COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

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

I-WIRELESS LLC'S RESPONSES TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION

i-Wireless, LLC hereby serves its Responses to the Kentucky Public Service Commission

Request for Information dated April 6, 2016.

VERIFICATION

STATE OF KENTUCKY County of Campbell

)) ss.)

I, Sam Bailey, being first duly sworn upon oath, depose and say that I am the Senior Compliance Manager of i-wireless, LLC 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.

Daton

Subscribed and sworn to before me this 26th day of April, 2016

Printed Name: Neoma Wollenhaupt Notary Public

My Commission expires: <u>August 29, 2019</u>

DATA RESPONSES

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

<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.

RESPONSE: See attached *Exhibit 1*.

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

<u>RESPONSE</u>: See attached *Exhibit 2*.

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

- **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.

RESPONSE:

Current Lifeline Service Offering Available to low-income Kentucky residents:

- Free Android smartphone
- 250 Minutes per month
- Unlimited Text Messaging
- Free voicemail, caller ID and call waiting
- Free calls to customer care
- Free Minutes wireless rewards program with Kroger shopper's card registration
- Net cost to Lifeline customer: \$0.00

Top-Up Options:

- Add \$5 100 Minutes, 100 MB Data
- Add \$10 250 Minutes, Unlimited Text Messaging, 250 MB Data
- Add \$25 500 Minutes, Unlimited Text Messaging 750 MB Data
- Add \$35 Unlimited Talk for 30 days, Unlimited Text Messaging, 1 GB Data
- Add \$50 Unlimited Talk for 30 days, Unlimited Text Messaging 2 GB Data

Historical Timeline of i-wireless Lifeline Rates in Kentucky:

11/23/2011 – EXHIBIT 2 outlined i-wireless' Lifeline Service Offering included in Petition for ETC Designation:

- Free handset
- 100 Minutes per month (Additional usage priced at \$0.10 per minute/text message)
- Free voicemail, caller ID and call waiting
- Free incoming text messages
- Free calls to customer care
- Free Minutes wireless rewards program with Kroger shopper's card registration
- Net cost to Lifeline customer: \$0.00

12/2011 – Lifeline Service Offering at Market Launch:

- Free handset
- 150 Minutes per month
- Free voicemail, caller ID and call waiting
- Free incoming text messages
- Free calls to customer care
- Free Minutes wireless rewards program with Kroger shopper's card registration
- Net cost to Lifeline customer: \$0.00

Lifeline customers could also elect to apply a \$15 credit toward the purchase of a retail rate plan.

8/2012 – Lifeline Service Offering increased as a result of competitive market dynamics:

- Free handset
- 250 Minutes/Texts per month
- Free voicemail, caller ID and call waiting
- Free incoming text messages
- Free calls to customer care
- Free Minutes wireless rewards program with Kroger shopper's card registration
- Net cost to Lifeline customer: \$0.00

7/2015 – Lifeline Service Offering included free Android smartphone device to all qualified KY Lifeline applicants.

8/2015 – Lifeline Service Offering increased as a result of competitive market dynamics:

- Free Android smartphone
- 250 Minutes per month
- Unlimited text messaging
- Free voicemail, caller ID and call waiting
- Free calls to customer care
- Free Minutes wireless rewards program with Kroger shopper's card registration
- Net cost to Lifeline customer: \$0.00

<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.

RESPONSE: Should the Commission decide to maintain state Lifeline support for voice-only service, i-wireless would examine its current Lifeline offer in conjunction with any rate plan changes required from the implementation of minimum service standards outlined in the FCC's Order in an effort to satisfy a competitive marketplace and meet the communication needs of low-income Kentuckians.

<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: The implementation of a state eligibility database with 1.) real-time API access at enrollment; 2.) timely updates, which ideally would be real-time or within twenty-four hours; 3.) A simple yes/no and transaction ID without access to underlying data; 4.) a match based on last name, date-of-birth and last four digits of the applicant's social security number (SSN) (without address-related fields); 5.) efficient exceptions and dispute resolutions processes; and 6.) access to transaction records for audit purposes.

<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>: i-wireless is a prepaid service provider. We do not send out monthly invoices.

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

RESPONSE:

As of March 2013, i-wireless conducts all applicant enrollments using the CGM Enrollment Compliance Platform (ECP).

• The CGM application guides the representative and applicant through a series of questions asking for demographic and eligibility information and halts the enrollment process any errors occur. Each order placed through the ECP endures multiple layers of compliance screening.

i-wireless applies leading-edge techniques, including data analytics and continuous monitoring as part of its fraud prevention, detection and mitigation activities.

• In collaboration with CGM LLC, i-wireless conducts 85 validation checks across three different systems, including NLAD, CGM ECP and Catalyst (i-wireless' Customer Relationship Management platform) to identify potential duplicate subscribers. Additionally, i-wireless has contracted with an external consulting firm to assist with duplicate detection services by employing geocoding and developing a systematized de-duplication platform for records indexed on the probability of being a potential duplicate.

i-wireless compliance protocols include a quality control review of all Lifeline applications by a non-commissioned employee at the Company's corporate office.

• i-wireless conducts a voluntary back-end review of all applications. Today, i-wireless reviews an order within 48 hours of it being placed. In this review, the quality control review team audits the verification form completed prior to enrollment to ensure that the information is complete, current and that the forms and supporting documentation are consistent and establish eligibility. If an enrollment passes this review, it is included in a list of subscriber accounts eligible for Lifeline disbursements.

i-wireless conducts extensive and thorough validation checks prior to the submission of Forms 497.

- Since it began providing Lifeline service, i-wireless has used CGM to process and submit Lifeline reimbursement requests via Form 497 filings. CGM has numerous controls in place to prevent ineligible customer accounts from being submitted to USAC for reimbursement. Improving fraud risk assessment and monitoring through auditing technologies is an ongoing and evolving dynamic.
- Each month, i-wireless provides CGM with its customer data prior to submitting a Form 497 request for reimbursement. CGM then checks the customer data for potential duplicate enrollments and then prepares the Form 497 for submission.

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

RESPONSE:

i-wireless, LLC d/b/a Access Wireless (i-wireless or the Company) has been subjected to Federal Communication Commission (FCC) investigation and action relating to its participation in the Lifeline program. It has not been subjected to any penalties.

On November 1, 2013, the FCC issued a Notice of Apparent Liability for Forfeiture (NAL) (File No.: EB-IHD-13-00010656) to i-wireless alleging that i-wireless sought reimbursement from the universal service fund for intra-company duplicate subscribers. The NAL proposed a monetary forfeiture of \$8,753,074. i-wireless takes very seriously the issue of alleged intra-company duplicates raised in the NAL. We believe that the NAL is both misguided and unfounded, and on January 10, 2014, i-wireless submitted its response to the NAL seeking cancellation of the proposed forfeiture. Many of the major Lifeline providers have received similar NALs and similarly responded to the FCC seeking cancellation.

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

It is important to note that, even if every duplicate alleged in the NAL were actually a duplicate, i-wireless was 99.7% effective at predicting what the Universal Service Administrative Company (USAC) would call a duplicate and denying those enrollments. A better-than-99-percent effective rate is not the sign of an ETC that ignores the FCC's rules or abuses the Lifeline program by accepting duplicate enrollment attempts by end users. Indeed, a 0.03% error rate is well below the Improper Payments Elimination and Recovery Act (IPERA) threshold of 1.5% for being susceptible to "significant improper payments" that is applied to government payment programs. Further, last year the FCC and USAC identified thousands of "production inter-company duplicates" that had been approved by the National Lifeline Accountability Database (NLAD) and had to be resolved. It appears that i-wireless was far more effective at identifying and denying intra-company duplicate enrollment attempts.

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

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

• First, the NAL contains allegations rather than factual and legal determinations. Though it is more typical for the FCC to conduct a factual investigation prior to issuing a public NAL, it did not do so here. i-wireless had no advanced notice of the FCC action. Further, the case before the FCC involves a complex set of facts related to each subscriber enrolled in the Lifeline program. We believe that the vast majority of the alleged duplicates would have passed the duplicate screen incorporated into the FCC's duplicate database – the NLAD – at the time. If the FCC ultimately seeks to convert the NAL into a forfeiture, the agency will need to do its fact-finding in the context of the NAL proceeding. The Company will cooperate fully to allow for a proper determination as to whether any of the customer-attestation-supported enrollments involve a customer unlawfully receiving a duplicate benefit. Similarly, the FCC will need to consider i-wireless's legal defenses to allegations of various rule violations prior to making any formal finding.

• Second, the proposed forfeiture structure is only a proposal. It is neither law nor regulation – nor could it be (it is patently unlawful).

• Third, the FCC has five years to act on an NAL. It has been two and a half years with no action by the FCC. Possible outcomes include no further public action by the agency, cancellation of the NAL, or a settlement and consent decree. The FCC could also take other action, such as folding the issues raised in the NALs into a rulemaking proceeding or converting the NAL into a forfeiture order. Such an order would be subject to appeal in a United States Court of Appeals. It is impossible to predict the outcome at this point. i-wireless stands ready to cooperate fully with the FCC and we will seek an outcome that is fair for our customers, our employees, our owners and investors, and the Lifeline program itself.

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

<u>RESPONSE</u>: State marketing requirements mandate that "i-wireless shall advertise the availability of service and charges using media of general distribution."

i-wireless utilizes a variety of marketing and advertising tactics to promote the availability of its Lifeline services, using the Access Wireless brand to eligible low-income residents of Kentucky.

These efforts include: 1.) In-store direct marketing campaigns to Kroger shoppers that tender an EBT payment at checkout via a printed advertising message delivered with receipt; 2.) In-store merchandising displays that include collateral materials about Lifeline service, how to qualify for service and state application forms; 3.) Executing a Community Outreach Program with non-profit and social service agencies that provide support services to individuals experiencing financial hardship. These efforts include mailing informational outreach packets to organizations and conducting mobile enrollment event activities in low-income communities; 4.) Securing media buys in print newspaper publications that appeal to value-oriented or budget-conscious consumers.

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 attached *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.

RESPONSE: The Company utilizes three criteria for determining the number of subscribers for Kentucky USF purposes. Federal Form 497 reimbursement will be requested if the subscriber meets Federal eligibility standards, receives their Lifeline "benefit" during the month, described as the monthly minutes/text/data allowance that comes with their Lifeline rate plan and has qualifying usage on or after the date they received their benefit minus 60 days. If Federal reimbursement is claimed for a Kentucky subscriber, pursuant to the above three criteria, Kentucky USF reimbursement will also be requested.

<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.

RESPONSE: The Company utilizes three criteria for determining the number of subscribers for Kentucky USF purposes. Federal Form 497 reimbursement will be requested if the subscriber meets Federal eligibility standards, receives their Lifeline "benefit" during the month, described as the monthly minutes/text/data allowance that comes with their Lifeline rate plan and has qualifying usage on or after the date they received their benefit minus 60 days. If Federal reimbursement is claimed for a Kentucky subscriber, pursuant to the above three criteria, Kentucky USF reimbursement, will also be requested.

<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>: The Company does not experience bad debts.

<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.

RESPONSE: Yes. In its Lifeline Reform FNPRM, the FCC stated that combined state and federal contributions to Lifeline have long been a critical part of the Lifeline program and expressed interest on ways to further encourage states to provide additional subsidies for Lifeline. i-wireless joined with other Commenters to encourage the FCC to make available a matching federal subsidy, allowing the state to serve as a test market for Lifeline innovation to improve the program. If the FCC creates a matching subsidy, Kentucky would be a logical choice.

