# COMMONWEALTH OF KENTUCKY

# **BEFORE THE PUBLIC SERVICE COMMISSION**

In the Matter of:

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

## AIR VOICE WIRELESS LLC'S RESPONSES TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION

Air Voice Wireless, LLC hereby serves its Responses to the Kentucky Public Service

Commission Request for Information dated April 6, 2016.

## VERIFICATION

)

STATE OF MICHIGAN ) ss. County of Oakland )

I, Dennis Jaboro, being first duly sworn upon oath, depose and say that I am the Chief Operating Officer of Airvoice 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.

18,2019

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

Notary Public

Notary Public

My Commission expires:

**AUTUMN JENKINSON** Notary Public - Michigan **Oakland County** My Commission Expires Jul 18, 2019 Acting in the County of Ockland

# 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>**: See attachment labeled *Exhibit 1*.

**REQUEST NO. 2.** Provide the Federal Communication Commission ("FCC") Form 497 submitted to the FCC from January 2014 to the present. **RESPONSE:** See attachment labeled *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:

- **a.** Copies of all Lifeline plans currently offered to Kentucky subscribers.
- **b.** For each new or modified Lifeline plan, explain in detail:
  - i. How the current Lifeline plan modifies the Lifeline plan in effect when you were designated as an ETC:
  - ii. Whether the current Lifeline plan was offered in addition to Lifeline plans in effect when you were designated as an ETC.
- **c.** An explanation for why existing Lifeline plans were changed or additional Lifeline plans were added.

**<u>RESPONSE</u>**: Air Voice Wireless has not modified its Lifeline plan offering in Kentucky from the time it received ETC designation.

**<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>**: Air Voice intends to provide Lifeline service as long as support remains available for voice service.

**<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.

**RESPONSE:** At this time, Air Voice Wireless utilizes the KAMES database which is only available for annual recertification. A "Real Time" State Eligibility Database should be created for new enrollments and ETC"s should be required to check the database prior to providing lifeline service to an applicant. Applicants that are found as Eligible in the Database should be able to receive Lifeline service.

**<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>**: Air Voice Wireless does not bill Lifeline customers. If the Commission decides to change the amount of lifeline support it may impact some benefits that our customers receive.

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

## **RESPONSE:**

Air Voice Wireless utilizes the CGM Enrollment Compliance Platform for all new enrollments. The platform sends all orders to our Real Time Review Team. The Real time Review team then determines the eligibility by viewing the identification proof and program eligibility documents that were submitted with the application. All Lifeline applications are reviewed and verified prior to a handset being distributed to the subscriber.

Air Voice Wireless requires applicants qualifying based on Program to present the following documentation:

- A statement of benefits from a qualifying state, federal, or Tribal program;
- A notice letter of participation in a qualifying state, federal, or Tribal program;
- Program participation documents, such as a benefits card; or

- Another official document evidencing the consumer's participation in a qualifying state, federal, or Tribal program.

Air Voice Wireless requires applicants qualifying based on income to present the following documentation, which is then reviewed for eligibility determination:

- Prior year's state, federal or tribal tax return;

- Current income statement from an employer or three consecutive months of paycheck stubs;

- A Social Security Statement of benefits;
- A Veterans Administration Statement of benefits;
- A retirement or pension statement of benefits;
- An unemployment or worker's compensation statement of benefits;
- Federal or Tribal notice letter of participation in General Assistance; or

- A divorce decree, child support award, or other official document containing income information

**<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.

**<u>RESPONSE</u>**: Air Voice Wireless has not been subjected to any investigations, actions, and/or penalties relating to participation in the Lifeline Program.

**<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.

## **RESPONSE:**

Air Voice Wireless advertises and promotes the availability of Lifeline services in a manner that is reasonably designed to reach those that qualify for Lifeline service. Air Voice Wireless advertises through Retail Agents, In Person Events and on the Company Website.

Retail agents have Brick & Mortar fixed locations and are located in areas where many customers qualify for Lifeline service. Retail Agents were originally set up to distribute Air Voice's Non-Lifeline/Prepaid Wireless products. Select Retail Agents were then chosen to have the opportunity to distribute Lifeline service to customers and earn commission for each qualifying enrollment. These locations are successful because the customer has a location to go back to if they have questions, issues with their device or would like to purchase a refill top up.

In Person Events are tent events that are conducted by trained Sales agents. The locations are not fixed and are conducted in areas where customers may qualify for lifeline service. These events contain signage that advertise Air Voice's Lifeline service offering. Signage at a tent event typically includes a tent, Tablecloth, Banner, Posters and Rack cards.

The FeelSafeWireless.com website is another way Air Voice advertises its Lifeline service offering. All of the Lifeline print materials such as the rack card and posters contain the web address. Customers that do not have necessary documentation to enroll for Lifeline service at a tent event may visit the FeelSafeWireless.com website to apply. The website is also advertised to all of the Air Voice Non-Lifeline Prepaid customers that contact customer service and are placed on hold.

# **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>**: See attachment labeled *Exhibit 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>**: Kentucky Subscribers that are included on the USAC Form 497 are the only subscribers that get calculated on the KUSF reimbursement form. If a subscriber enrolls in the middle of the month, they will be included on the KUSF reimbursement form.

**<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>**: Kentucky subscribers that are included on USAC Form 497 are the only subscribers that get calculated on the KUSF reimbursement form. If a subscriber leaves in the middle of the month, they will not be included if the Original Activation date is greater than the cancel date. The Original activation date must be less than or equal to the cancel date.

**<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>**: Air Voice Wireless is a prepaid provider and therefore does not have any bad debt.

**<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>**: Air Voice does not believe the Commission should wait until the FCC concludes its investigation of Lifeline reform before rendering a decision. We feel that the Lifeline reform investigation is not going to be concluded anytime in the near future.

**<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>**: Air Voice Wireless does not bill its Lifeline customers.

### **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



	2/11/2014_	Reporting Month2014-01
		Carrier Information
3	Company Name	AIR VOICE WIRELESS, LLC
Co	ompany Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
	Telephone / Fax	248-345-3900/ 248-239-0182
,	Vendor Number	
Class	ification	
	ification e Circle One	ILEC CLEC Cellular PCS
		ILEC CLEC Cellular PCS
		ILEC CLEC Cellular PCS Monthly Access Line Data
Please	e Circle One	
Please	e Circle One Total Access L	Monthly Access Line Data
Please 1. 2.	e Circle One Total Access L Surcharge Per	Monthly Access Line Data
	e Circle One Total Access L Surcharge Per Amount of Sur	Monthly Access Line Data         Lines in Service

	Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Title Mark Bun - Ceo 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	



	3/11/2014_	Reporting Month2014-02
		Carrier Information
(	Company Name	AIR VOICE WIRELESS, LLC
Co	mpany Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
	Telephone / Fax	248-345-3900/ 248-239-0182
1	endor Number	
	fication	
Please	Circle One	ILEC CLEC (cellular) PCS
Please	Circle One	ILEC     CLEC     Cellular     PCS       Monthly Access Line Data
	Total Access L	Monthly Access Line Data
1.	Total Access L Surcharge Per	Monthly Access Line Data
1. 2. 3.	Total Access L Surcharge Per Amount of Sur	Monthly Access Line Data Lines in Service

Signat	ure Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official <u>Jim BAHNI</u> Title <u>MemBon - CEO</u> 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

Date6/3/2014	Reporting Month	2014-03
	Carrier Information	
Company Name	AIR VOICE WIRELESS, LLC	
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302	2
Telephone / Fax	248-345-3900/ 248-239-0182	
Vendor Number		
Classification Please Circle One	ILEC CLEC Cellular PCS	Per Co
		1º1
	Monthly Access Line Data	No in the second
I. Total Access L	ines in Service	
2. Surcharge Per	Access Line	\$0.08
Amount of Sur	charge Remitted to Kentucky USF	_\$292.24
. Number of Acc	ess Lines Receiving Lifeline Support	3.649
Amount of Rei	mbursement Requested from Kentucky USF	_\$1.277.15
		1
	Signature Block	AN of
hereby attest that the in	formation reported herein is true and accurate to the best of my k	knowledge.
ompany Official JL	(Printed) Title MomBan - COD Compar	ny Official

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

\_\_\_\_

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

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



### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 6/3/2014	Reporting Month 2014-04
	Carrier Information
Company Name	AIR VOICE WIRELESS, LLC
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
Telephone / Fax	248-345-3900/ 248-239-0182
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data

			110
1.	Total Access Lines in Service	3,822	$ \rightarrow                                   $
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$305.76	
4.	Number of Access Lines Receiving Lifeline Support	3,814	
5.	Amount of Reimbursement Requested from Kentucky USF	\$13.349.00	

Signa	ture Block
I hereby attest that the information reported herein is true and a	
Company Official Jin BAHKi Title Man 3. (Printed)	Company Official
(Printed)	(Signed)
Make check payable to: "Kentucky	Send a copy of this report to:
State Treasurer" and send with this	
eport to:	Kentucky Public Service Commission
Circurs and Administration Colsingt	ATTN: Jim Stevens
Finance and Administration Cabinet	211 Sower Blvd.

