

## Date February 15, 2014

Reporting Month January 2014

|                                     | Carrier Information                    |
|-------------------------------------|--|
| Company Name                        | Budget PrePay, Inc. d/b/a Budget Phone |
| Company Address<br>Telephone / Fax  | Dossier City, LA 71111                 |
| Vendor Number                       |  |
| Classification<br>Please Circle One | ILEC Cellular PCS                      |

| Monthly Access Line Data |   |          |  |  |
|--------------------------|---|----------|--|--|
| 1.                       | Total Access Lines in Service                       | 796      |  |  |
| 2.                       | Surcharge Per Access Line                           | \$0.08   |  |  |
| 3.                       | Amount of Surcharge Remitted to Kentucky USF        | \$63.68  |  |  |
| 4,                       | Number of Access Lines Receiving Lifeline Support   | 447      |  |  |
| 5.                       | Amount of Reimbursement Requested from Kentucky USF | 1,564.50 |  |  |

|  | Signature Block  | $\top \Box$     |
|--|--|-----------------|
| I hereby attest that the information reported  | ed herein is true and accurate to the best of my knowledge.<br>TECHNOLOGIES MANAGEMENT, INC. | $\nabla \nabla$ |
| Company Official .                             | Title AS ATTORNEY-IN-FACT Company Official   | utter           |
| (Printed)                                      | -BY THOMAS M. FORTE (Sign  | ied)            |
| · · · · · · · · · · · · · · · · · · ·          |  |                 |
| Make check payable to: "Kentucky               | Send a copy of this rep  | port to:        |
| State Treasurer" and send with this report to; | Kentucky Public Servi  | ice Commission  |
|  | ATTN: Jim Stevens  |                 |

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

Revised 03-13-2008

211 Sower Blvd. P;O, Box 615

.

Frankfort, KY 40602



Date \_\_\_\_\_March 15, 2014\_\_\_\_\_

Reporting Month February 2014

| Carrier Information |   |  |  |
|---------------------|---|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |
| Telephone / Fax     | Telephone 212 671 5000  |  |  |
| Vendor Number       |   |  |  |

| Classification    |      |      |          |     |
|-------------------|------|------|----------|-----|
| Please Circle One | ILEC | CLEC | Cellular | PCS |
|                   |      |      |          |     |

|    | Monthly Access Line Data                             |          |
|----|--|----------|
| 1. | Total Access Lines in Service                        |          |
| 2. | Surcharge Per Access Line                            | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF         | \$60.88  |
| 4. | Number of Access Lines Receiving Lifeline Support    | 371      |
| 5. | Amount of Relinbursement Requested from Kentucky USF | 1,298.50 |
|    |  |          |

|   | Signature Block   |  |
|---|---|--|
| I hereby attest that the information Company Official (Printe | reported herein is true and accurate to the best of<br>TECHNOLOGIES MANAGEMENT, I<br>AS ATTORNEY-IN-FACT<br>Title <u>BY THOMAS M. FORTE</u><br>d) |  |
|   | · · · · · · · · · · · · · · · · · · ·   |  |

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



# Date April 15, 2014

Reporting Month March 2014

| Carrier Information |   |  |  |  |
|---------------------|---|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |
| Vendor Number       |   |  |  |  |

| Classification    |      |      |          |     |   |
|-------------------|------|------|----------|-----|---|
| Please Circle One | ILEC | CLEC | Cellular | PCS |   |
|                   |      |      |          | *** | *************************************** |

| Monthly Access Line Data |   |          |  |  |  |
|--------------------------|---|----------|--|--|--|
| 1.                       | Total Access Lines in Service                       | 741      |  |  |  |
| 2.                       | Surcharge Per Access Line                           | \$0.08   |  |  |  |
| 3.                       | Amount of Surcharge Remitted to Kentucky USF        | \$59.28  |  |  |  |
| 4.                       | Number of Access Lines Receiving Lifeline Support   | 364      |  |  |  |
| 5.                       | Amount of Reimbursement Requested from Kentucky USF | 1,274.00 |  |  |  |