<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>: i-wireless is a prepaid service provider. We do not send out monthly invoices.

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

113950.138216/1345221.1

Exhibit 1



Date02/07/20	014		Reporting	Month	January
		Carrier Informati	on		
Company Name	i-wireless				
Company Address	1 Levee Way	Suite 3104		Newport	KY 41071
Telephone / Fax	T Levee Way	Guile 510+		Newport,	
Vendor Number					
Classification Please Circle One	ILEC	CLEC × Cellular	PCS		
		Monthly Access Lin	e Data		
1. Cumhanna Ba	A			£0.03	
	Access Line		······	\$0.08	
3. Number of A	ang Lines Pessi	ing Lifeling Support			20,523
		ing Lifeline Support		_	71,830.50
J. Amount of Re	ambursement Req	lested from Kentucky 051			
		Signature Block	ĸ		
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Company Official Victo	oria Williams (Printed)	Title_Controller	Compar	ıy Official	$\sqrt{1-2}$ (Signed)
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this ation Cabinet				lvd. 5
				Revised 03	3-13-2008



0.0000044

Date03/06/20	/14		Reporting Month_	February
		Carrier Information	n	
Company Name	i-wireless			
Company Address	1 Levee Way	Suite 3104	Nev	vport, KY 41071
Telephone / Fax	T Levee Way	Suite 5104		
Vendor Number				
Classification Please Circle One	ILEC	CLEC 🗶 Cellular	PCS	
		Monthly Access Line	Data	
				
	Access Line		<u>\$0.08</u>	
3.				22.212
4. Number of Ac	cess Lines Receiv	ring Lifeline Support	······	20,949
5. Amount of Re	imbursement Req	uested from Kentucky USF		73,321.50
		Signature Block		
I hereby attest that the	information report	ed herein is true and accurate to t	he best of my knowled	ge.
Company Official Victo	oria Williams (Printed)	Title_Controller	Company Offici	al(Signed)
Make check payable State Treasurer" and s report to: Finance and Administre ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	send with this ation Cabinet		Kentuc ATTN 211 So P.O. B	copy of this report to: exy Public Service Commission : Jim Stevens wer Blvd. ox 615 fort, KY 40602
			Revis	ed 03-13-2008



Date	04/09/20)14				Reportin	g Month	March
				Carrie	er Information			
Company	y Name	i-wireless						
Company A	Address	1 Levee Way		Suit	e 3104		Newport	, KY 41071
Telephor	ne / Fax	The second second second				Carl Alexa	Sek care	
Vendor N	Number							
Classification Please Circle (One	ILEC	CLEC	×	Cellular	PCS		
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3.			A REAL PROPERTY.	mile It.				
4. Num	ber of Ac	cess Lines Receivi	ing Lifeline S	upport				21,163
5. Amo	unt of Re	eimbursement Requ	lested from Ke	entuck	y USF			74,070.50
				Sign	nature Block			
I hereby attest	that the	information reporte	ed herein is tru	ie and	accurate to the	best of my	v knowledge.	
Company Offi	icial Victo	oria Williams (Printed)	Title_Co	ntrolle	r	Compa	any Official	(Signed)
	dministr SF ve. x, Room 4							Blvd. 5
							Revised 0	3-13-2008



Date05/09/20)14		Rep <mark>o</mark> rting Month	April
		Carrier Information	n	
Company Name	i-wireless			
Company Address	1 Levee Way	Suite 3104	Newport,	KY 41071
Telephone / Fax				
Vendor Number				
Classification Please Circle One	ILEC	CLEC × Cellular	PCS	
		Monthly Access Line	Data	
1.				
	Access Line		<u>\$0.08</u>	
3.				
4. Number of Ac	cess Lines Receiv	ing Lifeline Support		21,384
5. Amount of Re	imbursement Requ	uested from Kentucky USF	<u>74</u>	,844.00
		Signature Block		
I hereby attest that the	information report	ed herein is true and accurate to the	he best of my knowledge.	
Company Official Victo	oria Williams (Printed)	Title Controller	Company Official	Vier Əmir (Signed)
L				

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

Revised 03-13-2008

Exhibit 1 Page 4



06/09/2014

Frankfort, KY 40601

Date06/09/2	014		Reporting N	Ionth	Мау
		Carrier Informa	tion		
Company Name	i-wireless				
Company Address	1 Levee Way	Suite 3104		Newport, KY 41	071
Telephone / Fax	T Levee Way	Sulle 3104		Newpoit, K1 41	071
Vendor Number					
Classification Please Circle One	ILEC	CLEC × Cellular	PCS		
		Monthly Access Lin	1e Data		
1. And the second second			Manager Parates		
2. Surcharge Per	r Access Line			\$0.08	
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4. Number of A	ccess Lines Receiv	ing Lifeline Support		20,6	679
5. Amount of Re	eimbursement Req	iested from Kentucky USF	······	72,376	.50
		Signature Bloo	:k		
-	-	ed herein is true and accurate t			$(\neg$
Company Official Vict	(Printed)	Title Controller	Company	0 1110101	Signed)
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room	send with this		I 2 I	Send a copy of this Kentucky Public S ATTN: Jim Steven 211 Sower Blvd. P.O. Box 615 Frankfort, KY 406	ervice Commission

May



Date07/11/2	014				Reportin	g Month	June
			Carrie	r Information	1		
Company Name	i-wireless						
Company Address	1 Levee Way		Suite	e 3104		Newport	, KY 41071
Telephone / Fax							,
Vendor Number							
Classification Please Circle One	ILEC	CLEC	×	Cellular	PCS		
		Мо	nthly A	Access Line I	Data		
1.							
2. Surcharge Per	r Access Line					\$0.08_	
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4. Number of A	ccess Lines Receiv	ving Lifeline Su	ipport.				21,384
5. Amount of Re	eimbursement Req	uested from Ke	entucky	y USF	·····.		74,844.00
				ature Block			
I hereby attest that the Company Official Vict	-	ted herein is tru 			-	v knowledge. any Official	Vin 2
	(Timou)						(016104)
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this ration Cabinet						Blvd. 15
						Revised 0	3-13-2008



08/07/2014

Date____

Frankfort, KY 40601

		Carrier Informa	tion	
Company Name	i-wireless			
Company Address	1 Levee Way	Suite 3104		Newport, KY 41071
Telephone / Fax				
Vendor Number				
	•			
Classification Please Circle One	ILEC	CLEC × Cellular	PCS	
		Monthly Access Li	ne Data	
1.				
-	· Access Line			\$0.08
3.				
4. Number of Ac	cess Lines Receivi	ng Lifeline Support		19,544
5. Amount of Re	imbursement Requ	ested from Kentucky USF		68,404.00
		Signature Blo	ck	
I hereby attest that the	information reporte	ed herein is true and accurate t	o the best of m	y knowledge.
Company Official Victo	oria Williams (Printed)	Title_Controller	Comp	any Official Vincon (Signed)
· · · · · · · · · · · · · · · · · · ·				
Make check payable State Treasurer" and s				Send a copy of this report to:
report to:				Kentucky Public Service Commission
Finance and Administra ATTN: KY USF	ation Cabinet			ATTN: Jim Stevens 211 Sower Blvd.
702 Capital Ave. Capitol Annex, Room 4	488A			P.O. Box 615 Frankfort, KY 40602

Revised 03-13-2008

Exhibit 1 Page 7

July

Repo<mark>r</mark>ting Month_____



Carrier Information Company Name Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Monthly Access Line Data 1. 2. Surcharge Per Access Line. South of Reimbursement Requested from Kentucky USF. 2. Signature Block 1. Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Vietoria Williams Title Controller Company Official Vietoria Williams Title Controller Company Official Vietoria Williams Title Streamer and Administration Cabinet Prankfort, KY 40601	Date09/10/	2014				Reportin	g Month	August
Image: State Stat			C	Carrier I	nformation			
Company Address 1 Levee Way Suite 3104 Newport, KY 41071 Telephone / Fax Image: Classification Image: Classification Image: Classification Please Circle One ILEC CLEC Cellular PCS Image: Classification ILEC CLEC X Cellular PCS Image: Classification Signature Block Image: Classification Image: Classification Image: Clastication <td>Company Name</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Company Name							
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Classification Please Circle One ILEC CLEC Cellular PCS Monthly Access Line Data Image: Circle One	Telephone / Fax	-		Suite 3	104		Newpor	L, KY 41071
Please Circle One ILEC CLEC K Cellular PCS Monthly Access Line Data	Vendor Number							
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3. 20,984 4. Number of Access Lines Receiving Lifeline Support		er Access Line					\$0.08	
5. Amount of Reimbursement Requested from Kentucky USF	_							
5. Amount of Reimbursement Requested from Kentucky USF	4. Number of A	Access Lines Receiv	/ing Lifeline Sup	port				20,984
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Victoria Williams Title Controller Company Official Vince (Signed) (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								73,444.00
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Victoria Williams Title Controller Company Official Vince (Signed) (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								
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Victoria Williams Title Controller Company Official Victoria (Signed) (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 Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				Signati	re Block			
Company Official Victoria Williams (Printed) Title Controller Company Official Vince Make check payable to: "Kentucky State Treasurer" and send with this report to: Send a copy of this report to: Send a copy of this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Kentucky Public Service Commission ATTN: KY 40602	I hereby attest that th	e information report		_		best of my	knowledge.	
State Treasurer" and send with this report to:Send a copy of this report to:Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488AKentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602		ctoria Williams						
	State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Room	tration Cabinet					Kentucky P ATTN: Jim 211 Sower P.O. Box 6 Frankfort, F	ublic Service Commission Stevens Blvd. 15 KY 40602



Date10/10/20)14			Reporti	ng Month	September
			Carrier Information	1		
Company Name	i-wireless					
Company Address	1 Levee Way		Suite 3104		Newport,	KY 41071
Telephone / Fax						
Vendor Number						
Classification Please Circle One	ILEC	CLEC	× Cellular	PCS		
		Mor	nthly Access Line I	Data		
1.						
2. Surcharge Per	Access Line				\$0.08	
3.						
4. Number of Ac	cess Lines Receiv	ing Lifeline Su	pport			21,857
5. Amount of Re	imbursement Requ	lested from Ke	ntucky USF	·····	1	76,499.50
TT 1		11	Signature Block			
I hereby attest that the i		ed herein is true 			y knowledge.	(Signed)
Make check payable State Treasurer" and s report to:					Send a copy	of this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens

211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

Revised 03-13-2008

Exhibit 1 Page 9



Date11/11/2	Date 11/11/2014			Reporting Month October			
			Carrier Information				
Company Name	i-wireless						
Company Address	1 Levee Way		Suite 3104	Nev	vport, KY 41071		
Telephone / Fax							
Vendor Number							
Classification Please Circle One	ILEC	CLEC	× Cellular	PCS			

	Monthly Access Line Data	
1.		
2.	Surcharge Per Access Line	<u>\$0.08_</u>
3.		
4.	Number of Access Lines Receiving Lifeline Support	22,189
5.	Amount of Reimbursement Requested from Kentucky USF	77,661.50

	Signature Bloc	ck	
I hereby attest that the information reported Company Official Victoria Williams (Printed)	d herein is true and accurate to 	to the best of my knowledge. 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 Commiss ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	ion