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

/

P.O. Box 615 Frankfort, KY 40602



Date6/11/2	014         Reporting Month2014-05
	Carrier Information
Company Na	me AIR VOICE WIRELESS, LLC
Company Addr	2425 FRANKLIN RD BLOOMFIELD, MI 48302
Telephone / I	<sup>ax</sup> 248-345-3900/ 248-239-0182
Vendor Num	ber
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
1. Total Acc	ess Lines in Service
2. Surcharge	Per Access Line
3. Amount o	Surcharge Remitted to Kentucky USF
4. Number o	Access Lines Receiving Lifeline Support
5. Amount o	Reimbursement Requested from Kentucky USF

	Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official The FAHR, Title Men Bon Cob 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		



UNIVERSAL SERVICE FUND

	Carrier Information
Company Name	AIR VOICE WIRELESS, LLC
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
Telephone / Fax	248-345-3900/ 248-239-0182
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS

Monthly Access Line Data			
1.	Total Access Lines in Service	6072	
2.	Surcharge Per Access Line	<u>\$0,08</u>	
3.	Amount of Surcharge Remitted to Kentucky USF	\$485.76	
4.	Number of Access Lines Receiving Lifeline Support	6065	
5.	Amount of Reimbursement Requested from Kentucky USF	\$21,227.50	





Date8/11/2014	Reporting Month2014-07
	Carrier Information
Company Name	AIR VOICE WIRELESS, LLC
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
Telephone / Fax	248-345-3900/ 248-239-0182
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 Su	rcharge Remitted to Kentucky USF
4. Number of A	ccess Lines Receiving Lifeline Support
5. Amount of Re	imbursement Requested from Kentucky USF \$27,748.00

Sigr	ature Block
I hereby attest that the information reported herein is true and Company Official <u>Jin 134441</u> Title <u>Momm</u> (Printed)	
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



Date	9/9/2014	Reporting Month	2014-08
	C	arrier Information	

Company Name	AIR VOICE WIRELESS, LLC
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
Telephone / Fax	248-345-3900/ 248-239-0182
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1
2.	Surcharge Per Access Line	8
3.	Amount of Surcharge Remitted to Kentucky USF	088
4.	Number of Access Lines Receiving Lifeline Support	
5.	Amount of Reimbursement Requested from Kentucky USF\$38.44	40.50

Signat	ure Block
I hereby attest that the information reported herein is true and ac	curate to the best of my knowledge.
Company Official Jun 15.444 Title Marie	Company Official
(Printed)	(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



Date10/10/2014	4 Reporting Month2014-09
	Carrier Information
Company Name	AIR VOICE WIRELESS, LLC
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
Telephone / Fax	248-345-3900/ 248-239-0182
Vendor Number	
	and the second sec
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
1. Total Access L	ines in Service
	Access Line
and a second second second	charge Remitted to Kentucky USF
	ess Lines Receiving Lifeline Support
5. Amount of Rei	nbursement Requested from Kentucky USF
	Signature Block
•	formation reported herein is true and accurate to the best of my knowledge.
Company Official	(Printed) Title ManBan 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



Date	11/10/2014

Reporting Month 2014-10

	Carrier Information
Company Name	AIR VOICE WIRELESS, LLC
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
Telephone / Fax	248-345-3900/ 248-239-0182
Vendor Number	

Classification					
Please Circle One	ILEC	CLEC	( cellular )	PCS	

Monthly Access Line Data				
1.	Total Access Lines in Service	13.748		
2.	Surcharge Per Access Line	\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF	\$1.099.84		
4.	Number of Access Lines Receiving Lifeline Support	2.838		
5.	Amount of Reimbursement Requested from Kentucky USF	\$44.993.00		

		Signature Block	
		erein is true and accurate to the b 	
company official _	(Printed)		(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



Date	12/10/201-		Reporting Month	2014-11	
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	Carrier Information
Company Name	AIR VOICE WIRELESS, LLC
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302
Telephone / Fax Vendor Number	248-345-3900/ 248-239-0182

Classification			$\frown$		
Please Circle One	ILEC	CLEC	( cellular )	PCS	

	Monthly Access Line Data					
1.	Total Access Lines in Service	12.963				
2.	Surcharge Per Access Line	\$0.08				
3.	Amount of Surcharge Remitted to Kentucky USF	S1.037.04				
4.	Number of Access Lines Receiving Lifeline Support	12.953				
5.	Amount of Reimbursement Requested from Kentucky USF	S45,335,50				
	Signature Block					

I hereby attest that the information reported herein is true and ac Company Official $\underline{J_{HM}}$ $\underline{B}AHC$ Title $\underline{fM}$ (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



Date January 7, 2014

Reporting Month December 2014

Company Name		
	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
			and the second se		

	Monthly Access Line Data		
1.	Total Access Lines in Service	11,221	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 897.68	
4.	Number of Access Lines Receiving Lifeline Support	11,221	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 39,273.50	

			Signature Block	
I hereby attest that the	he information reported h	erein is tru	ue and accurate to the b	est of my knowledge.
Company Official _	Susan Cockerham (Printed)	Title	Attorney In Fact	_Company Official <u>Susan Cockerbain</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601

Send a copy of this report to:

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



Date\_\_\_\_ February 5, 2015

Reporting Month January 2015

	Carrier Information	
Company Name	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

Classification Please Circle One	ILEC CLEC	Cellular	PCS
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	Monthly Access Line Data		
1.	Total Access Lines in Service	10,963	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 877.04	
4.	Number of Access Lines Receiving Lifeline Support	10,963	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 38,370.50	

			Signature Block	
I hereby attest that the	he information reported h	erein is tru	ue and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham	Title	Attorney In Fact	Company Official Sugar Cockerham
	(Printed)			(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



March 9, 2015 Date

Reporting Month\_

February 2015

Company Name		
	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

|--|

	Monthly Access Line Data		
1.	Total Access Lines in Service	10,811	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 864.88	
4.	Number of Access Lines Receiving Lifeline Support	10,811	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 37,838.50	

			Signature Block	
I hereby attest that th	e information reported h	erein is tru	ue and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham (Printed)		Attorney In Fact	_Company Official_Susan Cockeshan_ (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



Date\_\_\_\_\_April 9, 2015

Reporting Month March 2015

Company Name		
	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

Classification Please Circle One ILEC CLEC CLEC Cellular PCS	
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	Monthly Access Line Data		
1.	Total Access Lines in Service	9,235	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 738.80	
4.	Number of Access Lines Receiving Lifeline Support	9,235	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 32,322.50	

			Signature Block	
I hereby attest that the	he information reported h	erein is tru	ue and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham	Title	Attorney In Fact	Company Official Susan Cacker ham
	(Printed)			(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



Date\_\_\_\_\_ May 20, 2015

г

Reporting Month April 2015

Company Name	
	Air Voice Wireless, LLC
ompany Address	2425 Franklin Road Bloomfield Hills, MI 48302
Telephone / Fax	248-345-3900 / 248-239-0181
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
١.	Total Access Lines in Service	8,627	
2.	Surcharge Per Access Line	\$0.08	
		\$ 690.16	Remittance Due
3.	Amount of Surcharge Remitted to Kentucky USF	-\$ 690.16	Credit from Duplicate Retur
		\$ 0.00	Amount Due This Month
4.	Number of Access Lines Receiving Lifeline Support	8,627	
		\$ 30,194.50	Remittance Due
5.	Amount of Reimbursement Requested from Kentucky USF	-\$ 30,194.50	Credit from Duplicate Retur
		\$ 0.00	Amount Due This Month

			Signature Block		
I hereby attest that th	he information reported h	erein is tru	ue and accurate to the b	est of my knowledge.	
Company Official	Susan Cockerham	Title Attorney In Fact		Company Official	
	(Printed)			(Signed)	
	ke check payable to: "Kentucky			Send a copy	of this report to:
State Treasurer" an report to:	d send with this				
report to.				Kentucky Pu	blic 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



Date June 10, 2015

 Carrier Information

 Company Name
 Air Voice Wireless, LLC

 Company Address
 2425 Franklin Road Bloomfield Hills, MI 48302

 Telephone / Fax
 248-345-3900 / 248-239-0181

 Vendor Number
 Carrier Information

Reporting Month\_

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
			Contraction of the Contraction o		_

	Monthly Access Line Data		
1.	Total Access Lines in Service	6,509	
2.	Surcharge Per Access Line	\$0.08	
		\$ 520.72	Remittance Due
3.	Amount of Surcharge Remitted to Kentucky USF	- \$ 187.36	Credit From Duplicate Return
	•	\$ 333.36	Amount Due This Month
4.	Number of Access Lines Receiving Lifeline Support	6.509	
		\$ 22,781.50	Remittance Due
5.	Amount of Reimbursement Requested from Kentucky USF	- \$ 8,176.00	Credit From Duplicate Return
		\$ 14,605.50	Amount Due This Month

		Signature Block		
I hereby attest that the	ne information reported herein i	is true and accurate to the b	best of my knowledge.	
Company Official Susan Cockerham (Printed)		Attorney In Fact	Company Official(Signed)	
Make check payabl State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Roor Frankfort, KY 4060	d send with this stration Cabinet n 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