| Signature Block   |                    | $\overline{/}$ |
|---|--------------------|----------------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.<br>TECHNOLOGIES MANAGEMENT, INC.<br>Company Official Title AS ATTORNEY-IN-FACT Company Official<br>(Printed) (Printed) | Muulle<br>(Signed) |                |

| Send a copy of this report to:     |
|------------------------------------|
| Kentucky Public Service Commission |
| ATTN: Jim Stevens                  |
| 211 Sower Blvd.                    |
| P,O, Box 615                       |
| Frankfort, KY 40602                |
|                                    |
|                                    |
|                                    |



Date May 15, 2014

Reporting Month April 2014

|                 | Carrier Information   |
|-----------------|---|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Phone                        |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier Clty, LA 71111 |
| Telephone / Fax | Telephone - 318-671-5000<br>Fax - 318-671-5024                |
| Vendor Number   |   |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |

|    | Monthly Access Line Data                            |          |
|----|---|----------|
| 1. | Total Access Lines in Service                       | 711      |
| 2. | Surcharge Per Access Line                           | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$56.88  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 376      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 1,316.00 |

|   |   |         | ·  |        | <u> </u>      | Ł. |
|---|---|---------|----|--------|---------------|----|
| - | Signature Block   |         | Ζ. |        | $\mathcal{I}$ |    |
|   | I hereby attest that the information reported herein is true and accurate to the best of my knowledge.           TECHNOLOGIES MANAGEMENT, INC.           Company Official         Title | 7<br>ut | łı | $\sum$ |               | :  |
|   | (Printed) BY THOMAS M. FORTE  | ned)    | ×  |        |               | :  |

\_\_\_\_\_

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

Revised 03-13-2008

2



Date June 15, 2014

Reporting Month May 2014

|                 | Carrier Information                            |
|-----------------|--|
| Company Name    | Budget PrePay, Inc.                            |
| Company Address |  |
| Telephone / Fax | Telephone - 318-671-5000<br>Fax - 318-671-5024 |
| Vendor Number   |  |

| Please Circle One ILEC CLEC Cellular PCS | Classification    | · · · · · · · · · · · · · · · · · · · | <br>···· |     | <u> </u> |
|--|-------------------|---------------------------------------|----------|-----|----------|
|  | Please Circle One | ILEC                                  | Cellular | PCS |          |

|    | Monthly Access Line Data                            |          |
|----|---|----------|
| 1. | Total Access Lines in Service                       | 678      |
| 2. | Surcharge Per Access Line                           | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$54.24  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 317      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 1,109.50 |
|    |   | A        |

| Signature Block   | /   |   | - |
|---|-----|---|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.  TECHNOLOGIES MANAGEMENT, INC.  Title AS ATTORNEY-IN-FACT Company Official | M   | h | / |
| (Printed) (Signe  | :d) |   |   |

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

| Send a c | copy of this report to:   |
|----------|---|
| Kentuck  | ty Public Service Commission<br>Jim Stevens<br>ver Blvd.<br>x 615 |
| ATTN:    | Jim Stevens   |
| 211 Sov  | ver Blvd.   |
| P.O. Bo  | x 615   |
| Frankfo  | rt, KY 40602  |



Date July 15, 2014

Reporting Month June 2014

| Carrier Information |   |  |  |  |  |
|---------------------|---|--|--|--|--|
| Company Name        | Budget PrePay, Inc.   |  |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |  |
| Telephone / Fax     | Tolophona 218 671 5000  |  |  |  |  |
| Vendor Number       |   |  |  |  |  |
|                     |   |  |  |  |  |

| Classification    |      |      |          |       |      |
|-------------------|------|------|----------|-------|------|
| Please Circle One | ILEC | CLEC | Cellular | · PCS |      |
| <u> </u>          | ··   | ·    |          |       | <br> |