Date12/11/20	014			Reporting Month	November
		Carrie	er Information		
Company Name	i-wireless				
Company Address	1 Levee Way	Suit	e 3104	Newport,	KY 41071
Telephone / Fax					
Vendor Number					
	I				
Classification Please Circle One	ILEC	CLEC ×	Cellular	PCS	
		Monthly .	Access Line Dat	ta	
1.					
2. Surcharge Per	Access Line			\$0.08	
3.					
4. Number of Ac	cess Lines Receiv	ving Lifeline Support		••	22,041

5.	Amount of Reimbursement Requested from Kentucky USF	77,143.50	

	Signature Blo	ock	
I hereby attest that the information reported Company Official Victoria Williams (Printed)		y knowledge. pany 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	01/13/2015				Reporti	ing Month	December	December	
				Carrier Information	1				
Compa	any Name	i-wireless							
Company	y Address	1 Levee Way		Suite 3104		Newport	, KY 41071		
Telepł	none / Fax								
Vendo	or Number								
Classification Please Circl		ILEC	CLEC	× Cellular	PCS				
			М	Ionthly Access Line I	Data				
1.									
	ircharge Per	Access Line				<u>\$0.08</u>			
3.									
4. Nu	umber of Ac	cess Lines Receiv	ving Lifeline S	Support	·····		24,066		
5. Ar	nount of Re	imbursement Rec	quested from K	Kentucky USF			84,231.00		
				Signature Block					

I hereby attest that the information reported	herein is true and accurate to	the best of my knowledge.	0
Company Official Victoria Williams	Company Official	Vind	
(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



Date02/16/2015					Reporting	g Month	January
			Carrie	er Information			
Company Nam	e						
Company Addres	i-wireless						
	1 Levee Way		Suit	e 3104		Newport,	KY 41071
Telephone / Fa	x						
Vendor Numbe	r						
·····							
Classification Please Circle One	ILEC	CLEC	×	Cellular	PCS		
		Moi	nthly /	Access Line D	ata		
1.					4 31-400- 234		
2. Surcharge F	Per Access Line					<u>\$0.08</u>	
3.							
4. Number of	Access Lines Receiv	ving Lifeline Su	pport.				22,522
5. Amount of	Reimbursement Req	uested from Ke	ntuck	y USF			78,827.00
				ature Block			
I hereby attest that the					e best of my	knowledge.	0
Company Official <u>Vi</u>	ctoria Williams (Printed)	Title_Cor	ntroller	ſ	Compa	ny Official	Vm Ə
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						lvd. 5
						Revised 03	3-13-2008



Date03/11/20	015			Reporting Month	February	
			Carrier Information			
Company Name	i-wireless			~		
Company Address	1 Levee Way		Suite 3104	Newp	oort, KY 41071	
Telephone / Fax						
Vendor Number						
Classification Please Circle One	ILEC	CLEC	× Cellular	PCS		
		Мс	onthly Access Line D	ata		
1.				and the second		
	r Access Line			\$0.08		

4. Number of Access Lines Receiving Lifeline Support	22,861
5. Amount of Reimbursement Requested from Kentucky USF	80,013.50

	Signature Blo	ck	
I hereby attest that the information reporte Company Official Victoria Williams (Printed)		ny knowledge. pany 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



Date04/09/	2015			Reportin	g Month	March
			Carrier Information	1		
Company Name	i-wireless					
Company Address	3 1 Levee Way		Suite 3104		Newport, I	KY 41071
Telephone / Fax	κ					
Vendor Number	r English					
Classification Please Circle One	ILEC	CLEC	× Cellular	PCS		
	х.	Mon	thly Access Line I	Data		
1.						
2. Surcharge P	er Access Line	• • • • • • • • • • • • • • • • • • • •			\$0.08	
3.				le la construcción de la		
4. Number of A	Access Lines Receiv	ing Lifeline Sup	port			23,571
5. Amount of I	Reimbursement Req	uested from Ker	tucky USF		83	2,498.50
			Signature Block			
I hereby attest that th	e information report			e best of my	knowledge.	
Company Official <u>Vic</u>	ctoria Williams (Printed)	Title_Cont	roller	Compa	ny Official	Vie 2- (Signed)
Make check payable State Treasurer" and					Send a copy of	of this report to:
report to:						olic Service Commission
Finance and Adminis ATTN: KY USF	stration Cabinet				ATTN: Jim S 211 Sower Bl	
702 Capital Ave.					P.O. Box 615 Frankfort, KY	
Capitol Annex, Roon Frankfort, KY 40601						10002
					Revised 03-	-13-2008


Date05/13/20	015				Reporting	Month April	
			Carrie	r Information			
Company Name	i-wireless						
Company Address	1 Levee Way		Suite	ə 3104		Newport, KY 41071	
Telephone / Fax							
Vendor Number							
Classification Please Circle One	ILEC	CLEC	×	Cellular	PCS		

	Monthly Access Line Data	
1.		And Balancer Strangerson
2.	Surcharge Per Access Line	\$0.08_
	and the second	
	Number of Access Lines Receiving Lifeline Support	22,371
	Amount of Reimbursement Requested from Kentucky USF	78,298.50

	Signature Block	Σ.	
I hereby attest that the information report Company Official Victoria Williams (Printed)	ed herein is true and accurate to 		pany 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





Date06/10/20)15				Report	ting Month	Мау	
['amic	er Information				
		C	arne	r momation				
Company Name	i-wireless							
Company Address	1 Levee Way		Suit	te 3104		Newport, I	KY 41071	
Telephone / Fax						and the second		
Vendor Number								
Classification Please Circle One	ILEC	CLEC	×	Cellular	PCS	5		
		Mon	thly .	Access Line Da	ata		_	
1.				Description of the second				
	and the second second second second						4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
2. Surcharge Per	· Access Line					\$0.08_		
3.					The set of			
4. Number of Ac	ccess Lines Recei	ving Lifeline Sup	port				20,910	

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



AMENDED RETURN

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date07/13/20	015		Reporting Month	June
		Carrier Informat	ion	
Company Name	i-wireless			
Company Address	1 Levee Way	Suite 3104	Newpor	t, KY 41071
Telephone / Fax				
Vendor Number				
Classification Please Circle One	ILEC	CLEC × Cellular	PCS	
		Monthly Access Lin	e Data	
1.				
2. Surcharge Per	Access Line		<u>\$0.08</u>	
3.				
4. Number of Ac	cess Lines Receiv	ing Lifeline Support		18,759
5. Amount of Re	imbursement Requ	uested from Kentucky USF		65,656.50
		Signature Bloc		
		ed herein is true and accurate to	the best of my knowledge.	0
Company Official Victo	oria Williams (Printed)	Title_Controller	Company Official	V (Signed)

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



Date08/11/20	015		Reportin	g MonthJuly
		Carrier Information	ion	
Company Name	i-wireless			
Company Address	1 Levee Way	Suite 3104		Newport, KY 41071
Telephone / Fax				
Vendor Number				
Classification Please Circle One	ILEC	CLEC × Cellular	PCS	
		Monthly Access Lin	e Data	
1				
1. 2. Surcharge Per	A coors L ino			90.02
	Access Lille			\$0.08
3. <u>Number 64</u>	L'			17,889
		ving Lifeline Support		
5. Amount of Re	eimbursement Req	uested from Kentucky USF		02,011.50
		Signature Bloc	k	
-		ted herein is true and accurate to	the best of my	v knowledge.
Company Official Victo	oria Williams (Printed)		Compa	any Official(Signed)
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this ration Cabinet			Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602
				Revised 03-13-2008



Date09/15/20	015			Reporting Month	August
			Carrier Information		
Company Name	i-wireless				
Company Address	1 Levee Way		Suite 3104	Newport,	KY 41071
Telephone / Fax					
Vendor Number					
	•				
Classification Please Circle One	ILEC	CLEC	× Cellular	PCS	

	Monthly Access Line Data	
1.		
2.	Surcharge Per Access Line	\$0.08_
3.		
4.	Number of Access Lines Receiving Lifeline Support	18,033
5.	Amount of Reimbursement Requested from Kentucky USF	63,115.50

	Signature Blo	ck
I hereby attest that the information reported	I herein is true and accurate	to the best of my knowledge.
Company Official Victoria Williams (Printed)	Title_Controller	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

Date10/10/2	015			Reporting	Month	September	
			Carrier Informati	on			
Company Name	i-wireless						
Company Address	1 Levee Way		Suite 3104		Newport, KY	41071	
Telephone / Fax							
Vendor Number							
Classification Please Circle One	ILEC	CLEC	× Cellular	PCS			

	Monthly Access Line Data		
1.			
2.	Surcharge Per Access Line	\$0.08	
3.			
4.	Number of Access Lines Receiving Lifeline Support	18,068	
5.	Amount of Reimbursement Requested from Kentucky USF	63,238.00	

I hereby attest that the information report Company Official Victoria Williams (Printed)	my knowledge. npany Official V		
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



Date11/10/20	015			Reporting Month	October	
			Carrier Information			
Company Name	i-wireless					
Company Address	1 Levee Way		Suite 3104	Newport,	KY 41071	
Telephone / Fax						
Vendor Number						
Classification Please Circle One	ILEC	CLEC	× Cellular	PCS		

	Monthly Access Line Data	
1.		
2.	Surcharge Per Access Line	\$0.08
3.		
4.	Number of Access Lines Receiving Lifeline Support	17,442
5.	Amount of Reimbursement Requested from Kentucky USF	61,047.00

	ck				
I hereby attest that the information reported	to the best of m	ny knowledge.			
Company Official <u>Victoria Williams</u> (Printed)	Title_Controller	Comp	mpany Official Vin 2		
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		



Date12/09/20		Reporting Month November					
			Carrier Inform	ation			
Company Name	i-wireless						
Company Address	1 Levee Way		Suite 3104		Newport, KY 41071		
Telephone / Fax							
Vendor Number			-				
	•						
Classification Please Circle One	ILEC	CLEC	× Cellula	r · PCS			

	Monthly Access Line Data	
1.		
2.	Surcharge Per Access Line	\$0.08
3.		
ŀ.	Number of Access Lines Receiving Lifeline Support	16,688
5.	Amount of Reimbursement Requested from Kentucky USF	58,408.00

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



Date01/13/2	Date01/13/2016			Reportin	g Month	December	
		Ca	rrier Informatior	n			
Company Name	i-wireless						
Company Address	1 Levee Way	ç	Suite 3104		Newport	KY 41071	
Telephone / Fax							
Vendor Number							
Classification Please Circle One	ILEC	CLEC	× Cellular	PCS			
		Month	ly Access Line I	Data			
1.							
2. Surcharge Per	r Access Line				<u>\$0.08</u>		
3.							
4. Number of Ac	ccess Lines Receiv	ng Lifeline Support			16,180		
5. Amount of Re	eimbursement Req	uested from Kentu	ıcky USF			56,630.00	
		S	ignature Block				
I hereby attest that the	information report		_	he best of my	/ knowledge		
Company Official Victor		Title_Contro			any Official	Vin Ə- (Signed)	
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this ration Cabinet				Kentucky Pu ATTN: Jim 211 Sower E P.O. Box 61 Frankfort, K	Blvd. 5 Y 40602	
					Revised 03	3-13-2008	



