
		0.0000			
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)	00		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed ((13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippol	rt)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average	e amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ 0
ETC Payment		·			\/ *
-	0		_	0	
Total Lifeline \$_13912	Total TLS \$ <u>_</u>		Total	Tribal Link Up \$ <u>0</u>	
				Total Dollars (19)	<u>\$ 13912</u>

Exhibit 2 Page 48

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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01/06/2016

Joseph Fernandez

DATE

OFFICER SIGNATURE

Joseph Fernandez

President

OFFICER TITLE

OFFICER NAME

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

					Page 49
FCC Form 497 April 2012 Edition	LIFELINE WORKSH			ET	OMB Approval
· • • · · · • · · · · · · · · · · · · ·					3060-0819
				Avg. Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143034376		(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (Check one): Lifeline Only 🛄 High Cost/Low Income 🖆					
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date 02/08/20	16
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month January 2	2016
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	4
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	KY
Telephone Number:	678-389-6024		_		
Fax Number:	770-594-3878		-		
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					40007
Receiving federal L	ifeline Support	(8) 1177		x \$ <u>9.25</u>	= \$ 10887
Tribal Low-Income Subscrib		(9) 0		x (0.00)	= \$ 0
Receiving federal L	neine Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ <u>108</u>			I (10) \$ <u>10887</u>
Toll Limitation Servio	ces (TLS)				
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(11) <u>0.00000</u> in 2013)	0		
Number of TLS Subscribers		(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	рроі		
Number of Connect	ions Waived	(14) 0			
Number of Connections Waived Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an average amount)	
		(not to exceed \$100)			
Total Connection Charges Waived		(16) \$ <u>0.0</u>			
Deferred Interest (17)		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ 0
ETC Payment					. ,
-	0		_		
Total Lifeline \$_10887	Total TLS \$ <u>0</u>	I	Γotal	Tribal Link Up \$ <u>0</u>	
				Total Dollars (19)	\$ <u>10887</u>

Exhibit 2 Page 50

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/08/2016

Tina C. Allen

DATE

OFFICER SIGNATURE

OFFICER NAME

Compliance Manager

OFFICER TITLE

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.

500 F 107					Page 51	
FCC Form 497 April 2012 Edition				ET	OMB Approval	
·				Avg. Burdon Eo	3060-0819	
				Avg. Buiden Es	t. per Respondent: 2.5 Hrs.	
(1) USAC Service Provider Identification Number <u>143034376</u> (2				(2) Study Area Co	ode <u>269032</u>	
(3) Filer 499 ID <u>826954</u>		(4) Technology Ty	ype (check one) Wireline 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔲 🛛 I	High	Cost/Low Income 🖳		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Easy Telephone Se	ervice Company Inc	a)	Submission Date 03/04/2	2016	
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Februa	iry 2016	
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)		
				Original Revision		
	BELLEVIEW, F	L 34420	d)	State Reporting KENTU	JCKY	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/	(c) Total Lifeline	
Non-Tribal Low-Income Sub				Subscriber Support	40707	
Receiving federal L	ifeline Support	(8) 1164		x \$ <u>9.25</u>		
Tribal Low-Income Subscrib		(9) 0		$x \ (0.00)$	= \$ 0	
Receiving federal L	neine Support	Тс	otal F	(not to exceed \$34.25) ederal Lifeline Support Clain	ned (10) \$ <u>10767</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)						
Number of TLS Subscribers		(12) 0				
Number of TEO Out		(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppol	Total TLS Support Claime	ed (13) \$ <u>∪</u>	
Number of Courses		<i>(</i> ())				
Number of Connections Waived Charges Waived per Connection		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, use an average amount)		
		(not to exceed \$100)				
Total Connection Charges Waived		(16) \$ <u>0.0</u>				
Deferred Interest ((17) \$ <u>0.00</u>				
Total Tribal Link Up Support Claimed (18) \$ 0						
ETC Payment						
-	Total TISE ()	-	Fotal	Tribal Link Up \$ <u>0</u>		
	<u> </u>		old	-		
				Total Dollars (*	19) \$	