May 2015


Date\_\_\_\_\_ July 10, 2015

Reporting Month June 2015

	Carrier Information	
Company Name	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

rease choice one need the clec v clec v centuar PCS	Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
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	Monthly Access Line Data	
1.	Total Access Lines in Service	6,816
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 545.28
4.	Number of Access Lines Receiving Lifeline Support	6,816
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 23,856.00

		Signature Block	
I hereby attest that th	ne information reported herein is	true and accurate to the b	best of my knowledge.
Company Official	Susan Cockerham Title Attorney In		Company Official Susan Cockerban
_	(Printed)		(Signed)
Make check payabl State Treasurer" an report to: Finance and Admini ATTN: KY USF 702 Capital Ave. Capitol Annex, Roon Frankfort, KY 4060	d send with this stration Cabinet n 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



Date August 10, 2015

report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 Reporting Month July 2015

	Carrier Information	
Company Name	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax Vendor Number	248-345-3900 / 248-239-0181	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS

	Monthly Access Line Data	
1.	Total Access Lines in Service	4,946
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 395.68
4.	Number of Access Lines Receiving Lifeline Support	4,946
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 17,311.00

			Signature Block	
I hereby attest that t	he information reported h	erein is tru	ue and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham		Attorney In Fact	Company Official Susan Cockerhan
	(Printed)			(Signed)

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



Date September 9, 2015

Reporting Month August 2015

Company Name		
	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
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	Monthly Access Line Data	
1.	Total Access Lines in Service	4,423
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 353.84
4.	Number of Access Lines Receiving Lifeline Support	4,423
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 15,480.50

			Signature Block	
I hereby attest that the	he information reported h	erein is tru	ie and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham (Printed)	Title	Attorney In Fact	_Company Official_ <u>Servan</u> Carkorham (Signed)
Make check payabl State Treasurer" an				Send a copy of this report to:
report to:	stration Cohinat			Kentucky Public Service Commission ATTN: Jim Stevens

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



Date\_\_\_\_October 9, 2015

Reporting Month September 2015

	Carrier Information	
Company Name	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
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	Monthly Access Line Data	
1.	Total Access Lines in Service	3,961
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 316.88
4.	Number of Access Lines Receiving Lifeline Support	3,961
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 13,863.50

			Signature Block		
I hereby attest that the	he information reported h	erein is tru	ue and accurate to the b	est of my knowledge	
Company Official	Susan Cockerham	Title	Attorney In Fact	Company Official	Susan Cockerham
-	(Printed)				(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



November 6, 2015 Date

ATTN: KY USF

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

Reporting Month\_\_\_\_

October 2015

	Carrier Information	
Company Name	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
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	Monthly Access Line Data	
1.	Total Access Lines in Service	3.585
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 286.80
4.	Number of Access Lines Receiving Lifeline Support	3,585
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 12,547.50

			Signature Block		
I hereby attest that th	he information reported he	erein is tru	e and accurate to the b	est of my knowledge	
Company Official	Susan Cockerham (Printed)	_Title	Attorney In Fact	_Company Official	Susan Cockerham (Signed)
Make check payabl State Treasurer" an				Send a co	ppy of this report to:
report to: Finance and Admini	stration Cabinet				Public Service Commission im Stevens

211 Sower Blvd. P.O. Box 615

Frankfort, KY 40602



December 7, 2015 Date

Reporting Month November 2015

Company Name		
	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

Classification				
Please Circle One	ILEC	CLEC	✓ Cellular	PCS

	Monthly Access Line Data		
1.	Total Access Lines in Service	3,145	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 251.60	
4.	Number of Access Lines Receiving Lifeline Support	3,145	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 11,007.50	

			Signature Block	
I hereby attest that the	he information reported h	erein is tru	ue and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham (Printed)	Title	Attorney In Fact	Company Official Supan Coc Kerham (Signed)
Make check payabl	ter all and the second s			Send a copy 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: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date\_\_\_\_\_January 8, 2016

Reporting Month December 2015

	Carrier Information					
Company Name	Air Voice Wireless, LLC					
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302					
Telephone / Fax	248-345-3900 / 248-239-0181					
Vendor Number						

Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
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	Monthly Access Line Data	
1.	Total Access Lines in Service	2,690
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 215.20
4.	Number of Access Lines Receiving Lifeline Support	2,690
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 9,415.00

			Signature Block	
I hereby attest that t	he information reported h	erein is tru	ue and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham	Title	Attorney In Fact	_Company Official_Susan Cockerham
	(Printed)			(Signed)

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

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

Finance and Administration Cabinet

report to:



Date February 8, 2016

Reporting Month January 2016

Carrier Information					
Company Name	Air Voice Wireless, LLC				
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302				
Telephone / Fax	248-345-3900 / 248-239-0181				
Vendor Number					

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1,939	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 155.12	
4.	Number of Access Lines Receiving Lifeline Support	1,939	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 6,786.50	

			Signature Block		
I hereby attest that th Company Official	e information reported Jennifer Rabig	herein is tr	ue and accurate to the b Attorney In Fact	est of my knowledge. Company Official	AR
	(Printed)				(Sfgned)

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

March 9, 2016 Date

February 2016 Reporting Month\_

	Carrier Information	
Company Name	Air Voice Wireless, LLC	
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302	_
Telephone / Fax	248-345-3900 / 248-239-0181	
Vendor Number		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data				
1.	Total Access Lines in Service	1,785		
2.	Surcharge Per Access Line	\$0.08		
	Amount of Surcharge Remitted to Kentucky USF	\$ 142.80		
	Number of Access Lines Receiving Lifeline Support	1,785		
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 6,247.50		

Signature Block							
I hereby attest that the information reporter Company Official Jennifer Rabig (Printed)	d herein is tr	rue and accurate to the Attorney In Fact	best of my knowledge. Company Official	(Signed)			
Make check payable to: "Kcntucky 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			Kentucky Pu	5			

Revised 02-15-2016



Date\_\_\_\_\_ April 7, 2016

Reporting Month March 2016

	Carrier Information
Company Name	Air Voice Wireless, LLC
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302
Telephone / Fax Vendor Number	248-345-3900 / 248-239-0181

Classification			[massing and massing and mas	
Please Circle One	ILEC	CLEC	Cellular	PCS

	Monthly Access Line Data		
1.	Total Access Lines in Service	1,655	
2.	Surcharge Per Access Line	S0.14	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 231.70	
4.	Number of Access Lines Receiving Lifeline Support	1,655	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 5,792.50	

			Signature Block	
I hereby attest that the	e information reported	herein is tr	rue and accurate to the l	best of my knowledge.
Company Official	Jennifer Rabig (Printed)	Title	Attorney In Fact	Company Official(Signed)
Make check payable State Treasurer" and report to: Finance and Administ ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this tration Cabinet 488A			Send a copy of this report to: Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

# Exhibit 2

FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET			B Approval 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143037108		(2) Stud	dy Area Coo	de 269042	_
(3) Filer 499 ID 828760		(4) Technology Ty	/pe (	check one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (Check one): Lifeline On		only 🗹 🕴	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	03/26/20	014	
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	January	2014	
Mailing Address:	2425 FRANKLI		c)	Type of Filing (check one)			
			1		Original Revision		
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	A REAL PROPERTY AND A REAL	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup		2007	_
Receiving federal L	feline Support	(8) 4224		x \$ 9.25	5	= \$ 39072	<u> </u>
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	ad \$24.25)	= \$ _0	
Receiving federal L	Tellne Support	То	tal F	ederal Lifeline Sup		ed (10) \$ 390	72
Toll Limitation Servio	es (TLS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	0				
Number of TLS Sub		0					
Number of 1L5 Sub	scribers	(12) <u>0</u>	-				
Tribal Link Up (Availab	le only to FTCs rece	ivina Hiah Cost su	nnor	Total TLS Supp	ort Claimed	i (13) \$ <u>∪</u>	
				~			
Number of Connect Charges Waived pe		(14)  0 = 0 (15) \$ 0.00		(for multiple rates,		ac amount)	
charges walved pe	Connection	(not to exceed \$100)			use all aveid	ige amount)	
		(16) \$ 0.0					
Total Connection C	harges Waived						
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	port Claime	d (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_39072	Total TISS 0	1	otal	Tribal Link Up \$ 0			
			otal			39072	
				Total	Dollars (19	) \$ <u>39072</u>	

Exhibit 2 Page 1

## LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

Jim Bahri
OFFICER SIGNATURE
Jim Bahri

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.