02/12/20	ate02/12/2016		Reporting M	onthJanuary	anuary			
		Carrier Inform	ation					
Company Name	i-wireless							
Company Address	1 Levee Way	Suite 3104		Newport, KY 41071				
Telephone / Fax								
Vendor Number								
Classification Please Circle One	ILEC	CLEC × Cellular	PCS					
		Monthly Access L	ine Data					
t T								
 Surcharge Per 	A access L inc			\$0.08_				
	Access Line			<u>\$0.08</u>				
 Number of Ac 	ang Ling Rossiy	ing Lifeling Support		15,236				
		ing Lifeline Support						
5. Amount of Re	inibursement Keq	uested from Kentucky USF	•••••••					
		Signature Blo	ock.					
I hereby attest that the	nformation report	ed herein is true and accurate		wiedge				
Company Official Victo	-		Company	1				
Make check payable t State Treasurer" and s report to: Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	send with this ation Cabinet		к А 2 F	end a copy of this report to: entucky Public Service Commiss TTN: Jim Stevens 11 Sower Blvd. .O. Box 615 rankfort, KY 40602	sion			
				Revised 03-13-2008				



Date03/12	/2016		Report	ing Month	February
		Carrier In	formation		
Company Nam	e i-wireless				
Company Addres	s	Suite 31	04	Neurort	KV 41071
Telephone / Fa	1 Levee Way	Sulle ST		Newport,	KY 41071
Vendor Numbe	er				
Classification Please Circle One	ILEC	CLEC × Ce	llular PCS		
		Monthly Acco	ess Line Data		
1.					
2. Surcharge I	Per Access Line			\$0.08	
3.					
4. Number of	Access Lines Receiv	ving Lifeline Support			15,155
5. Amount of	Reimbursement Req	uested from Kentucky U	SF	5	3,042.50
		Signatur	e Block		
I hereby attest that the	ne information report	ted herein is true and accu	urate to the best of r	ny knowledge.	_
Company Official <u>Vi</u>	ictoria Williams (Printed)	TitleController	Com	pany Official	Vin Ə- (Signed)
Make check payabl State Treasurer" and report to: Finance and Admini ATTN: KY USF 702 Capital Ave. Capitol Annex, Roon Frankfort, KY 4060	d send with this stration Cabinet			Kentucky Pu	5
				Revised 02	2-15-2016





Date04/14/2016			Reporting Month			March			
			Carrie	er Information	1				
			Curri		•				
/ Name	i-wireless								
Address	1 Levee Way		Suit	e 3104		Newport, k	KY 41071		
ne / Fax									
Number									
One	ILEC	CLEC	×	Cellular	PCS				
		M	onthly	Access Line I	Data				
						#0.00			
narge Per	Access Line					<u>\$0.08</u>			
ber of Ac	cess Lines Recei	ving Lifeline S	Support			14,263			
unt of Re	imbursement Re	quested from k	Centuck	xy USF	•••••	49,920.50			
			Sig	nature Block					
that the	information repo	rted herein is ti	rue and	accurate to the	ne best of m	y knowledge.			
icial Victo		Title_Co	ontrolle	r	Comp	oany Official	Vind		
	(Printed)						(Signed)		
er" and dministr SF ve.	send with this ation Cabinet					Kentucky Pul ATTN: Exect 211 Sower Bl P.O. Box 615			
	Address ae / Fax Number One Dne Dne ber of Ac unt of Re that the icial <u>Victor</u> payable er" and s.dministr SF ve. c, Room A	Address Address 1 Levee Way 1 Levee Way	/ Name i-wireless Address 1 Levee Way ie / Fax	Carrie Address Address 1 Levee Way Suit 1 Levee Way Suit 1 Levee Way Suit Dne ILEC CLEC × Monthly harge Per Access Line. ber of Access Lines Receiving Lifeline Support unt of Reimbursement Requested from Kentuck Sign that the information reported herein is true and icial Victoria Williams (Printed) Title Controlle (Printed) Title Controlle (Printed)	Carrier Information	Carrier Information Carrie	Carrier Information Newport, P CS CLEC CLEC CLEC CLEC CLEC CLEC CLEC C		

Revised 02-15-2016

Exhibit 2

FCC Form 497 April 2012 Edition	LIFELINE WORKS					OMB Approva	
				Avg.	Burden Est. pe	3060-0819 r Respondent: 2.5 Hrs	
(1) USAC Service Provider I		(2) Stu	dy Area Code	269031			
(3) Filer 499 ID 826264		(4) Technology T	vne (check		_	Wireless 🔽	
(5) ETC Designation Type (C							
		e Only	-	Low Income			
(6) Organization Information Company Legal Name:	I-Wireless LLC	, , , , , , , , , , , , , , , , , , ,		Information	05/06/201	4	
Contact Name:			,	Month	April 2014		
Mailing Address:	Caitlyn Lumpki		,	of Filing	April 2014		
	1 Levee Way S	ulte 3104		ck one)	Original 🔽		
	Nour ort 101 44	074	d) State		Revision]	
Telephone Number:	Newport, KY 41 678-389-6024	1071		Reporting	KENTUCH	ΛΥ	
Fax Number:	770-594-3878		-				
E-mail Address:	caitlyn.lumpkind	@caminc.com	-				
		0-9					
Lifeline		(a) # Lifeline	(b) Lifeline Sup	port/ (c) Total Lifeline	
		Subscribers		ibscriber Sup			
Non-Tribal Low-Income Sub Receiving federal Li		(8) 21342	x	\$9.2	5:	= \$ 197414	
Tribal Low-Income Subscrib	ers	(9) 0	x	\$_0.00		= \$ 0	
Receiving federal Li	ifeline Support		ofal Federa	(not to exce		(10) \$ 197414	
Tall Limitation Com/ia				pontonannoa	(, + <u></u>	-	
Toll Limitation Servic	es (1L3)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00				
Number of TLS Sub	scribers	(12) 0					
			То	tal TLS Supp	ort Claimed (13) \$ <u>0</u>	_
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ipport)				
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		or multiple rates	, use an average	amount)	
		(not to exceed \$100))				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
				Link Un Sun	port Claimed ((18) ¢ 0	
				Link op oup	port oranned (ισ/ψ	-
ETC Payment							
Total Lifeline \$ <u>197414</u>	Total TLS \$ <u>0</u>		Total Triba				
				Tota	I Dollars (19) \$	197414	

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

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval

3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

05/06/2014

Paul McAleese

CEO

Paul McAleese

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE	ET			OMB Approval
					Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r_143035427_			(2) Stud	dy Area Cod	e 269031
(3) Filer 499 ID 826264		(4) Technology T	ype (check	one) Wirelii	ne 🗔	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifelir	ne Only 🗹	High	Cost/L	.ow Income		auustra
(6) Organization Information			(7)	Filing	Information		
Company Legal Name:	I-Wireless LLC	;	a)		ission Date	05/07/20	15
Contact Name:	Caitlyn Lumpki	n	b)	Data	Month	April 201	5
Mailing Address:	1 Levee Way S	Suite 3104	c)		of Filing k one)		
				(Original Revision	
	Newport, KY 4	1071	d)	State	Reporting	KENTUC	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin	@cgminc.com					
Lifeline							
		(a) # Lifeline			Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		<u>5u</u>	bscriber Sup		007404
Receiving federal L	ifeline Support	(8) 22422		х	\$ 9.2	5	= \$ 207404
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		х	\$ 0.00 (not to exce	ed \$34 25)	= \$
Noothing loacial E		Т	otal F	ederal			d (10) \$ <u>207404</u>
Toll Limitation Servio	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	00				
Number of TLS Sub	scribers	(12) 0					
					al TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost sı	ippor	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(14) <u>0</u> (15) \$ <u>0.00</u> (not to exceed \$100))	(fo	r multiple rates,	use an averaç	ge amount)
Total Connection O		(16) \$ 0.0					
Total Connection C	narges warved						
Deferred Interest		(17) \$ 0.00					
		r	otal	Tribal	L <mark>ink Up Sup</mark> p	oort Claimed	i (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 207404	Total TLS \$ 0		Total	Tribal	Link Up \$ 0		
							\$ <u>207404</u>
							, Ψ <u> </u>

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

LIFELINE WORKSHEET

Exhibit 2 Page 4

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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Paul McAleese

DATE	D	A	T	Έ
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					Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143035427		<u> </u>	(2) Stud	dy Area Coo	de <u>269031</u>	_
(3) Filer 499 ID <u>826264</u>		(4) Technology T	ype (check o	one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/L	ow Income			
(6) Organization Information			(7)	Filing I	nformation			
Company Legal Name:	I-Wireless LLC		a)	Submi	ssion Date	09/08/20	014	
Contact Name:	Caitlyn Lumpkir)	b)	Data N	lonth	August 2	2014	
Mailing Address:	1 Levee Way S	uite 3104	C)	Type of (check	of Filing	L		
				(· (Original Revision		
	Newport, KY 41	071	d)	State I	Reporting	KENTU	CKY	
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878		4					
E-mail Address:	caitlyn.lumpkin@	Dcgminc.com						
Lifeline								
		(a) # Lifeline			Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income Subs		Subscribers		<u>5ur</u>	scriber Sup		40444	
Receiving federal Li	feline Support	(8) 20984		х	\$ 9.25	5	= \$ <u>1941(</u>)2
Tribal Low-Income Subscribe Receiving federal Li		(9) 0		х	\$ <u>0.00</u>	ad #24.05)	= \$	
Receiving lederal Li	lenne Support	Тс	otal F	ederal	(not to excee Lifeline Sup		ed (10) \$ <u>194</u>	102
Toll Limitation Servic	es (TLS)							
Cost of Providing TL (the lesser of incremented)		(11) 0.00000 n 2013))0					
Number of TLS Subs	scribers	(12) 0						
					al TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ppon	t)				
Number of Connecti	ons Waived	(14) 0						
Charges Waived per		(15) \$ <u>0.00</u>		(for	multiple rates,	use an avera	ge amount)	
		(not to exceed \$100)						
Total Connection Ch	arges Waived	(16) \$ 0.0		_				
Deferred Interest		(17) \$ 0.00						
			otal 1		ink Up Supp	ort Claimer	d (18) ¢ ()	
FTO D			ouri			one onamiles	α (10) ψ	
ETC Payment								
Total Lifeline \$_194102	Total TLS \$_0	1	otal	Tribal l	_ink Up \$ <u>0</u>			
					Total	Dollars (19) \$ 194102	
h	f you have any quest	ions, please call US	SAC á	at (866)	873-4727 To	oll Free		

LIFELINE WORKSHEET

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

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09/08/20	14
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						Exhibit 2 Page 7
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(1) USAC Service Provider I	dentification Number	143035427		(2) Stue	dy Area Cod	e269031
(3) Filer 499 ID 826264		(4) Technology Ty	pe (chec		-	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	_		/Low Income		
(6) Organization Information	1		(7) Filing	g Information		
Company Legal Name:	I-Wireless LLC		a) Sub	mission Date	09/08/20	15
Contact Name:	Caitlyn Lumpkir	ו	b) Data	a Month	August 2	015
Mailing Address:	1 Levee Way S	uite 3104		e of Filing eck one)		
		· ·		1	Original Revision	
Telephone Number:	Newport, KY 41	071	d) Stat	e Reporting	KENTUC	CKY
Fax Number:	678-389-6024 770-594-3878					
E-mail Address:	caitlyn.lumpkin@	acamina com				
Lifeline	calitymaniphing	gegmine.com				
Liteline		(a) # Lifeline		o) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers	<u>S</u>	ubscriber Sup		400005
Receiving federal Li	feline Support	(8) 18033	;	x \$ <u>9.2</u>	5	= \$ 166805
Tribal Low-Income Subscrib Receiving federal Li		(9) 0	X	\$ 0.00 (not to exce	ed \$34 25)	= \$
		То	tal Federa			d (10)\$ <u>166805</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of incrementation)	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	0			
Number of TLS Sub	scribers	(12) 0				
Tribal Link Up (Availab	le only to ETCs rece	ivina Hiah Cost sur		otal TLS Supp	ort Claimed	(13) \$ 0
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Number of Connect Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>	(1	for multiple rates,	use an avera	re amount)
0		(not to exceed \$100)	(,
Total Connection Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		Тс	otal Triba	l Link Up Supp	oort Claimed	(18) \$ 0
ETC Payment						
Total Lifeline \$_166805	Total TLS \$ 0	т	otal Triba	al Link Up \$ 0		
						<u>\$ 166805</u>
,	f vou have anv quest	ions, please call LIS	AC at (86			÷