|    | Monthly Access Line Data                            |          |
|----|---|----------|
| 1, | Total Access Lines in Service                       | 634      |
| 2, | Surcharge Per Access Line                           | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$50.72  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 317      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 1,109.50 |

|                             | •  | fff1         |
|-----------------------------|--|--------------|
| Sign                        | ature Block  | $\mathbb{Z}$ |
| Company Official . Title AS | accurate to the best of my knowledge.<br>OGIES MANAGEMENT, INC.<br>SATTORNEY-IN-FACT<br>Company Official<br>THOMAS M. FORTE<br>(Signed |              |

| Send a copy of this report to:     |
|------------------------------------|
| Kentucky Public Service Commission |
| ATTN: Jim Stevens                  |
| 211 Sower Blvd.                    |
| P.O. Box 615                       |
| Frankfort, KY 40602                |
|                                    |
|                                    |
|                                    |



Date August 15, 2014

Reporting Month July 2014

| Carrier Information |   |  |  |  |  |
|---------------------|---|--|--|--|--|
| Company Name        | Budget PrePay, Inc.   |  |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |  |
| Vendor Number       |   |  |  |  |  |

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| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |

|    | Monthly Access Line Data                            |          |
|----|---|----------|
| 1. | Total Access Lines in Service                       | 626      |
| 2. | Surcharge Per Access Line                           | \$0,08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$50.08  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 346      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 1,211.00 |

| Signature Block   | $ \mathcal{T} $ |
|---|-----------------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.<br>TECHNOLOGIES MANAGEMENT, INC.<br>Company Official | mfor            |

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



Date September 15, 2014

Frankfort, KY 40601

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Reporting Month August 2014

|                      | Carrier Inf  | formation  |  |
|----------------------|--|--|--|
| Budget PrePay, Ind   | Ç.   |  | •  |
|                      |  |  |  |
|                      |  |  |  |
|                      |  |  |  |
| ILEC                 | CLEC   | Cellular   | PCS 、  |
| ·····                | Monthly Acc  | ess Line Data  |  |
| nes in Service       |  |  | 617  |
| ccess Line           |  |  | \$0.08   |
| narge Remitted to Ke | ntucky USF   | *************  | \$49.36  |
| ss Lines Receiving   | Lifeline Support   |  | 280  |
| bursement Requeste   | d from Kentucky US   | SF   | 980.00   |
|                      | Sienatu  | e Block  |  |
| <u>^</u>             | erein is true and ac   | curate to the best of<br>GIES MANAGEME   | NT, INC.   |
| i with this          |  |  | Send a copy of this report to:<br>Kentucky Public Service Commission<br>ATTN: Jim Stevens<br>211 Sower Blvd.<br>P.O. Box 615<br>Frankfort, KY 40602  |
|                      | 1325 Barksdale Bossier City, LA         Telephone - 318-6         Fax - 318-671-502         Fax - 318-671-502         ILEC         ness in Service         ness in Service         narge Remitted to Ke         oss Lines Receiving 1         abursement Requeste         formation reported h         (Printed)         "Kentucky         i with this         ion Cabinet | Budget PrePay, Inc.         1325 Barksdale Boulevard, Suite 200         Bossier City, LA 71111         Telephone - 318-671-5000         Fax - 318-671-5024         ILEC         ILEC         Monthly Accornes         ness in Service.         arge Remitted to Kentucky USF.         harge Remitted to Kentucky USF.         burssement Requested from Kentucky USF         Signatur         formation reported herein is true and accreter from Kentucky USF         (Printed)         With this         ion Cabinet | 1325 Barksdale Boulevard, Suite 200         Bossier City, LA 71111         Telephone - 318-671-5000         Fax - 318-671-5024         ILEC         Cellular         Monthly Access Line Data         Monthly Access Line Data         mes in Service.         ccess Line.         arge Remitted to Kentucky USF.         Signature Block         Fechnologies Manageme         Ittle         Signature Block         Fechnologies Manageme         Tittle         A ATTORNEY-IN-FAC         BY THOMAS M. FORT!         Kentucky         Tittle         A SATTORNEY-IN-FAC         BY THOMAS M. FORT!         Kentucky         i with this |