FCC Form 497 April 2012 Edition	LIFELINE WORKS			ET	OMB Appr	
				Avg.	3060-0 Burden Est. per Respondent: 2.5	
(1) USAC Service Provider lo	dentification Number	143037108		(2) Stud	y Area Code 269042	
(3) Filer 499 ID 828760			ype (	check one) Wirelir		
(5) ETC Designation Type (C			Cost/Low Income			
(6) Organization Information			-	Filing Information	and and a second se	
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	03/26/2014	
Contact Name:	Caitlyn Lumpkin			Data Month	February 2014	
Mailing Address:	2425 FRANKLIN	NRD	c)	Type of Filing (check one)		
					Driginal Revision	
Telephone Number:	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY	
Fax Number:	678-389-6024		-			
	770-594-3878		-			
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup Subscriber Sup		
Non-Tribal Low-Income Sub		Subscribers		541 A.	05101	
Receiving federal Li	feline Support	(8) 3795		x \$ <u>9.25</u>		
Tribal Low-Income Subscrib		(9) 0	-	x \$ <u>0.00</u>	= \$ 0	
Receiving federal L	nenne Support	Т	otal F	ederal Lifeline Sup	port Claimed (10) \$ 35104	
Toll Limitation Servic	es (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> n 2013)	00			
Number of TLS Sub	scribers	(12) 0				
					ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippor	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived per	r Connection	(15) \$ <u>0.00</u>		(for multiple rates,	use an average amount)	
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		×1	otal	Tribal Link Up Supp	oort Claimed (18) \$ <u>0</u>	
ETC Payment						
Total Lifeline \$_35104	Total TLS \$_0	13	Total	Tribal Link Up \$ 0		
					Dollars (19) \$ 35104	
				Total	501010 (10) V	_

#### LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME	
CEO	Jim Bahri	
DATE	OFFICER SIGNATURE	
03/26/2014	Jim Bahri	
03/26/2014	lim Babri	

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.

FCC Form 497 April 2012 Edition			(SHE				B Approval 3060-0819
				Avg.	Burden Est. per	r Responde	nt: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143037108		(2) Stud	dy Area Code	269042	
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelir	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🗹	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Airvoice Wirele	ss LLC	a)	Submission Date	04/04/2014	4	
Contact Name:	Caitlyn Lumpkin		b)	Data Month	March 201	4	
Mailing Address:	2425 FRANKLI	N RD	c)	Type of Filing (check one)			
				(	Driginal Revision		
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCK	Y	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline							
Luenne		(a) # Lifeline		(b) Lifeline Sup		) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li		(8) 3649		x \$ 9.25	5=	\$ 33753	3
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	=	\$ 0	
Receiving federal Li	feline Support	т	otal F	(not to excer ederal Lifeline Sup	ed \$34.25) port Claimed	(10) \$ 337	53
Toll Limitation Servic	es (TIS)						
Ton Emilation Gervic	63 (120)						
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)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed (1	3) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippor				
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		г	otal	Tribal Link Up Supp	ort Claimed (1	18) \$ 0	
ETC Payment							
Total Lifeline \$ <u>33753</u>	Total TLS \$ 0		Total	Tribal Link Up \$ 0			
				Total	Dollars (19) \$	33753	

#### LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME		
CEO	Jim Bahri		
DATE	OFFICER SIGNATURE		
04/04/2014	Jim Bahri		

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FCC Form 497 April 2012 Edition	LIFELINE WORKS			ET		OM	B Approval
				Avg.	Burden Est. pe	r Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143037108		(2) Stud	y Area Code	269042	_
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🖸	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	05/05/2014	4	
Contact Name:	Caitlyn Lumpkin			Data Month	April 2014		
Mailing Address:	2425 FRANKLII	NRD	c)	Type of Filing (check one)	_		
					Driginal Revision		
Telephone Number:	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCK	(Y	
Fax Number:	678-389-6024		-				
E-mail Address:	770-594-3878	20.00m	-				
E-mail Address.	cmmurp@cgmii	10.0011					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		c) Total Life	line
Non-Tribal Low-Income Sub Receiving federal L		(8) 3814		x \$9.25		\$ 35280	)
Tribal Low-Income Subscrib		(9) 0	_	x \$ <u>0.00</u>		\$ 0	
Receiving federal L	ifeline Support	т	otal F	(not to excee Federal Lifeline Sup	ed \$34.25) port Claimed	(10) \$ 352	80
Toll Limitation Servic	es (TLS)					0. 1. a <del>r</del>	
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> in 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (1	3) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippor	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)	
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	ort Claimed (1	18) \$ 0	
ETC Payment							
Total Lifeline \$_35280	Total TLS \$ 0		Total	Tribal Link Up \$ 0			
·				CARACTERISTICS STORE AND AN AUGUST	Dollars (19) \$	35280	
				Iotal	Dollars (19) \$	-	

## LIFELINE WORKSHEET

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

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Jim Bahri
OFFICER SIGNATURE
Jim Bahri

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FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Appr						
				Avg.	Burden Est. pei		060-0819 t: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143037108		(2) Stud	ly Area Code	269042	_
(3) Filer 499 ID 828760		(4) Technology T	Гуре (	check one) Wirelin	ne 🔲	Wireless	2
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗹	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	06/06/2014	4	
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	May 2014		
Mailing Address:	2425 FRANKLII	NRD	c)	Type of Filing (check one)			
					Driginal V Revision		
Telephone Number	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCK	Ϋ́	
Telephone Number: Fax Number:	678-389-6024		_				
Fax Number.	770-594-3878		_				
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
Literine		(a) # Lifeline		(b) Lifeline Sup		c) Total Lifel	ine
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup			
Receiving federal Li	feline Support	(8) 4533		x \$ 9.25	5=	\$ 41930	
Tribal Low-Income Subscrib	and the second sec	(9) 0		x \$ <u>0.00</u>		\$ _0	
Receiving federal Li	feline Support	т	otal F	(not to excee ederal Lifeline Sup		(10) \$ 4193	0
T- # 1 : ::- 0 :-							
Toll Limitation Servic	es (ILS)						
Cost of Providing T	S per Subscriber	(11) 0.0000	00				
	al cost or \$3 in 2012 /\$2 i						
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (1	3) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	uppor	<i>t</i> )			
Number of Connect	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average a	amount)	
		(not to exceed \$100)	)				
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
			Total "	 Tribal Link Up Supp	ort Claimed (1	8) \$ 0	
ETC Payment		,	tur			.,.	
	0			0			
Total Lifeline \$ <u>41930</u>	Total TLS \$_0		Total	Tribal Link Up \$ <u>0</u>		44000	
				Total	Dollars (19) \$	41930	

# LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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OFFICER TITLE	OFFICER NAME					
CEO	Jim Bahri					
DATE	OFFICER SIGNATURE					
06/06/2014	Jim Bahri					
00/00/0044	line Dehni					

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Exhib	it 2
Page	11

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Appro				3 Approval 3060-0819		
				Avg.	Burden Est. per R		
(1) USAC Service Provider Id	lentification Number	143037108		(2) Stud	dy Area Code <u>26</u>	9042	_
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelir	ne 🔲 🛛 W	Vireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗹	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	07/07/2014		
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	June 2014		
Mailing Address:	2425 FRANKLI	NRD	c)	Type of Filing (check one)			
					Original Revision □		
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY		
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878		1				
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
Literine		(a) # Lifeline		(b) Lifeline Sup		Total Life	line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup			
Receiving federal Li	feline Support	(8) 6065		x \$ 9.25	5 = \$	56101	
Tribal Low-Income Subscrib	Contraction of the second s	(9) 0		x \$ <u>0.00</u>	= \$	0	
Receiving federal Li	feline Support		otal F	(not to exce ederal Lifeline Sup	ed \$34.25) port Claimed (10	) \$ 5610	01
Toll Limitation Servic	es (TLS)						
		(11) 0.00000	0				
Cost of Providing TI (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	00				
Number of TLS Sub	scribers	(12) 0					
					ort Claimed (13)	\$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ippor	<i>t</i> )			
Number of Connect	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average am	iount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>	-	_			
<b>Deferred Interest</b>		(17) \$ 0.00		_			
		I	otal "	Tribal Link Up Supp	oort Claimed (18)	\$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 56101	Total TLS \$_0		Tetel	Tribal Link Up \$ 0			
Total Lifeline \$ 00101	10tal 1LS \$_0		rotal	· · · · · · · · · · · · · · · · · · ·		6101	
				Total	Dollars (19) \$ _5	0101	

### LIFELINE WORKSHEET

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

## (20) CERTIFICATIONS AND SIGNATURES

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OFFICER NAME
Jim Bahri
OFFICER SIGNATURE
Jim Bahri 

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FCC Form 497 April 2012 Edition		LIFELINE WORK	(SHE	ET		OM	B Approval
				Avg.	Burden Est. pe	er Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Id	entification Number	143037108		(2) Stu	dy Area Code	269042	
(3) Filer 499 ID 828760							
		_		check one) Wirelir	-	Wireless	L'
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗹	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	08/05/201		
Contact Name:	Caitlyn Lumpkir		b)	Data Month	July 2014		
Mailing Address:	2425 FRANKLII	NRD	c)	Type of Filing (check one)	–	-	
	5				Original Revision	1	
Telephone Number:	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUC	KY	
Fax Number:	678-389-6024		-				
	770-594-3878		-				
E-mail Address:	cmmurp@cgmii	nc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup		7000	
Receiving federal Li	feline Support	(8) 7928		x \$ 9.25		= \$ 73334	+
Tribal Low-Income Subscrib		(9) 0	-	x \$ <u>0.00</u>	Contraction of the second s	= \$ _0	
Receiving federal Li	feiine Support	т	otal F	(not to excer ederal Lifeline Sup		(10) \$ 733	34
Toll Limitation Servic	es (TLS)						
Cost of Providing TI	_S per Subscriber	(11) 0.00000	00	_			
	al cost or \$3 in 2012 /\$2 i						
Number of TLS Sub	scribers	(12) 0	_				
				Total TLS Suppo	ort Claimed (	13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ippor	<i>t)</i>			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal T	Tribal Link Up Supp	ort Claimed (	(18) \$ 0	
ETC Payment							
Total Lifeline \$ 73334	Total TLS \$ 0		Total	Tribal Link Up \$ 0			
					Dollars (19) \$	73334	
				Total	Dollars (19) \$	•	