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

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					Avg.	Burden Est.	per Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035427			(2) Stu	dy Area Coo	de <u>269031</u>	
(3) Filer 499 ID <u>826264</u>		(4) Technology T	ype (check	one) Wireli	ne 🔲	Wireless	
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🔽	High	Cost/L	ow Income			
(6) Organization Information	1		(7)	Filina I	nformation			
Company Legal Name:	I-Wireless LLC	;	a)		ission Date	01/08/20	015	
Contact Name:	Caitlyn Lumpkir	า	b)	Data I	/lonth	Decemb	per 2014	
Mailing Address:	1 Levee Way S		c)		of Filing			
				(checl		Original Revision		
	Newport, KY 41	071	d)	State	Reporting	KENTU		
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin(@cgminc.com						
Lifeline								
Litemic		(a) # Lifeline			Lifeline Sup		(c) Total Lif	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		<u>Sul</u>	oscriber Sup	port		
Receiving federal L	ifeline Support	(8) 24066		х	\$9.2	5	= \$ 2226	11
Tribal Low-Income Subscrib Receiving federal L		(9) 0		х	\$ 0.00 (not to exce	od \$24 25)	= \$ 0	
Necenning lederar E	nenne oupport	т	otal F	ederal			ed (10) \$ <u>222</u>	611
Toll Limitation Servio	es (TLS)							
		(11) 0.0000	00					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	\	00					
Number of TLS Sub	scribers	(12) 0						
T (1) (1) (1) (1) (1) (1)					al TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost st	Ippor	t)				
Number of Connect	ions Waived	(14) 0		_				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)	\	(for	multiple rates,	use an avera	ige amount)	
)					
Total Connection C	harges Waived	(16) \$ 0.0		_				
Deferred Interest		(17) \$ 0.00						
		7	Total 1	Fribal L	.ink Up Supp	oort Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ <u>222611</u>	Total TIS¢0		Total	Tribal	link line ()			
· · · · · · · · · · · · · · · · · · ·	<u> </u>		iotai	πραι) <u>\$ 222611</u>	
					Total	Dollars (19)\$	<u></u>
	lf you have any ques	tions, please call U	SAC a	at (866)	873-4727 T	oll Free		

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		_			·		wireless	L <u>~</u> R
(5) ETC Designation Type (0	Sheck one): Lifelin	e Only 🗹	High	Cost/L	ow Income			
(6) Organization Information			(7)		nformation	T		
Company Legal Name:	I-Wireless LLC		a)	Submi	ission Date	01/07/20		
Contact Name:	Caitlyn Lumpkir		b)	Data N		Decemb	per 2015	
Mailing Address:	1 Levee Way S	uite 3104	_ c)	Type c (check			_	
						Original Revision		
Telephone Number	Newport, KY 41	071	d)	State F	Reporting	KENTU	CKY	
Telephone Number: Fax Number:	678-389-6024		_					
	770-594-3878		_					
E-mail Address:	caitlyn.lumpkin(@cgminc.com						
Lifeline								
		(a) # Lifeline Subscribers			Lifeline Sup oscriber Sup		(c) Total Life	line
Non-Tribal Low-Income Sub Receiving federal L		(8) 16180		×	\$ 9.2		= \$ 14966	35
-		0			0.00	5		
Tribal Low-Income Subscrib Receiving federal L		(9) <u>U</u>		x	\$ U.UU (not to exce	ed \$34.25)	= \$ _0	
		Т	otal F	ederal	Lifeline Sup	port Claime	ed (10)\$ <u>149</u>	665
Toll Limitation Servic	ces (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00					
Number of TLS Sub	scribers	(12) 0						
					al TLS Supp	ort Claimed	I (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	uppor	t)				
Number of Connect	ions Waived	(14) 0						
Charges Waived pe		(15) \$ 0.00		(for	multiple rates	, use an avera	age amount)	
		(not to exceed \$100))					
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_				
Deferred Interest		(17) \$ 0.00						
		-	Total [·]	Tribal L	ink Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 149665	Total TIS \$ 0		Total	Tribal	link lin ¢ ()			
Ψ			iotal	TINAL				
					Total	Dollars (19) \$ 149665	
	lf you have any ques	tions, please call U	SAC	at (866)	873-4727 T	oll Free		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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01/07/201	6
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Paul McAleese

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OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

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Exhibit 2 Page 13 FCC Form 497 April 2012 Edition LIFELINE WORKSHEET **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number <u>143035427</u> (2) Study Area Code 269031 (3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless 🖸 Lifeline Only (5) ETC Designation Type (Check one): High Cost/Low Income (6) Organization Information (7) Filing Information Company Legal Name: I-Wireless LLC Submission Date 12/30/2014 a) February 2014 Contact Name: Caitlyn Lumpkin b) Data Month Type of Filing Mailing Address: c) 1 Levee Way Suite 3104 (check one) Original $\overline{\mathbf{A}}$ Revision d) State Reporting Newport, KY 41071 KENTUCKY **Telephone Number:** 678-389-6024 Fax Number: 770-594-3878 E-mail Address: caitlyn.lumpkin@cgminc.com Lifeline (c) Total Lifeline (a) # Lifeline (b) Lifeline Support/ Subscribers Subscriber Support Non-Tribal Low-Income Subscribers 20871 = \$ 193057 (8) 9.25 **Receiving federal Lifeline Support** 0 0.00 0 = \$ (9) **Tribal Low-Income Subscribers** (not to exceed \$34.25) Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 193057 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12)0 Total TLS Support Claimed (13) \$0 Tribal Link Up (Available only to ETCs receiving High Cost support) 0 Number of Connections Waived (14)(15) \$ 0.00 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ <u>0.0</u> **Total Connection Charges Waived** (17) \$ 0.00 Deferred Interest Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 193057 ____ Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 193057

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

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12/30/2014

Paul McAleese

CEO

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	Avg.	Burden Est.	OMB Approval 3060-0819 per Respondent: 2.5 Hrs.
(4) USAO Comico Ducuidou la	landifiantian Normhan	1/3035/27			-		
(1) USAC Service Provider lo	dentification Number				. ,	ly Area Cod	
(3) Filer 499 ID <u>826264</u>		(4) Technology Ty				Buildin 2000	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🔽 🛛 I	High	Cost/L	ow Income		
(6) Organization Information			(7)	Filing I	nformation		
Company Legal Name:	I-Wireless LLC		a)	Subm	ission Date	01/18/20	016
Contact Name:	Caitlyn Lumpkir	ו ו	b)	Data M		February	/ 2015
Mailing Address:	1 Levee Way S	uite 3104	c)	Type ((checl	of Filing (one)		
						Original Revision	V
Telephone Number	Newport, KY 41	071	d)	State	Reporting	KENTUC	CKY
Telephone Number: Fax Number:	678-389-6024		4				
	770-594-3878		4				
E-mail Address:	caitlyn.lumpkin(@cgminc.com					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>			Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub				<u>.5ui</u>			. 010005
Receiving federal Li	feline Support	(8) 22793		х	\$ 9.25	5	= \$ 210835
Tribal Low-Income Subscrib		(9) 0		х	\$ 0.00		= \$
Receiving federal Li	teline Support	Тс	otal F	ederal	(not to excee Lifeline Sup		d (10) \$ 210835
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000)0				
Number of TLS Sub	scribers	(12) 0					
					al TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for	multiple rates,	use an avera	ge amount)
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0		-			
Deferred Interest		(17) \$ 0.00					
		т	otal ⁻	Tribal L	.ink Up Supp	oort Claimed	1 (18) \$ O
ETC Payment							
Total Lifeline \$ <u>210835</u>	Total TLS \$ <u>_0</u>	1	lotal	Tribal			
					Total	Dollars (19)	\$ 210835
1	f you have any ques	tions, please call US	SAC	at (866)			
-	-						

LIFELINE WORKSHEET

Exhibit 2 Page 16

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

Avg. Burden Est. per Respondent: 2.5 Hrs. I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it

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01/18/2016	01	/1	8/	2	0	1	6
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Paul McAleese

DATE

CEO

OFFICER SIGNATURE Paul McAleese

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET			OMB Approval
					Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143035427			(2) Stud	dy Area Cod	le <u>269031</u>
(3) Filer 499 ID <u>826264</u>		(4) Technology Ty	ype (check c	ne) Wirelin	ne 🗔	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🗹 🛛 I	High	Cost/L	ow Income		
(6) Organization Information			(7)	Filing Ir	formation		
Company Legal Name:	I-Wireless LLC		a)	Submi	ssion Date	03/08/20	016
Contact Name:	Caitlyn Lumpkir	1	b)	Data M	lonth	February	/ 2016
Mailing Address:	1 Levee Way S	uite 3104	c)	Type o (check	f Filing one)	•	
				(. (Original Revision	
	Newport, KY 41	071	d)	State F	Reporting	KENTUC	CKY
Telephone Number:	678-389-6024		1				
Fax Number:	770-594-3878	-					
E-mail Address:	caitlyn.lumpkin@	@cgminc.com					
Lifeline							
LITEIIIIE		(a) # Lifeline			_ifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		<u>Sub</u>	scriber Sup	port	
Receiving federal Li		(8) 15155		х	\$	5	= \$ _140184
Tribal Low-Income Subscrib		(9) 0		х	<u>\$</u> 0.00		= \$ _0
Receiving federal Li	feline Support	То	otal F	ederal I	(not to exce		d (10)\$ 140184
Toll Limitation Convin	a = (T O)			o aorar i			(10) ¢ <u>110101</u>
Toll Limitation Servic	es (1L5)						
Cost of Providing TL (the lesser of incrementation)	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	0	_			
Number of TLS Sub	scribers	(12) 0					
					I TLS Suppo	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ppon	t)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for	multiple rates,	use an averag	ge amount)
Total Connection Ch	arges Waived	(16) \$ 0.0		<u> </u>			
Deferred Interest		(17) \$ 0.00					
		Т	otal 1	ribal L	ink Up Supp	ort Claimed	i (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ <u>140184</u>	Total TIS€0	т	otal	Tribal	ink lin ¢ ()		
· · · · · · · · · · · · · · · · · · ·			otai	ιισαιι			\$ <u>140184</u>
							•
h	f vou have anv quest	ions. please call US	SAC a	at (866)	873-4727 To	ll Free	