Date October 15, 2014

Reporting Month September 2014

|                                     |                 | Carrier Infe | ormation |     |  |
|-------------------------------------|-----------------|--------------|----------|-----|--|
| Company Name                        | Budget PrePay   | , Inc.       |          |     |  |
| Company Address<br>Telephone / Fax  | Bossier City, L | 8-671-5000   |          |     |  |
| Vendor Number                       |                 |              |          |     |  |
| Classification<br>Please Circle One | ILEC            | CLEC         | Cellular | PCS |  |

|    | Monthly Access Line Data                            |          |
|----|---|----------|
| 1. | Total Access Lines in Service                       | 581      |
| 2. | Surcharge Per Access Line                           | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$46.48  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 297      |
| 5, | Amount of Reimbursement Requested from Kentucky USF | 1,039.50 |
|    |   |          |

| Signature Block   | /         | $\angle$ |
|---|-----------|----------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official (Printed) Title TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT SY THOMAS M. FORTE (Signed) | Hu<br>ed) |          |

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



Date November 15, 2014

Reporting Month October 2014

|                                  | Carrier Information   |  |  |  |  |
|----------------------------------|---|--|--|--|--|
| Company Name Budget PrePay, Inc. |   |  |  |  |  |
| Company Address                  | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |  |
| Telephone / Fax                  | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |  |
| Vendor Number                    |   |  |  |  |  |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |

|    | Monthly Access Line Data                            |         |  |  |  |
|----|---|---------|--|--|--|
| 1. | Total Access Lines in Service                       | 550     |  |  |  |
| 2. | Surcharge Per Access Line                           | \$0.08  |  |  |  |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$44.00 |  |  |  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 236     |  |  |  |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 833.00  |  |  |  |

| Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. |   |   |  |  |  |
|--|---|---|--|--|--|
|  |   |   |  |  |  |
| (Printed)  |   | TECHNOLOGIES MANAGEMENT INC.                            |  |  |  |
|  | er men en en fan fan fan de | AS ATTORNEY IN FACT<br>BY SHARON THOMAS, CONSULTANT     |  |  |  |
| Make check payable to: "Kentucky<br>State Treasurer" and send with this  |   | Send a copy of this report to:                          |  |  |  |
| report to:   |   | Kentucky Public Service Commission<br>ATTN: Jim Stevens |  |  |  |
| Finance and Administration Cabinet   |   | 211 Sower Blyd.   |  |  |  |
| ATTN: KY USF   |   | P.O. Box 615  |  |  |  |
| 702 Capital Ave.   |   | Frankfort, KY 40602                                     |  |  |  |
| Capitol Annex, Room 488A   |   |   |  |  |  |
| Frankfort, KY 40601  |   |   |  |  |  |

Revised 03-13-2008

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Date December 15, 2014

Reporting Month November 2014

|                   |   | Carrier Inf                            | ormation     |     |         |
|-------------------|---|--|--------------|-----|---------|
| Company Nam       | e Budget PrePay,  | Inc.                                   |              |     |         |
| Company Addres    | Company Address 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |              |     |         |
| Telephone / Fat   | Tolonhono - 31  | 8-671-5000                             |              |     |         |
| Vendor Numbe      | r <b>Carlotta</b>   |  |              |     |         |
| Classification    |   | ······································ |              |     |         |
| Please Circle One | ILEC  | CLEC                                   | Cellular     | PCS |         |
|                   |   | Monthly Acce                           | ss Line Data |     |         |
| 1. Total Access J | lines in Service  | *****                                  |              |     | 524     |
| 2. Surcharge Per  | Access Line   |  |              |     | \$0.08  |
| 3. Amount of Su   | charge Remitted to  | Kentucky USF                           | ······       |     | \$41.92 |
| 4. Number of Ac   | cess Lines Receivi  | ng Lifeline Support                    |              |     | 249     |
| 5. Amount of Re   | inbursement Reque   | ested from Kentucky US                 | F            |     | 871.50  |
|                   |   |  |              |     |         |
|                   |   | Signatur                               | e Block      |     |         |