# LIFELINE WORKSHEET

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OFFICER TITLE	
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
08/05/2014	Jim Bahri

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Exh	ib	it	2
Pag	е	1	5

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Appr				OMB Approval	
				Avg.	Burden Est. per Respor	3060-0819 ident: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143037108		(2) Stud	dy Area Code <u>26904</u> 2	2
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelir	ne 🔲 Wireles	s 🗸
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🖸	High	Cost/Low Income		
(6) Organization Information	í		(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	09/05/2014	
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	August 2014	
Mailing Address:	2425 FRANKLI	N RD	c)	Type of Filing (check one)		
					Driginal Revision □	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY	
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline						
Litenne		(a) # Lifeline		(b) Lifeline Sup		Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Li		(8) 10983		x \$9.25	5 = \$ <u>101</u>	593
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	= \$ 0	
Receiving federal Li	feline Support	т	otal F	(not to excee	ed \$34.25) port Claimed(10)\$ <u>1(</u>	01593
			otair	ederal Literine Sup		
Toll Limitation Servic	es (TLS)					
Cost of Providing T		(11) 0.00000	00			
(the lesser of increment	al cost or \$3 in 2012 /\$2 i					
Number of TLS Sub	scribers	(12) 0	_			
Tribal Link Up (Availab	la ambieta ETCa maga	iving Link Cost of			ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETUs rece	iving High Cost st	ippor	<i>t</i> )		
Number of Connect	ions Waived	(14) 0				
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average amount)	
			/			
Total Connection Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00		_		
		1	otal '	Tribal Link Up Supp	oort Claimed (18) \$ 0	
ETC Payment						
Total Lifeline \$_101593	Total TLS \$ 0	6	Total	Tribal Link Up \$ 0		
					Dollars (19) \$ 10159	93
				Total	Dollars (19) \$	

## LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME				
CEO	Jim Bahri				
DATE	OFFICER SIGNATURE				
09/05/2014	Jim Bahri				
09/05/2014	Jim Bahri				

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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Exhibit	2
Page 1	7

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Appro				
				Avg. I	3060-0819 Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	Intification Number	143037108		(2) Stuc	dy Area Code 269042
(3) Filer 499 ID 828760				check one) Wirelin	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🖸	High	Cost/Low Income	
(6) Organization Information	2015 D		(7)	Filing Information	
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	10/03/2014
Contact Name:	Caitlyn Lumpkin		b)	Data Month	September 2014
Mailing Address:	2425 FRANKLII	NRD	(c)	Type of Filing (check one)	
				F	Driginal ✓ Revision
Telephone Number:	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY
Fax Number:	678-389-6024		-		
	770-594-3878		-		
E-mail Address:	cmmurp@cgmir	nc.com			
Lifeline					
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	
Non-Tribal Low-Income Sub		(8) 14526			101000
Receiving federal Li	feline Support	a state of the second sec		x \$ 9.25	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ 0.00 (not to exceed	=  0
Receiving rederar E	tenne oupport	т	otal F	ederal Lifeline Sup	port Claimed (10) \$ 134366
Toll Limitation Servic	es (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> in 2013)	00		
Number of TLS Sub	scribers	(12) 0			
				Total TLS Suppo	ort Claimed (13) \$_0
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippor		
Number of Connect	ions Waived	(14) 0			
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average amount)
		(not to exceed \$100)	)		
Total Connection Cl	narges Waived	(16) \$ 0.0		_	
<b>Deferred Interest</b>		(17) \$ 0.00		_	
		Т	otal '	Tribal Link Up Supp	oort Claimed (18) \$ 0
ETC Payment					
Total Lifeline \$_134366			Total	Tribal Link Up \$ 0	
Total Liteline \$_104000			otal	50	
				Total	Dollars (19) \$ <u>134366</u>

# LIFELINE WORKSHEET

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

## (20) CERTIFICATIONS AND SIGNATURES

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OFFICER TITLE	OFFICER NAME					
CEO	Jim Bahri					
DATE	OFFICER SIGNATURE					
10/03/2014	Jim Bahri					

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FCC Form 497 April 2012 Edition						3060-0819	
				Avg.	Burden Est. per	Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143037108	_	(2) Stud	dy Area Code <u>2</u>	69042	
(3) Filer 499 ID 828760		(4) Technology Ty	ype (	check one) Wirelir	ne 🔲 🛛	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	only 🗹 🛛	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information		_	
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	11/06/2014		
Contact Name:	Caitlyn Lumpkin	Í.	b)	Data Month	October 20	14	
Mailing Address:	2425 FRANKLIN	NRD	c)	Type of Filing (check one)			
					Original Revision		
Telephone Number:	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCK	Y	
Fax Number:	678-389-6024		-				
	770-594-3878	to (as officer the survey of	{				
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup Subscriber Sup		Total Life	line
Non-Tribal Low-Income Sub		Subscribers				11075	- 2
Receiving federal Li	feline Support	(8) 12838		x \$ 9.25		\$ <u>11875</u>	)2
Tribal Low-Income Subscribers		(9) 0	-	x \$ <u>0.00</u>		\$ 0	
Receiving federal Li	feiine Support	Тс	tal F	not to excer ederal Lifeline Sup	port Claimed (1	10) \$ <u>118</u>	752
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of increment	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed (13	s) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00		(for multiple rates,	use an average a	mount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>					
<b>Deferred Interest</b>		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	oort Claimed (18	B) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_118752	Total TLS \$ 0		Total	Tribal Link Up \$ 0			
	! otal ! E0 #		Jul	Second States and a second	Dollars (19) \$ _	118752	
				Total	Dollars (19) \$ _		

# LIFELINE WORKSHEET

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

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Jim Bahri				
OFFICER SIGNATURE				
Jim Bahri				

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FCC Form 497 April 2012 Edition			SHE		Burden Est. po		IB Approval 3060-0819 ent: 2.5 Hrs.
(1) USAC Service Prevident	den tifine tien Normala	143037108			dy Area Code		
(1) USAC Service Provider I	dentification Number					203042	
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C		e Only 🗹		Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	12/05/201		
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	Novembe	r 2014	
Mailing Address:	2425 FRANKLI	NRD	( c)	Type of Filing (check one)			
					Original Revision  □	3	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCI	KY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878		1				
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline							
Litenne		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	eline
Non-Tribal Low-Income Sub	aribara	Subscribers		Subscriber Sup	port		
Receiving federal Li		(8) 12953		x \$ 9.2	5	=\$ 1198	15
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ 0.00		= \$ 0	
			atal E	(not to exce	ed \$34.25)		815
Total Federal Lifeline Support Claimed (10) \$ <u>119815</u>							
Toll Limitation Servic	es (TLS)						
		0.0000	0				
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)							
Number of TLS Sub	scribers	(12) 0					
		(,		Total TLS Supp	ort Claimad (	(13) = 0	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippor		on claimed (	(10) \$	
		0					
Number of Connect Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates,	US0 00 0V0500	amount)	
Charges walved per	Connection	(not to exceed \$100)		(for multiple rates,	use all average	e amounty	
		0.0					
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	oort Claimed	(18) \$ 0	
ETC Payment	10000				*:		
Total Lifeline \$ 119815	Total TLS \$_0		Total			-	
				Total	Dollars (19)	<u>\$ 119815</u>	

# LIFELINE WORKSHEET

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

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FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Approva 3060-0819						
				Av	g. Burden Est.	per Respondent: 2.5 H	irs.
(1) USAC Service Provider Id	lentification Number	143037108		(2) S	tudy Area Cod	e <u>269042</u>	
(3) Filer 499 ID 828760		(4) Technology Ty	ype (	check one) Wir	eline 🔲	Wireless 🖸	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🗹 🕴	High	Cost/Low Incom	e 🖵		
(6) Organization Information			(7)	Filing Informatio	n		
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	01/06/20	15	
Contact Name:	Caitlyn Lumpkin		b)	Data Month	Decemb	er 2014	
Mailing Address:	2425 FRANKLIN	N RD	c)	Type of Filing (check one)			
					Original Revision	Ξ	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUC	CKY	
Telephone Number: Fax Number:	678-389-6024		4				
	770-594-3878		4				
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
Liteline		(a) # Lifeline		(b) Lifeline S		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber S	upport		
Receiving federal Li	feline Support	(8) 11221		x \$	.25	= \$ 103794	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u>		= \$ 0	
		То	otal F	not to e: ederal Lifeline S	ceed \$34.25) upport Claime	d (10) \$ <u>103794</u>	
Toll Limitation Servic	es (1L3)						
Cost of Providing T	S per Subscriber	(11) 0.00000	00				
	al cost or \$3 in 2012 /\$2 i						
Number of TLS Sub	scribers	(12) 0					
				Total TLS Su	pport Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ppor	t)			
Number of Connect	one Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rat	es, use an avera	ge amount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest (17) \$ 0.00		(17) \$ 0.00					
		т	otal	Tribal Link Up S	poort Claimed	1 (18) \$ <sup>0</sup>	
ETC Deverant							
ETC Payment					0		
Total Lifeline \$ <u>103794</u>	Total TLS \$ <u>0</u>	1	Fotal				
				Тс	tal Dollars (19	\$ 103794	

# LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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OFFICER TITLE	OFFICER NAME				
CEO	Jim Bahri				
DATE	OFFICER SIGNATURE				
01/06/2015	Jim Bahri				
01/06/2015	lim Bahri				

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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Exhibit 2 Page 25

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Approva				B Approval		
				Avg.	Burden Est. p	per Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Id	Jantification Number	143037108		-	dy Area Code		
	dentification Number						_
(3) Filer 499 ID <u>828760</u>			ype (	check one) Wirelin	ne 🛄	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗹	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	02/05/20	15	
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	January 2	2015	
Mailing Address:	2425 FRANKLIN	N RD	c)	Type of Filing (check one)	_		
					Original Revision		_
Telephone Number	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUC	KY	
Telephone Number: Fax Number:	678-389-6024		-				
	770-594-3878		-				
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub		(8) 10963				=\$ 10140	าย
Receiving federal Lifeline Support		0		x \$ <u>9.25</u>	0		
Tribal Low-Income Subscribers (9) <u>0</u> Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u> (not to exce	ed \$34.25)	= \$ _0	
		Тс	otal F	ederal Lifeline Sup	port Claimed	1 (10) \$ <u>101</u>	408
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementation)	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed	(13) \$ 0	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ppor				
Number of Connecti	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an averag	je amount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ 0.0		_			
<b>Deferred Interest</b>		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	oort Claimed	(18) \$ 0	
ETC Payment							
Total Lifeline \$ 101408	Total TLS \$ 0	-	Total	Tribal Link Un \$ 0			
φ			oral				
				Total	Dollars (19)	\$ <u>101408</u>	
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OFFICER TITLE	OFFICER NAME
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
02/05/2015	Jim Bahri

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Ρ	ag	e	2	7

FCC Form 497 April 2012 Edition			SHE	ET		B Approval 3060-0819
				Avg. I	Burden Est. per Responde	
(1) USAC Service Provider Id	entification Number	143037108		(2) Stud	ly Area Code <u>269042</u>	_
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelin	ne 🔲 Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗹	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	03/06/2015	
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	February 2015	
Mailing Address:	2425 FRANKLI	NRD	c)	Type of Filing (check one)		
					Driginal Revision □	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY	
Telephone Number:	678-389-6024		-			
Fax Number:	770-594-3878		-			
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline						
Literine		(a) # Lifeline		(b) Lifeline Sup		line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup		
Receiving federal Li	feline Support	(8) 10811		x \$9.25	=\$ 10000	)2
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	= \$ _0	
Receiving federal Li	feline Support	т	otal F	(not to excee	ed \$34.25) port Claimed (10) \$ <u>100</u>	002
Toll Limitation Servic	es (ILS)					
Cost of Providing T	S par Subcaribar	(11) 0.00000	00			
	al cost or \$3 in 2012 /\$2 i	(11)				
Number of TLS Sub	scribers	(12) 0				
				Total TLS Suppo	ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ippor			
Number of Connecti	one Waived	(14) 0				
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average amount)	
		(not to exceed \$100)	)			
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>				
<b>Deferred Interest</b>		(17) \$ 0.00				
		т	otal '	Tribal Link Up Supp	ort Claimed (18) \$ 0	
ETC Payment						
Total Lifeline \$ 100002	Total TLS \$_0		Total	Tribal Link Up \$ 0		
				Total	Dollars (19) \$ 100002	

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

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CEO	Jim Bahri				
DATE	OFFICER SIGNATURE				
03/06/2015	Jim Bahri	-			
03/06/2015	lim Bahri				

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				Avg.	Burden Est. per R		60-0819 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143037108		(2) Stud	dy Area Code <u>26</u>	9042	
(3) Filer 499 ID 828760			ype (	check one) Wirelin		Vireless 🔽	1
(5) ETC Designation Type (C	heck one): Lifeling			Cost/Low Income			
(6) Organization Information				Filing Information			
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	04/07/2015		
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	March 2015		
Mailing Address:	2425 FRANKLI	NRD	c)	Type of Filing (check one)			
					Original Revision		
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY		
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
Luenne		(a) # Lifeline		(b) Lifeline Sup		Total Lifelin	e
Non-Tribal Low-Income Sub	ecribore	Subscribers		Subscriber Sup	port		
Receiving federal Li		(8) 9235		x \$9.25	5 = \$	85424	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	= \$	0	
Receiving federal Lifeline Support		т	otal F	(not to excer ederal Lifeline Sup	ed \$34.25) port Claimed (10	n \$ 85424	
Toll Limitation Convin	(T/ C)						
Toll Limitation Servic	es (ILS)						
Cost of Providing TI	LS per Subscriber	(11) 0.00000	00				
	al cost or \$3 in 2012 /\$2 i						
Number of TLS Sub	scribers	(12) 0					
					ort Claimed (13)	\$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ppor	t)			
Number of Connecti	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00	_	(for multiple rates,	use an average am	iount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_			
<b>Deferred Interest</b>		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	oort Claimed (18)	<u>\$</u> 0	
ETC Daymant					. ,		
ETC Payment							
Total Lifeline \$ <u>85424</u>	Total TLS \$ <u>0</u>		Total				
				Total	Dollars (19) \$ _8	5424	

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Exh	ibit	2
Pag	e 3	1

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Approva 3060-0819					
						er Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143037108		(2) Stud	ly Area Code	269042
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelin	ne 🛄	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	Only 🗹	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	05/07/201	5
Contact Name:	Caitlyn Lumpkin	I	b)	Data Month	April 2015	5
Mailing Address:	2425 FRANKLIN	NRD	c)	Type of Filing (check one)		
				I	Original Revision	J
Telephone Number:	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUC	<y< td=""></y<>
Fax Number:	678-389-6024 770-594-3878		-			
E-mail Address:	cmmurp@cgmir	nc com	1			
	on and p & og mi					
Lifeline		(a) # Lifeline		(b) Lifeline Sup	nort/ (	c) Total Lifeline
		Subscribers		Subscriber Sup		
Non-Tribal Low-Income Sub Receiving federal Li		(8) 8627		x \$ 9.25	5	= \$ _79800
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ 0.00		= \$ _0
			otal F	(not to excee	ed \$34.25) port Claimed	(10) \$ 79800
Toll Limitation Services (TLS)						
Ton Limitation Servic	es (ILS)					
Cost of Providing TI (the lesser of incrementation)	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> n 2013)	00			
Number of TLS Sub	scribers	(12) 0				
				Total TLS Supp	ort Claimed (	13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ppol	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)
		(10110 0.0000 0100)				
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>				
<b>Deferred Interest</b>		(17) \$ 0.00				
		т	otal	Tribal Link Up Supp	ort Claimed (	(18) \$ 0
ETC Payment						
				Tribal Link Up \$ 0		
Total Lifeline \$_79800	Total TLS \$_0		i otal			- 79800
				Total	Dollars (19)	10000

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CEO	Jim Bahri				
DATE	OFFICER SIGNATURE				
05/07/2015	Jim Bahri				

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Exhibit 2	2
Page 33	

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(1) USAC Service Provider Id	Instituation Number	143037108		1.5	dy Area Code		
(3) Filer 499 ID 828760	lentification Number					Wireless	
				check one) Wirelir		wireless	
(5) ETC Designation Type (C	heck one): Lifeline	only 🗹		Cost/Low Income			
(6) Organization Information				Filing Information		-	
Company Legal Name:	Airvoice Wireles		a)	Submission Date	06/05/201		
Contact Name:	Caitlyn Lumpkin		b)	Data Month	May 2015		
Mailing Address:	2425 FRANKLIN	NRD	_ c)	Type of Filing (check one)			
				I	Original Revision		
Telephone Number:	BLOOMFIELD, 678-389-6024	MI 48302	d)	State Reporting	KENTUCH	ζΥ.	
Fax Number:	770-594-3878		-				
E-mail Address:	cmmurp@cgmir	ac com	-				
	cininap@cginii	10.00111					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		c) Total Life	line
Non-Tribal Low-Income Subs Receiving federal Li		(8) 6509		x \$ 9.25		= \$ 60208	
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00	r	= \$ 0	
Receiving federal Li			atal F	(not to excer ederal Lifeline Sup	ed \$34.25)		18
August and a state of the state	Advantation on all the		otair	ederal Liteline Sup	port Glaimeu	(10) \$ 0020	
Toll Limitation Servic	es (TLS)						
Cost of Providing T	C non Subooribor	(11) 0.00000	00				
Cost of Providing TI (the lesser of incrementation)	al cost or \$3 in 2012 /\$2 in	(11)					
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed (	13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ippoi				
Number of Connecti	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)	)				
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
					101-1	40) + 0	
			otal	Tribal Link Up Supp	on claimed (	10) \$	
ETC Payment							
Total Lifeline \$ 60208	Total TLS \$_0		Total	Tribal Link Up \$ 0			
				Total	Dollars (19) \$	60208	
				Total	2011010 (10) 4		