LIFELINE WORKSHEET

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

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Paul McAleese

CEO

Paul McAleese

OFFICER NAME

OFFICER TITLE

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					Avg.	Burden Est.	per Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143035427			(2) Stud	dy Area Co	de <u>269031</u>	
(3) Filer 499 ID 826264		(4) Technology T	ype (check			Wireless	
(5) ETC Designation Type (C	heck one): Lifeling	_			.ow Income	_		- 20000004
(6) Organization Information	,	,	•		Information			
Company Legal Name:	I-Wireless LLC		(<i>i</i>)		ission Date	12/30/20	014	
Contact Name:	Caitlyn Lumpkir	 ו	b)	Data	Month	January	2014	
Mailing Address:	1 Levee Way S		C)		of Filing k one)			
				(chec		Original Revision	$\overline{\checkmark}$	
	Newport, KY 41	071	d)	State	Reporting	KENTU		
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin@	@cgminc.com						
Lifeline								
2		(a) # Lifeline			Lifeline Sup		(c) Total Lif	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		<u>5u</u>	bscriber Sup	port	4000	~~
Receiving federal Li	ifeline Support	(8) 20442		х	\$9.2	5	= \$ 1890	89
Tribal Low-Income Subscrib		(9) 0		x	\$ <u>0.00</u>		= \$ _0	
Receiving federal Li	feline Support	т	otal F	ederal	(not to exce		ed (10) \$ <u>189</u>	089
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) 0.0000(in 2013)	00					
Number of TLS Sub	scribers	(12) 0						
				Tof	al TLS Supp	ort Claimed	I (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi	t)				
Number of Connect	ions Waived	(14) 0						
Charges Waived per	r Connection	(15) \$ 0.00 (not to exceed \$100)		(fo	r multiple rates,	, use an avera	age amount)	
			,					
Total Connection Cl	harges Waived	(16) \$ 0.0						
Deferred Interest		(17) \$ 0.00						
		T	otal	Tribal	Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_189089			Total	Tails - 1				
	10tal 1LS \$_0		Total	Indal			180080	
					Total	Dollars (19) \$ <u>189089</u>	
	lf vou have anv ques	tions. please call U	SAC	at (866	873-4727 T	oll Free		

Ava. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

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12/30/2014

OFFICER TITLE

Paul McAleese

DATE	
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OFFICER SIGNATURE

CEO

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FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET			OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.			
(1) USAC Service Provider Identification Number 143035427				(2) Stud	dy Area Code <u>269031</u>		
(3) Filer 499 ID <u>826264</u>		(4) Technology Ty	ype (check				
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🖾 🛛 I	High Cost/L	ow Income			
(6) Organization Information			(7) Filing I	Information			
Company Legal Name:	I-Wireless LLC		a) Subm	nission Date	03/26/2015		
Contact Name:	Caitlyn Lumpkir	b) Data I	Month	January 2015			
Mailing Address:	1 Levee Way S	uite 3104		e of Filing ck one)			
				Original Revision			
	Newport, KY 41	071	d) State	Reporting	KENTUCKY		
Telephone Number:	678-389-6024		4				
Fax Number:	770-594-3878		4				
E-mail Address:	caitlyn.lumpkin(@cgminc.com					
Lifeline							
		(a) # Lifeline		Lifeline Sup			
Non-Tribal Low-Income Subs		Subscribers	<u>5u</u>	bscriber Sup			
Receiving federal Li	feline Support	(8) 22544	X	\$ 9.25	5 = \$ 208532		
Tribal Low-Income Subscribe		(9) 0	X	\$ <u>0.00</u>	= \$ 0		
Receiving federal Li	Tenne Support	Тс	otal Federal	(not to exce Lifeline Sup	port Claimed (10) \$ <u>208532</u>		
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementa		(11) 0.00000 in 2013)	00				
Number of TLS Sub	Number of TLS Subscribers (12) 0						
			Tot	al TLS Supp	ort Claimed (13) \$ <u>0</u>		
Tribal Link Up (Availabl	le only to ETCs rece	eiving High Cost su	pport)				
Number of Connecti		(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		r multiple rates,	use an average amount)		
		,					
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal Tribal I	Link Up Supp	oort Claimed (18) \$ <u>0</u>		
ETC Payment							
Total Lifeline \$ 208532 Total TLS \$ 0 Total Tribal Link Up \$ 0							
					Dollars (19) \$ 208532		
,	f you have any ques	tions plass call 110	SAC at (866				

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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Paul McAleese

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CEO

OFFICER SIGNATURE

Paul McAleese

OFFICER TITLE

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				Avg. Burden Est. per Respondent: 2.5 Hrs			
(1) USAC Service Provider Identification Number <u>143035427</u>					(2) Stu	dy Area Coc	te 269031
(3) Filer 499 ID 826264 (4) Technology Type				check o	one) Wirelii	ne 🗖	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔽 🔰	High	Cost/L	ow Income		
(6) Organization Information			(7)	Filing I	nformation		
Company Legal Name:	I-Wireless LLC		a)	Submi	ission Date	02/08/20	016
Contact Name:	Caitlyn Lumpkin			Data N	lonth	January	2016
Mailing Address:	1 Levee Way S	uite 3104	c) Type of Filing (check one)				
				(-	Original Revision	
	Newport, KY 41	071	d)	State	Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin@	@cgminc.com					
Lifeline							
Liteime		(a) # Lifeline		(b)	Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribore	Subscribers		Sul	oscriber Sup	oport	
Receiving federal Li		(8) 15236		х	\$9.2	5	= \$ 140933
Tribal Low-Income Subscrib	ers	(9) 0		х	\$ 0.00		= \$ _0
Receiving federal Li	feline Support		tol E	odoral	(not to exce		ed (10) \$ 140933
		i c	Judi r	euerai	Lifeine Sup	port Gianne	a (10)\$ <u>140300</u>
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> in 2013))0				
Number of TLS Sub	scribers	(12) 0					
				Tota	al TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived per	r Connection	(15) \$ 0.00		(for	multiple rates	, use an avera	age amount)
		(not to exceed \$100)					
Total Connection Cl	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal '	Tribal I	.ink Up Sup	port Claime	d (18) \$ ⁰
					and all out		- (/*) +
ETC Payment							
Total Lifeline \$ <u>140933</u> Total TLS \$ <u>0</u> Total Tribal Link Up \$ <u>0</u>							
					Tota	l Dollars (19) \$ 140933
	If you have any questions, please call USAC at (866) 873-4727 Toll Free						
,	. you have any quest	aono, picase can O			010-4121 1	011166	
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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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Paul McAleese

DATE	
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OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER NAME

OFFICER TITLE

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Exhibit 2 Page 25 FCC Form 497 April 2012 Edition LIFELINE WORKSHEET OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031 (3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless 🔽 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information Company Legal Name: I-Wireless LLC a) Submission Date 08/08/2014 **Contact Name:** Caitlyn Lumpkin b) Data Month July 2014 Mailing Address: Type of Filing C) 1 Levee Way Suite 3104 (check one) Original Revision State Reporting Newport, KY 41071 d) KENTUCKY **Telephone Number:** 678-389-6024 Fax Number: 770-594-3878 caitlyn.lumpkin@cgminc.com E-mail Address: Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers 21346 = \$ 197451 9.25 **Receiving federal Lifeline Support** (8) x \$ 0.00 = \$ 0 0 ¢ **Tribal Low-Income Subscribers** (9) **Receiving federal Lifeline Support** (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 197451 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12)0 Total TLS Support Claimed (13) \$<u>0</u> Tribal Link Up (Available only to ETCs receiving High Cost support) 0 Number of Connections Waived (14) (15) \$ 0.00 _ (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) $\frac{0}{2}$ ETC Payment Total Lifeline \$_197451_____ Total TLS \$_0_____ Total Tribal Link Up \$_0

Total Dollars (19) \$ ______

OMB Approval

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

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08/08/20	14
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Paul McAleese

DATE

CEO

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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Exhibit 2

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

(20) CERTIFICATIONS AND SIGNATURES

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Paul McAleese

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OFFICER SIGNATURE

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEE	T	Avg.	Burden Est. p	OMB Approval 3060-0819 er Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143035427			(2) Stu	dy Area Code	269031
(3) Filer 499 ID 826264		(4) Technology Ty	/pe (c	heck o			Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	_			w Income		50007 ¹
(6) Organization Information		- Joanne	-		formation	mentorio	
Company Legal Name:	I-Wireless LLC		a)		ssion Date	07/07/202	14
Contact Name:	Caitlyn Lumpkin	 I	b)	Data M	onth	June 201	4
Mailing Address:	1 Levee Way Su		c)	Type of (check			
				(Original Revision	
T ()	Newport, KY 41	071	d)	State R	eporting	KENTUC	KY
Telephone Number: Fax Number:	678-389-6024		-				
E-mail Address:	770-594-3878 caitlyn.lumpkin@		-				
E-mail Address.	califyII.lumpking	bcgmmc.com]				
Lifeline				(6) (ifalina Sur	mort/	(a) Total Lifelina
		(a) # Lifeline <u>Subscribers</u>			_ifeline Sup scriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 20923		x	\$9.2	.5	= \$ 193538
Tribal Low-Income Subscrib		(9) 0		x	\$ 0.00		= \$ _0
Receiving federal Li	feline Support	Тс	otal Fe	ederal I		ed \$34.25) Sport Claimed	I (10) \$ 193538
Toll Limitation Servic	es (TLS)					•	
i on Emiliation Gervie							
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <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	pport		I TLS Supp	oort Claimed	(13) \$ <u>0</u>
Number 60 and		(14) 0					
Number of Connect Charges Waived pe		(15) \$ 0.00		(for	multiple rates	, use an averag	e amount)
		(not to exceed \$100)					
Total Connection Cl	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal T	ribal Li	ink Up Sup	port Claimed	(18) \$ 0
ETC Payment							
Total Lifeline \$_193538	Total TLS \$ 0		rotal ⁻	Tribal L	ink Up \$ C)	
·····						l Dollars (19)	_ 193538
					Tota	n Donars (19)	φ

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OFFICER TITLE

Paul McAleese

DATE

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OFFICER SIGNATURE

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Page 31 FCC Form 497 April 2012 Edition LIFELINE WORKSHEET **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031 (3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information Company Legal Name: I-Wireless LLC Submission Date 07/07/2014 a) June 2014 Contact Name: Caitlyn Lumpkin b) Data Month Type of Filing Mailing Address: C) 1 Levee Way Suite 3104 (check one) Original Revision State Reporting Newport, KY 41071 d) KENTUCKY **Telephone Number:** 678-389-6024 Fax Number: 770-594-3878 caitlyn.lumpkin@cgminc.com E-mail Address: Lifeline (c) Total Lifeline (a) # Lifeline (b) Lifeline Support/ Subscribers Subscriber Support Non-Tribal Low-Income Subscribers 20923 = \$ 193538 **Receiving federal Lifeline Support** (8) 9.25 \$ 0 0.00 (9) = \$ **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 193538 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12)0 Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) 0 Number of Connections Waived (14) (15) \$ 0.00 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) $(16) \pm 0.0$ **Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Lifeline \$ 193538 Total Dollars (19) \$ <u>193538</u>

Exhibit 2

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.