Exhibit 2 Page 52

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

03/04/2016

Tina C. Allen

DATE

Tina C. Allen

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

Secretary

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					Page 53
FCC Form 497 April 2012 Edition	LIFELINE WORKSH			ET	OMB Approval
	LIFELINE WORKS				3060-0819
				Avg. Burden Est. pe	er Respondent: 2.5 Hrs.
(1) USAC Service Provider Identification Number <u>143034376</u>				(2) Study Area Code	269032
(3) Filer 499 ID <u>826954</u>		(4) Technology T	ype (check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🛄 🛛	High	Cost/Low Income 🔽	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Easy Telephone Se	ervice Company Inc	; a)	Submission Date 04/07/201	6
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month March 20	16
Mailing Address:	4352 SE 95TH	STREET	c)	Type of Filing (check one)	
				Original Revision	1
	BELLEVIEW, F	L 34420	d)	State Reporting KENTUC	Ϋ́
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline			(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	
Receiving federal L	ifeline Support	(8) 1225		x \$ <u>9.25</u>	= \$ 11331
Tribal Low-Income Subscrib		(9) 0		· ·	= \$
Receiving federal L	ifeline Support	Total Federal L		(not to exceed \$34.25) ederal Lifeline Support Claimed	(10) \$ <u>11331</u>
Toll Limitation Services (TLS)					
	. ,				
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(11) <u>0.00000</u> in 2013)	00	_	
Number of TLS Subscribers		(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ 0
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippol	••	, , . <u> </u>
Number of Connect	ions Waived	(14) 0			
Number of Connections Waived Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an average amount)	
		(not to exceed \$100)			
Total Connection Charges Waived		(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		т	otal	Tribal Link Up Support Claimed	(18) \$ ⁽¹⁸⁾
ETC Payment		·			· · / Ŧ
-	0			0	
Total Lifeline \$_11331	Total TLS \$ <u>_0</u>		Total	Tribal Link Up \$ <u>0</u>	
				Total Dollars (19)	<u>\$ 11331</u>

Exhibit 2 Page 54

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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04/07/2016

TINA C ALLEN

DATE

TINA C ALLEN

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

Secretary

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Easy Wireless Rate Sheet KY	April 2016
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Plan Name	Plan Type	Plan Price
Easy Lifeline Essentials 250talk/250text/25mb	Lifeline Plan	\$0.00
Easy Lifeline Essentials 2250talk/Unlimited Text/1Gb	Lifeline Plan	\$39.45
Easy Lifeline Essentials 2250talk/Unlimited Text/250mb	Lifeline Plan	\$26.45
Easy Lifeline Essentials 2250talk/Unlimited Text/50mb	Lifeline Plan	\$22.50
Easy Lifeline Essentials Unlimited Talk/Unlimited Text/50	Lifeline Plan	\$51.45
Easy Lifeline Essentials 2250talk/Unlimited Text/2Gb	Lifeline Plan	\$51.45
Easy Essentials 250talk/250text/25mb	Retail Plan	\$12.75
Easy Essentials 2250talk/Unlimited Text/1Gb	Retail Plan	\$52.20
Easy Essentials 2250talk/Unlimited Text/250mb	Retail Plan	\$39.20
Easy Essentials 2250talk/Unlimited Text/50mb	Retail Plan	\$35.25
Easy Essentials Unlimited Talk/Unlimited Text/50	Retail Plan	\$64.20
Easy Essentials 2250talk/Unlimited Text/2Gb	Retail Plan	\$64.20
Easy Family Unlimited Talk / Unlimited Text / 50Mb	Family Plan	\$54.20
Easy Family 2250talk/Unlimited Text/2Gb	Family Plan	\$49.20
Easy Family 2250talk/Unlimited Text/1Gb	Family Plan	\$37.20
Easy Family 2250talk/Unlimited Text/250mb	Family Plan	\$29.20
Easy Family 2250talk/Unlimited Text/50mb	Family Plan	\$25.25