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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OFFICER TITLE	OFFICER NAME
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
06/05/2015	Jim Bahri
06/05/2015	Jim Bahri

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Ρ	a	ge	93	5

FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OM	B Approval
				Avg. I	Burden Est. pe	r Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143037108		(2) Stud	ly Area Code	269042	
(3) Filer 499 ID 828760			vne (	check one) Wirelin		Wireless	
	haak ana): Lifeling	_		Cost/Low Income	_		-
(5) ETC Designation Type (C			-				
(6) Organization Information Company Legal Name:	Airvoice Wireles	ell C	(7) a)	Filing Information Submission Date	07/07/201	5	
Contact Name:			b)	Data Month	June 2015		
Mailing Address:	Caitlyn Lumpkin 2425 FRANKLII		c)	Type of Filing	5une 2010		
	2425 FRANKLII	N KD	1	(check one)	Driginal 🗸	ki i	
		MI 40202	d)		Kevision	1	
Telephone Number:	BLOOMFIELD, 678-389-6024	MI 48302	u)	State Reporting	KENTUCK		
Fax Number:			-				
E well Address	770-594-3878		1				
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup		0004	
Receiving federal Lifeline Support		(8) 6816		x \$9.25	<u>;                                    </u>	s <u>63048</u>	3
Tribal Low-Income Subscrib	ers	(9) 0		x \$ <u>0.00</u>		=\$ 0	
Receiving federal Li	feline Support	Т	otal F	(not to excee	ed \$34.25)	(10) \$ 630	48
			Juli I			(, +	
Toll Limitation Servic	es (TLS)						
Cost of Providing T	S per Subscriber	(11) 0.00000	00				
	al cost or \$3 in 2012 /\$2 i						
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (*	13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ppor	<i>t</i> )			
Number of Connect	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
			otal '	— Tribal Link Up Supp	ort Claimed (	18) \$ 0	
ETC Payment							
Total Lifeline \$ 63048	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ 0			
				Total	Dollars (19) \$	63048	
					(/*		

# LIFELINE WORKSHEET

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

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07/07/2015
------------

Jim Bahri

Jim Bahri

OFFICER NAME

OFFICER SIGNATURE

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-		•	_

CEO

# OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE			OMB Approval 3060-0819
				Avg.	Burden Est. per Re	espondent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143037108		(2) Stud	dy Area Code <u>269</u>	042
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelir	ne 🔲 🛛 Wi	reless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🗹 🛛	-	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	08/06/2015	
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	July 2015	
Mailing Address:	2425 FRANKLI	NRD	c)	Type of Filing (check one)		
					Original Revision □	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/ (c) T	otal Lifeline
		Subscribers		Subscriber Sup		
Non-Tribal Low-Income Sub Receiving federal Li		(8) 4946		x \$ 9.25	5 = \$	45751
Tribal Low-Income Subscrib	ore	(9) 0		× \$ 0.00	= \$	0
Receiving federal Li		(•)		(not to exce	ed \$34.25)	
		Тс	otal F	ederal Lifeline Sup	port Claimed (10)	\$ 45751
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of incrementation)	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2	( <b>11)</b> 0.00000 n 2013)	00			
Number of TLS Sub	scribers	(12) 0				
				Total TI S Supp	ort Claimed (13) \$	0
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ppor			
Number of Connecti	ons Waived	(14) 0				
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average amo	ount)
		(not to exceed \$100)				
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>	_	_		
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Supp	ort Claimed (18)	<u>\$</u> 0
<b>FTO D</b>						
ETC Payment						
Total Lifeline \$ <u>45751</u>	Total TLS \$ <u>0</u>		Fotal	Tribal Link Up \$ 0		
				Total	Dollars (19) \$ 45	5751

#### LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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08/06/2015	Jim Bahri				
DATE	OFFICER SIGNATURE				
CEO	Jim Bahri				
OFFICER TITLE	OFFICER NAME				

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FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	ET			B Approval
				Avg.	Burden Est. per		3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143037108		(2) Stud	dy Area Code <u>2</u>	69042	
(3) Filer 499 ID 828760			vpe (	check one) Wirelin			
(5) ETC Designation Type (C	heck one): Lifelin	_		Cost/Low Income			
(6) Organization Information				Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	09/08/2015		
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	August 201	5	
Mailing Address:	2425 FRANKLI	N RD	c)	Type of Filing (check one)			
					Original Revision		
Talanhana Number	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY	Y	
Telephone Number: Fax Number:	678-389-6024		-				
	770-594-3878		-				
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		Total Life	line
Non-Tribal Low-Income Subscribers						40042	
Receiving federal Lifeline Support		(8) 4423		x \$9.25		\$ 40913	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	and the second se	\$ 0	
Receiving federal Li	feilne Support	т	otal F	(not to excer ederal Lifeline Sup		10) \$ <u>409</u>	13
Toll Limitation Servic	os (TI S)						
I on Emilation Dervic							
Cost of Providing T	LS per Subscriber	(11) 0.00000	00				
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	0					
Number of TLS Sub	scribers	(12) <u>0</u>					
Triballing In the second				Total TLS Suppo	ort Claimed (13	s) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippor	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average ar	mount)	
		(not to exceed \$100)	)				
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
			Total '	 Tribal Link Up Supp	ort Claimed (18	a) « O	
			otal	inibal Link op Supp		η φ <u>-</u>	
ETC Payment							
Total Lifeline \$_40913	Total TLS \$_0		Total	Tribal Link Up \$ 0			
				Total	Dollars (19) \$ _	40913	
				i otai			

# LIFELINE WORKSHEET

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OFFICER TITLE	OFFICER NAME		
CEO	Jim Bahri		
DATE	OFFICER SIGNATURE		
09/08/2015	Jim Bahri		

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE		Burden Est.	OM per Responde	1B Approva 3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143037108		(2) Stu	dy Area Co	de <u>269042</u>	
(3) Filer 499 ID 828760		(4) Technology Ty	/pe (	check one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🗹 🕴	ligh	Cost/Low Income			
(6) Organization Information	I.,		(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	10/06/2	015	
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	Septem	ber 2015	
Mailing Address:	2425 FRANKLI	N RD	c)	Type of Filing (check one)			
				A	Original Revision	<b>F</b>	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline		(a) # Lifeline		(b) Lifeline Sup Subscriber Sup		(c) Total Lif	eline
Non-Tribal Low-Income Sub Receiving federal L		Subscribers (8) <u>3961</u>		x \$9.2		= \$ 3663	9
Tribal Low-Income Subscrib Receiving federal L		(9) 0	tal F	x \$ 0.00 (not to exce		= \$ <u>0</u> ed (10) \$ <u>366</u>	39
Toll Limitation Servio	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	( <b>11</b> ) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	scribers	(12) 0					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	opor	Total TLS Supp t)	ort Claimed	1 (13) \$ <u>0</u>	
		0					
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	age amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	oort Claime	d (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_36639	Total TLS \$_0	т	otal	Tribal Link Up \$ 0			
· · · · · · · · · · · · · · · · · · ·			Jul			) <b>\$</b> <u>36639</u>	

Exhibit 2 Page 41

#### LIFELINE WORKSHEET

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

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DATE OFFICER SIGNATURE CEO Jim Bahri	
DATE OFFICER SIGNATURE	
10/06/2015 Jim Bahri	

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Exhibit 2 Page 43

FCC Form 497 April 2012 Edition			SHE		OMB Approv 3060-08 Burden Est per Bennerdent: 2.5 H	19
				Avg.	Burden Est. per Respondent: 2.5 H	5.
(1) USAC Service Provider Id	dentification Number	143037108		(2) Stud	dy Area Code <u>269042</u>	
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelin	ne 🔲 🛛 Wireless 🗹	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🗹	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	11/06/2015	
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	October 2015	
Mailing Address:	2425 FRANKLI	NRD	c)	Type of Filing (check one)		
					Original	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
Litelille		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Sup	oport	
		(8) 3585		x \$ 9.2	<u>5</u> = \$ <u>33161</u>	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	= \$ 0	_
Receiving federal Li	feline Support		otal F	(not to exce	ed \$34.25) port Claimed (10) \$ <u>33161</u>	
Toll Limitation Convin						
Toll Limitation Servic	es (1L3)					
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00			
Number of TLS Sub	scribers	(12) 0				
				Total TLS Supp	ort Claimed (13) \$ 0	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ippor			
Number of Connecti	ons Waived	(14) 0				
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average amount)	
		(not to exceed \$100)				
Total Connection Ch	narges Waived	(16) \$ 0.0				
<b>Deferred Interest</b>		(17) \$ 0.00		_		
		т	otal	Tribal Link Up Supp	port Claimed (18) \$ 0	_
ETC Payment						
Total Lifeline <u>\$33161</u>	Total TLS \$_0		Total	Tribal Link Up \$ <u>0</u>		
				Total	Dollars (19) \$ 33161	