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Paul McAleese

DATE	-		-	_
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	~			_

CEO

OFFICER SIGNATURE Paul McAleese

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			KSHEET			OMB Approval 3060-0819
				Avg.	Burden Est. pe	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143035427</u>		(2) Stu	dy Area Code	269031
(3) Filer 499 ID <u>826264</u>		(4) Technology T	ype (check	one) Wireli	ne 🔲	Wireless
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🖸	High Cost/	Low Income		
(6) Organization Information	1		(7) Filing	Information		
Company Legal Name:	I-Wireless LLC		a) Subr	nission Date	07/08/201	5
Contact Name:	Caitlyn Lumpki	n	b) Data	Month	June 201	5
Mailing Address:	1 Levee Way S	uite 3104		of Filing ck one)		
					Original Revision	
The local barrier Allows Is a	Newport, KY 47	1071	d) State	Reporting	KENTUCI	<Υ
Telephone Number:	678-389-6024		4			
Fax Number:	770-594-3878		4			
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers	<u>St</u>	ibscriber Sup		
Receiving federal Lifeline Support		(8) 18759	X	\$9.2	5	= \$ 173521
Tribal Low-Income Subscrib		(9) 0	x			= \$ _0
Receiving federal L	ifeline Support	т	otal Federa	(not to exce I Lifeline Sup		(10) \$ 173521
Toll Limitation Servio	os (TIS)					
	.03 (120)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	scribers	(12) 0				
			То	tal TLS Supp	ort Claimed(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost su	upport)			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		or multiple rates	, use an average	e amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total Tribal	Link Up Sup	port Claimed	(18) \$ 0
ETC Doverant				P = 4 = 4 P		
ETC Payment	0			0		
Total Lifeline \$_173521	Total TLS \$ <u>0</u>		Total Triba			-
				Tota	l Dollars (19) \$	\$ 1/3521
	lf vou have anv ques	tions please call li	ISAC at (86)	6) 873-4727 T	oll Free	

(20) CERTIFICATIONS AND SIGNATURES

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

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07/08/20	15	
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Paul McAleese

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CEO

Paul McAleese

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE	ET			OM	IB Approval
					Avg.	Burden Est.	per Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider l	dentification Number	143035427			(2) Stud	dy Area Co	de <u>269031</u>	
(3) Filer 499 ID 826264		(4) Technology T	ype (check (one) Wirelii	ne 🛄	Wireless	
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔽	High	Cost/L	ow Income			
(6) Organization Information	1		(7)	Filing l	nformation	1		
Company Legal Name:	I-Wireless LLC		a)	Subm	ission Date	12/30/20	014	
Contact Name:	Caitlyn Lumpkir	1	b)	Data N	lonth	March 2	.014	
Mailing Address:	1 Levee Way S	uite 3104	c)	Type of (check	of Filing (one)			
				(Original Revision		
	Newport, KY 41	071	d)	State	Reporting	KENTU		
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin@	@cgminc.com						
Lifeline			_					
Lifeline		(a) # Lifeline		(b)	Lifeline Sup	port/	(c) Total Life	eline
Non Tribal Low Income Sub	o o ribo ro	Subscribers		Sul	oscriber Sup	port		
Non-Tribal Low-Income Sub Receiving federal L		(8) 21038		х	\$ 9.2	5	= \$ 1946	02
Tribal Low-Income Subscrib	ers	(9) 0		х	\$ 0.00		= \$ 0	
Receiving federal L					(not to exce	ed \$34.25)		
		Тс	otal F	ederal	Lifeline Sup	port Claime	ed (10)\$ <u>194</u>	602
Toll Limitation Servio	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						
				Tota	al TLS Supp	ort Claimed	i (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippor					
Number of Connect	ions Waived	(14) 0						
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for	multiple rates,	, use an avera	age amount)	
		(10110 200200 \$100)						
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		,				
Deferred Interest		(17) \$ 0.00						
		т	otal	Tribal L	ink Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 194602	Total TLS \$ 0		Total	Trihal	Link Un \$ 0			
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · ·						 194602	
					Total	Dollars (19	9) \$ <u>194602</u>	
	lf you have any quest	tions, please call U	SAC	at (866)	873-4727 T	oll Free		

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

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Paul McAleese

DATE	OFFICER SIGNATURE	
CEO	Paul McAleese	
OFFICER TITLE	OFFICER NAME	

OFFICER TITLE

12/30/2014

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					Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035427			-		de <u>269031</u>
(3) Filer 499 ID 826264		(4) Technology 1	Type (check	one) Wireliı	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifelin	_			ow Income		222753
(6) Organization Information	1		(7)	Filing	nformation		
Company Legal Name:	I-Wireless LLC		a)		ission Date	04/27/20	015
Contact Name:	Caitlyn Lumpkir	1	b)	Data I	Month	March 2	015
Mailing Address:	1 Levee Way S	uite 3104	c)		of Filing k one)		
				(0100	· · ·	Original Revision	
	Newport, KY 41	071	d)	State	Reporting	KENTU	2000 C
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin(@cgminc.com					
Lifeline							
LIIGHIIG		(a) # Lifeline			Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		<u>Su</u>	bscriber Sup	port	
Receiving federal L	+	(8) 23560		х	\$9.2	5	= \$ 217930
Tribal Low-Income Subscrib		(9) 0		х	1		= \$ _0
Receiving federal L	ifeline Support		otal F	ederal	(not to exce		ed (10) \$ 217930
Tall Limitation Samia	T(S)						
Toll Limitation Servio	es (113)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Tot	al TLS Supp	ort Claimed	l (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost si	uppor	t)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ <u>0.00</u>		(fo	r multiple rates,	use an avera	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
			Total [·]	Tribal I	Link Up Supp	oort Claime	d (18) \$ _0
ETC Payment							
Total Lifeline \$ <u>217930</u>	Total TI S ¢ ()		Total	Tribal	link line ()		
	10tal 110 9_0	· · · ·	TUTAL	indal			
					Total	Dollars (19)) \$ <u>217930</u>
	lf you have any ques	tions, please call L	SAC	at (866) 873-4727 T	oll Free	

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

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04/27/201

Paul McAleese

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CEO

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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FCC Form 497	
April 2012 Edition	

LIFELINE WORKSHEET

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

	-
(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline 🔲 Wireless	
(5) ETC Designation Type (Check one): Lifeline Only 🏹 High Cost/Low Income 🛄	
(6) Organization Information (7) Filing Information	
Company Legal Name: I-Wireless LLC a) Submission Date 04/07/2016	
Contact Name: Caitlyn Lumpkin b) Data Month March 2016	
Mailing Address: 1 Levee Way Suite 3104 c) Type of Filing (check one)	
Original Revision	
Newport, KY 41071 d) State Reporting KENTUCKY	
Telephone Number: 678-389-6024	
Fax Number: 770-594-3878	
E-mail Address: caitlyn.lumpkin@cgminc.com	
Lifeline	
(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeli	ne
Subscribers Subscriber Support Non-Tribal Low-Income Subscribers 11000	
Receiving federal Lifeline Support (8) 14263 x \$ 9.25 = \$ 131933	}
Tribal Low-Income Subscribers (9) 0 x 0.00 = 0	
Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1319	33
Toll Limitation Services (TLS)	
Ton Emiliation Services (TES)	
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)	
Number of TLS Subscribers (12) 0	
Total TLS Support Claimed (13) \$ Tribal Link Up (Available only to ETCs receiving High Cost support)	
Number of Connections Waived (14) 0 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)	
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount) (not to exceed \$100)	
Total Connection Charges Waived (16) $\qquad 0.0$	
Deferred Interest (17) \$ 0.00	
Total Tribal Link Up Support Claimed (18) \$	
ETC Payment	
Total Lifeline \$ <u>131933</u> Total TLS \$ <u>0</u> Total Tribal Link Up \$ <u>0</u>	
Total Dollars (19) \$ 131933	

LIFELINE WORKSHEET

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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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04/01/2010	04/	07	12	01	6
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Paul McAleese

DATE

CEO

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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

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FCC	Form	497
April	2012	Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider le	dentification Numbe	r <u>143035427</u>		(2) St	udy Area Co	de <u>269031</u>
(3) Filer 499 ID <u>826264</u>		(4) Technology T	ype (check one) Wire	line 🛄	Wireless 🖸
(5) ETC Designation Type (C	heck one): Lifelir	e Only 🔽	High	Cost/Low Income	•	
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	I-Wireless LLC	;	a)	Submission Date	06/09/2	014
Contact Name:	Caitlyn Lumpki	n	b)	Data Month	May 20 ⁻	14
Mailing Address:	1 Levee Way S		C)	Type of Filing (check one)		
				(check one)	Original Revision	\checkmark
	Newport, KY 4	1071	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub						· 102714
Receiving federal L	ifeline Support	(8) 20942		× \$ <u>9</u> .	25	= \$ <u>193714</u>
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ <u>0.00</u>	ceed \$34.25)	= \$ 0
	nemie oupport	Т	otai F			ed (10) \$ <u>193714</u>
Toll Limitation Servio	es (TLS)					
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u>	00	_		
		, O				
Number of TLS Sub	scribers	(12) <u>0</u>		_		0
Tribal Link Up (Availab	le only to ETCs rec	eivina Hiah Cost su	וסממו	Total TLS Sup	port Claimed	1 (13) \$ <u>U</u>
		0	, ,	,		
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rate	es, use an avera	age amount)
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Su	pport Claime	d (18) \$_0
ETC Payment						
-	0				0	
Total Lifeline \$ <u>193714</u>	Total TLS \$ <u>_</u>		Total			
				Tot	al Dollars (19	9) \$ <u>193714</u>

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

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OFFICER TITLE

Paul McAleese

DA	Т	Ε
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CEO

OFFICER SIGNATURE Paul McAleese

OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Ic	lentification Number	143035427			(2) Stu	idy Area Co	ode_269031
(3) Filer 499 ID <u>826264</u>		(4) Technology	Туре (check or	ne) Wirel	ine 🛄	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🖾	High	Cost/Lov	w Income		
(6) Organization Information			(7)	Filing Inf	formation		
Company Legal Name:	I-Wireless LLC	;	a)	Submis	sion Date	06/08/2	2015
Contact Name:	Caitlyn Lumpki	า	b)	Data Mo	onth	May 20)15
Mailing Address:	1 Levee Way S	uite 3104	c)	Type of (check d			
						Original Revision	
T . I	Newport, KY 41	1071	d)	State Re	eporting	KENTU	JCKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin	@cgminc.com					
Lifeline		(a) # Lifeline		(b) []	ifeline Su	nort/	(c) Total Lifeline
		Subscribers			scriber Su		
Non-Tribal Low-Income Subs Receiving federal Lit		(8) 20910		xs	\$9.2	25	= \$ 193418
Tribal Low-Income Subscribe	ers	(9) 0		. x \$	0.00		= \$ _0
Receiving federal Lifeline Support			Total F	odoral li		eed \$34.25)	ned (10) \$ 193418
Toll Limitation Servic	S per Subscriber	(11) <u>0.000(</u>					
(the lesser of incrementa		, O					
Number of TLS Subs	scribers	(12) <u>U</u>		-			0
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost :	suppor		TLS Supp	oort Claime	ed (13) \$ <u>∪</u>
Number of Connecti Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$10	0)	(for m	nultiple rates	s, use an ave	rage amount)
Total Connection Ch	arges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00		_			
			Total	Tribal Lir	nk Up Sup	port Claim	ed (18) \$_0
ETC Payment							
Total Lifeline \$ 193418	Total TLS \$_0		Total	Tribal Li	ink Up \$ <u>(</u>)	
							9) \$ _193418
					1010	a Bonars (1	ν, ψ

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

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Paul McAleese

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OFFICER SIGNATURE

Paul McAleese

OFFICER NAME

CEO

OFFICER TITLE

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FCC Form 497	
April 2012 Edition	