#### LIFELINE WORKSHEET

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

### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
11/06/2015	Jim Bahri
11/06/2015	Jim Bahri

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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Exhibit 2 Page 45

FCC Form 497 April 2012 Edition					OMB Approva 3060-081
				Avg. I	Burden Est. per Respondent: 2.5 Hrs
(1) USAC Service Provider Id	dentification Number	143037108		(2) Stuc	dy Area Code 269042
(3) Filer 499 ID 828760		(4) Technology T	ype (	check one) Wirelir	ne 🔲 🦳 Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🖸	High	Cost/Low Income	
(6) Organization Information			(7)	Filing Information	
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	12/07/2015
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	November 2015
Mailing Address:	2425 FRANKLI	NRD	c)	Type of Filing (check one)	
				(	Driginal ✓ Revision
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCKY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878		1		
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
Liieiiiie		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Lifeline
Nan Tribal Law Income Sub		Subscribers		Subscriber Sup	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 3145		x \$ 9.25	= \$ 29091
Tribal Low-Income Subscrib	ors	(9) 0		x \$ 0.00	= \$ 0
Receiving federal Li		1-7	atal E	(not to excee	
	(7/ 0)		Juli		
Toll Limitation Servic	es (115)				
Cost of Providing TI	S per Subscriber	(11) 0.00000	00	_	
(the lesser of incrementation		0			
Number of TLS Sub	scribers	(12) <u>0</u>			0
Tribellink IIn (Augusta)		i in a link Oration			ort Claimed (13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost su	ppor	t)	
Number of Connecti	ons Waived	(14) 0			
Charges Waived per	Connection	(15) \$ 0.00	_	(for multiple rates,	use an average amount)
		(not to exceed \$100)			
Total Connection Ch	narges Waived	(16) \$ 0.0			
Deferred Interest		(17) \$ 0.00			
		т	otal	Fribal Link Up Supp	port Claimed (18) \$ 0
CTO Dever					
ETC Payment					
Total Lifeline \$ 29091	Total TLS \$ 0		Total		
				Total	Dollars (19) \$

#### LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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OFFICER NAME	
Jim Bahri	
OFFICER SIGNATURE	
Jim Bahri	
	Jim Bahri

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

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FCC Form 497 April 2012 Edition			(SHE	ET		OM	IB Approval 3060-0819
				Avg.	Burden Est. pe	er Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143037108		(2) Stue	dy Area Code	269042	
(3) Filer 499 ID <u>828760</u>		(4) Technology T	ype (	check one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C		e Only 🔟	-	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	01/06/201	6	
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	December	r 2015	
Mailing Address:	2425 FRANKLII	NRD	c)	Type of Filing (check one)			
					Original	}	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUCH	<Υ	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmii	nc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup		100110-001-001-001-001-001-001-001-001-	
Receiving federal Li	feline Support	(8) 2690		x \$ 9.2	5 :	= \$ 24883	3
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal Li	feline Support	Т	otal F	(not to exce ederal Lifeline Sup		(10) \$ 248	83
Toll Limitation Services (TLS)							
Ton Emilation Dervic	03 (120)						
Cost of Providing T (the lesser of increment	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00	_			
Number of TLS Sub	scribers	(12) 0					
		• •		Total TLS Supp	ort Claimed (	13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor				
Number of Connect	ions Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)	
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	port Claimed (	18) \$ <u>0</u>	
ETC Payment							
total Westernan	-						
Total Lifeline <u>\$</u> 24883	Total TLS \$_0		Total	Alter Statement		04000	
				Total	Dollars (19) \$	24003	

#### LIFELINE WORKSHEET

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

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OFFICER TITLE	
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
01/06/2016	Jim Bahri

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FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB				B Approval		
				Avg.	Burden Est. p	er Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143037108		(2) Stud	dy Area Code	269042	
(3) Filer 499 ID 828760			ype (	check one) Wirelin		Wireless	
(5) ETC Designation Type (C	heck one): Lifelin			Cost/Low Income			20020000
(6) Organization Information			(7)	Filing Information	_		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	02/05/20	16	
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	January 2	2016	
Mailing Address:	2425 FRANKLI	NRD	c)	Type of Filing (check one)			
					Original Revision	2	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUC	KY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 1939		x \$9.25	5	=\$ 17936	<u> </u>
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal Lifeline Support		т	otal F	(not to excee ederal Lifeline Sup	ed \$34.25) port Claimed	(10) \$ 179	36
Toll Limitation Servic	es (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> n 2013)	00				
Number of TLS Sub	scribers	(12) 0		_			
				Total TLS Suppo	ort Claimed	(13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippor	t)		0.0	
Number of Connect	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an averag	e amount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal 1	Fribal Link Up Supp	ort Claimed	(18) \$ 0	
ETC Payment							
Total Lifeline \$ <u>17936</u>	Total TIS \$ 0		Total	Tribal Link Up \$ 0			
			Juli			- 17936	
				Total	Dollars (19)	\$	

Exhibit 2 Page 50

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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OFFICER TITLE	OFFICER NAME
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
02/05/2016	Jim Bahri

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	Exhibit 2 Page 51

April 2012 Edition		LIFELINE WOR	KSHE				B Approval 3060-0819
				A	rg. Burden Est	. per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143037108		(2) S	tudy Area Co	de 269042	_
(3) Filer 499 ID 828760		(4) Technology 1	Гуре (	check one) Wir	eline 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗹	High	Cost/Low Incom	e 🗖		
(6) Organization Information	1		(7)	Filing Informatio	n		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	03/07/2	016	
Contact Name:	Caitlyn Lumpkin	í <u> </u>	b)	Data Month	Februar	ry 2016	
Mailing Address:	2425 FRANKLII	NRD	c)	Type of Filing (check one)		_	
					Original Revision		
Telephone Number:	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY	
Fax Number:	678-389-6024		-				
	770-594-3878		-				
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline S Subscriber S		(c) Total Life	eline
Non-Tribal Low-Income Sub		1705				=\$ 16511	1
Receiving federal Li	feline Support				9.25		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u>	(ceed \$34.25)	= \$ _0	
	tenne euppert	т	otal F	ederal Lifeline S	upport Claim	ed (10) \$ <u>165</u>	11
Toll Limitation Servic	es (TLS)						
Cost of Providing TI	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u>	00				
		0					
Number of TLS Sub	scribers	(12) <u>0</u>		_			
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	uppor		pport Claime	d (13) \$ <u>0</u>	
Number of Connecti Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple ra	les, use an aver	age amount)	
		(not to exceed \$100	)				
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
			Total	Tribal Link Up S	upport Claime	ed (18) \$ <u>0</u>	
ETC Doumont						<i>. .</i>	
ETC Payment	0				0		
Total Lifeline \$ <u>16511</u>	Total TLS \$_0		Total	Tribal Link Up \$	0		
				Тс	tal Dollars (1	9) \$ <u>16511</u>	

FCC Form 497

# LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

03/	07	/20	16

Jim Bahri

DATE	OFFICER SIGNATURE
CEO	Jim Bahri
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.

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Appr				B Approval		
				Avg.	Burden Est. pe		3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143037108		(2) Stud	dy Area Code	269042	
(3) Filer 499 ID 828760			vne (	check one) Wirelin		Wireless	_ []
(5) ETC Designation Type (C	heck one): Lifeling	_		Cost/Low Income	_	11101035	
			-		-		
(6) Organization Information Company Legal Name:	Airvoice Wireles	sllC	(/) a)	Filing Information Submission Date	04/06/2016	6	
Contact Name:	Caitlyn Lumpkin		b)	Data Month	March 201		-
Mailing Address:	2425 FRANKLI		c)	Type of Filing	Maron 201		-
	21201104110		1		Original 🔽		
	BLOOMFIELD,	MI 48302	d)	State Reporting	Revision L	Y	_
Telephone Number:	678-389-6024	10002	†		REITIOON		
Fax Number:	770-594-3878		1				
E-mail Address:	cmmurp@cgmir	nc.com	1				
Lifeline							
Liteline		(a) # Lifeline		(b) Lifeline Sup		c) Total Life	line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li		(8) 1655		x \$9.25	5=	\$ 15309	)
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		<u>\$</u>	
Receiving federal Lifeline Support		Тс	otal F	not to excee) ederal Lifeline Sup		(10) \$ 1530	09
Toll Limitation Servic	os (TI S)					-	
Ton Linnation Servic	es (1L3)						
Cost of Providing TI (the lesser of incrementa	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (1	13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	ppor		4		
Number of Connecti	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ 0.0					
<b>Deferred Interest</b>		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	ort Claimed (1	18) \$ 0	
ETC Payment							
Total Lifeline \$ 15309	Total TISS 0		Total	Tribal Link Up \$ 0			
			Juli			15309	
				Total	Dollars (19) \$		

# LIFELINE WORKSHEET

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

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OFFICER TITLE	OFFICER NAME	
CEO	Jim Bahri	
DATE	OFFICER SIGNATURE	
04/06/2016	Jim Bahri	
04/06/2016	Jim Bahri	

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