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	lentification Number	143035427			(2) Stu	dy Area C	ode <u>269031</u>
(3) Filer 499 ID 826264		(4) Technology 1	Гуре (check o	ne) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🗹	High	Cost/Lo	w Income		
(6) Organization Information			(7)	Filing In	formation	1]
Company Legal Name:	I-Wireless LLC		a)	Submis	sion Date	12/05/2	2014
Contact Name:	Caitlyn Lumpkir	า	b)	Data M	onth	Novem	ber 2014
Mailing Address:	1 Levee Way S	uite 3104	c)	Type of (check		Original	
	Newport, KY 41	071	(d)	State R	eporting	Revision	
Telephone Number:	678-389-6024	011					
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin(@cgminc.com					
Lifeline		(a) # Lifeline <u>Subscribers</u>			.ifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 22041		x	\$ 9.2	25	= \$ 203879
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support		(9) 0		. x s	6 0.00	eed \$34.25)	$= \frac{0}{10}$
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementation)		(11) <u>0.0000</u> in 2013)	00				
Number of TLS Sub	scribers	(12) 0					
Tribal Link Up (Availabl	le only to ETCs rece	aiving High Cost s	יסמט		I TLS Supp	oort Claime	ed (13) \$ <u>0</u>
•	-	_		-7			
Number of Connecti Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$100)	(for r	nultiple rates	s, use an ave	erage amount)
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00		_			
			Total	Tribal Li	nk Up Sup	port Claim	ned (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 203879	Total TLS \$_0		Total	Tribal L	ink Up \$ _)	
					T = 4 =		19) \$ 203879

LIFELINE WORKSHEET

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12/05/201	4
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Paul McAleese

DATE

CEO

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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LIFELINE WORKSHEET

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(1) USAC Service Provider Id	dentification Number	143035427		(2) 5	Study Area Cod	le <u>269031</u>
(3) Filer 499 ID 826264	(3) Filer 499 ID 826264 (4) Technology Ty		/pe (check one) Wi	eline 🔲	Wireless 🖸
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🚺 🛛 I	ligh	Cost/Low Incon	ne 🖵	
(6) Organization Information	1		(7)	Filing Informatio	on	
Company Legal Name:	I-Wireless LLC		a)	Submission Dat	₽ 12/08/20)15
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	Novemb	er 2015
Mailing Address:	1 Levee Way S	uite 3104	c)	Type of Filing (check one)		
				(0.0000 0.00)	Original Revision	
	Newport, KY 41	071	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		1			
E-mail Address:	caitlyn.lumpkin(@cgminc.com				
Lifeline						
Litolino		(a) # Lifeline		(b) Lifeline S		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber S	Support	
Receiving federal Li		(8) 16688		× \$	9.25	= \$ 154364
Tribal Low-Income Subscrib	ers	(9) 0		x <u>\$</u> 0.00		= \$ 0
Receiving federal Lifeline Support			tal F		xceed \$34.25)	d (10) \$ 154364
Total Federal Lifeline Support Claimed (10) \$ <u>154364</u>						
Toll Limitation Servic	es (TLS)					
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(11) 0.00000 n 2013)	0			
Number of TLS Subscribers		(12) 0				
				Total TLS Su	pport Claimed	(13) \$ 0
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	opor		pport olumica	(10) \$
Number of Connecti	ions Waived	(14) 0		_		
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple ratio	tes, use an avera	ge amount)
Total Connection Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00		_		
		Ť	otal 1	ribal Link Up S	upport Claimed	1 (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>154364</u>	Total TLS \$_0	т	otal	Tribal Link Up \$	0	
					otal Dollars (19	

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OMB Approval

3060-0819

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12/	/08/	'201	15
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Paul McAleese

DATE	OFFICER SIGNATURE
CEO	Paul McAleese
OFFICER TITLE	OFFICER NAME

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider I	dentification Number	143035427	7		(2) Stu	dy Area Co	ode 269031
(3) Filer 499 ID <u>826264</u>		(4) Technolo	gy Type	(check	one) Wireli	ine 🗖	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🔽	High	Cost/I	.ow Income		
(6) Organization Information	1		(7)	Filing	Information		
Company Legal Name:	I-Wireless LLC	;	a)	Subn	nission Date	11/07/2	2014
Contact Name:	Caitlyn Lumpki	n	b)	Data	Month	Octobe	er 2014
Mailing Address:	1 Levee Way S	uite 3104	c)		of Filing k one)		
						Original Revision	
W 1 1 1 1	Newport, KY 47	1071	d)	State	Reporting	KENTU	JCKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	caitlyn.lumpkin	@cgminc.co	m				
Lifeline							
		(a) # Lifeline Subscribers			Lifeline Su bscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers		(8) 22189				25	= \$ 205248
Receiving federal Lifeline Support		(9) 0		- ^ x	0.00		= \$ 0
Tribal Low-Income Subscrib Receiving federal L				(not to exc		eed \$34.25)	
			Total	Federa	Lifeline Su	pport Clain	ned (10) \$ <u>205248</u>
Toll Limitation Servic	ces (TLS)						
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(,	00000				
,		, O					
Number of TLS Sub	scribers	(12) <u>U</u>					
Tribal Link Up (Availab	le only to ETCs rec	eiving High Co	st suppo		tal TLS Supp	oort Claime	ed (13) \$ <u>0</u>
Number of Connect	tions Waived	(14) 0					
Charges Waived pe	r Connection	(14) 0.00)	(fo	or multiple rates	s, use an ave	erage amount)
		(not to exceed	\$100)				
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00)				
			Total	Tribal	Link Up Sup	oport Claim	ned (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 205248	Total TLS \$ 0		Tota	l Triba	Link Up \$ _()	
Ţ							19) \$ 205248
					1018	a Donais (ισιφ

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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.

Paul McAleese

OFFICER TITLE	OFFICER NAME
CEO	Paul McAleese
DATE	OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE	ΞT			OM	IB Approval 3060-0819
					Avg.	Burden Est.	per Responde	
(1) USAC Service Provider lo	dentification Number	143035427			(2) Stud	ly Area Cod	le_269031	
(3) Filer 499 ID <u>826264</u>	(4) Technology T	ype (o	check	one) Wirelin	ne 🗖	Wireless		
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗹	High	Cost/l	.ow Income			
(6) Organization Information			(7)	iling	Information			
Company Legal Name:	I-Wireless LLC		a)	Subn	nission Date	11/09/20)15	
Contact Name:	Caitlyn Lumpkin	1	b)		Month	October	2015	
Mailing Address:	1 Levee Way St	uite 3104	(c)		of Filing k one)			
						Original Revision		
Telephone Number	Newport, KY 41	071	d)	State	Reporting	KENTU	CKY	
Telephone Number: Fax Number:	678-389-6024		4					
rax number:	770-594-3878		4					
E-mail Address:	caitlyn.lumpkin@	<pre>②cgminc.com</pre>						
Lifeline								
Literine		(a) # Lifeline			Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		<u>5u</u>	bscriber Sup		1010	
Receiving federal Li	ifeline Support	(8) 17442		х	\$9.2	5	= \$ 1613	39
Tribal Low-Income Subscrib		(9) 0		х	\$ 0.00		= \$ _0	
Receiving federal L	ifeline Support	Т	otal F	edera	(not to exce I Lifeline Sup		d (10) \$ <u>161</u>	339
Toll Limitation Servic	es (TLS)							
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u> n 2013)	00					
Number of TLS Sub	scribers	(12) 0						
				То	tal TLS Supp	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 pe	r Connection	(15) \$ 0.00		(fo	or multiple rates,	use an avera	ige amount)	
		(not to exceed \$100))					
Total Connection Charges Waived		(16) \$ 0.0						
Deferred Interest		(17) \$ 0.00						
		r	rotal ⁻	Fribal	Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ <u>161339</u>	Total TLS \$_0		Total	Tribal	Link Up \$ 0			
) \$ 161339	

LIFELINE WORKSHEET

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

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11	/09/2015)
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Paul McAleese

DA	ΤE
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CEO

Paul McAleese

OFFICER NAME

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FCC	Form	497
April	2012	Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider lo	dentification Number	14303	35427			(2) Stu	dy Area Co	ode <u>269031</u>
(3) Filer 499 ID <u>826264</u>		(4) Tee	chnology T	ype (check	one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	check one): Lifelin	e Only		High	Cost/I	.ow Income		
(6) Organization Information	l			(7)	Filing	Information		
Company Legal Name:	I-Wireless LLC			a)	Subn	nission Date	10/06/2	2014
Contact Name:	Caitlyn Lumpkir	ו		b)	Data	Month	Septen	nber 2014
Mailing Address:	1 Levee Way S	uite 31	04	C)		of Filing k one)		
					(01100	·	Original Revision	
	Newport, KY 41	071		d)	State	Reporting	KENTL	JCKY
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin(@cgmi	nc.com					
Lifeline								
Lucinic			ifeline		(b)	Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribors	Subso	ribers		<u>Su</u>	bscriber Sup	oport	
Receiving federal Lifeline Support		(8) 2	21857			\$9.2	5	= \$ 202177
Tribal Low-Income Subscribers		(9) 0			x	\$ 0.00		= \$ _0
Receiving federal L	ifeline Support	т		otal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10)		100 ± 202177	
				otari	euera	Liteime Oup		
Toll Limitation Servic	es (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.0000	00				
Number of TLS Sub	scribers	(12)	0					
					То	tal TLS Supp	ort Claime	ed (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving Hi	igh Cost si	uppoi				
Number of Connections Waived Charges Waived per Connection		(15) \$	0 0.00 exceed \$100)	(fo	r multiple rates	, use an ave	erage amount)
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
				Total	Tribal	Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment								
Total Lifeline \$ <u>202177</u>	Total TLS \$_0	_		Total	Tribal	Link Up \$ 0		
						Tota	Dollars (19) \$ 202177

LIFELINE WORKSHEET

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10/06/2014

Paul McAleese

CEO

Paul McAleese

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEE	т				B Approval 3060-0819
					Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143035427			(2) Stud	dy Area Cod	le <u>269031</u>	
(3) Filer 499 ID 826264		(4) Technology Ty	pe (c	heck	one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔽 🛛 I	High (Cost/L	ow Income			
(6) Organization Information	1		(7) F	iling	Information			
Company Legal Name:	I-Wireless LLC		a)	Subr	nission Date	10/08/20)15	
Contact Name:	Caitlyn Lumpkin	1	b)	Data	Month	Septemb	per 2015	
Mailing Address:	1 Levee Way Su	uite 3104	c)		of Filing k one)			
				-		Original Revision		
	Newport, KY 41	071	d)	State	Reporting	KENTU	CKY	
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	caitlyn.lumpkin@	Dcgminc.com						
Lifeline								
Liteline		(a) # Lifeline) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Subscribers		Subscribers		Su	ibscriber Sup	port	4074	
Receiving federal Li	feline Support	(8) 18068		Х		5	= \$ 16712	29
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		х	\$ 0.00 (not to exce	ad (24.25)	= \$ _0	
Receiving lederal Li	nenne Support	Тс	otal Fe	edera			ed (10) \$ <u>167</u>	129
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)	0	_				
Number of TLS Sub	scribers	(12) 0						
				То	tal TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	pport)				
Number of Connect	ions Waived	(14) 0						
Charges Waived per	r Connection	(15) \$ 0.00 (not to exceed \$100)		(fo	or multiple rates	, use an avera	ige amount)	
Total Connection C	harges Waived	(16) \$ 0.0						
Deferred Interest		(17) \$ 0.00						
		т	otal T	ribal	Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
-	0							
Total Lifeline \$_167129	Total TLS \$ U		lotal	Tribal	I Link Up \$ <u>U</u>			
					Tota	Dollars (19	ns 167129	

LIFELINE WORKSHEET

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Paul McAleese

DATE	
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CEO

OFFICER SIGNATURE Paul McAleese

OFFICER NAME

OFFICER TITLE

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