Company Official \_\_\_\_\_\_ Title \_\_\_\_\_\_ Title \_\_\_\_\_\_ Title \_\_\_\_\_\_ AS ATTORNEY-IN-FACT \_\_\_\_\_ Company Official \_\_\_\_\_\_\_ Company Official \_\_\_\_\_\_\_ (Signed)

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



Date January 15, 2015

Reporting Month \_\_\_\_ December 2014\_\_\_

|                 | Carrier Information   |
|-----------------|---|
| Company Name    | Budget PrePay, Inc.   |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |
| Telephone / Fax | Telephone - 318-671-5000<br>Fax - 318-671-5024                |
| Vendor Number   |   |

| Classification<br>Please Circle One | ILEC | CLEC                                  | Cellular | PCS |  |
|-------------------------------------|------|---------------------------------------|----------|-----|--|
|                                     |      | · · · · · · · · · · · · · · · · · · · |          |     |  |

|    | Monthly Access Line Data                            |          |
|----|---|----------|
| 1. | Total Access Lines in Service                       | 504      |
| 2. | Surcharge Per Access Line                           | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$40.32  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 300      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 1,050.00 |
|    |   | A f      |

| Signaturo Block  | / /  | $\sum$ |
|--|------|--------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.<br>Company Official | unto |        |

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



Date February 15, 2015

Reporting Month January 2015

| Carrier Information |   |  |  |
|---------------------|---|--|--|
| Company Name        | Budget PrePay, Inc.   |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |
| Vendor Number       |   |  |  |

| Classification    |      |      |                                       |     |  |
|-------------------|------|------|---------------------------------------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular                              | PCS |  |
| 1                 |      |      | · · · · · · · · · · · · · · · · · · · |     |  |

|    | Monthly Access Line Data                            |          |
|----|---|----------|
| 1. | Total Access Lines in Service                       | 481      |
| 2. | Surcharge Per Access Line                           | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$38.48  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 210      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | \$735.00 |
| L  |   |          |

| Signature Block  | $\mathbb{Z}$ |   | / | 7 |
|--|--------------|---|---|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge,<br>Company Official | v<br>u/f     | k | ~ |   |
| (Printed) BY THOMAS M. FORTH (Signed   | )            |   |   |   |

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



Date \_\_\_\_\_ March 15, 2015 \_\_\_\_\_

Reporting Month February 2015

| Carrier Information |  |  |
|---------------------|--|--|
| Company Name        | Budget PrePay, Inc.  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111                                |  |
| Telephone / Fax     | Bossier City, LA         71111           Telephone - 318-671-5000         Fax - 318-671-5024 |  |
| Vendor Number       |  |  |

| Classification    |      |      | •        |     |   |
|-------------------|------|------|----------|-----|---|
| Please Circle One | ILEC | CLEC | Cellular | PCS |   |
| L                 |      |      |          |     | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |

|          | Monthly Access Line Data                              | <u></u> |
|----------|---|---------|
| 1.       | Total Access Lines in Service                         | 463     |
| 2.       | Surcharge Per Access Line                             | \$0.08  |
| 3.       | Amount of Surcharge Remitted to Kentucky USF          | \$37.04 |
| 4.       | Number of Access Lines Receiving Lifeline Support     | . 111   |
| 5.       | · Amount of Reimbursement Requested from Kentucky USF | 388,50  |
|          |   | A       |
| <u>-</u> | Signature Block                                       |         |

|   |  | Signature Block                                   |                     |
|---|--|---|---------------------|
| ļ | I hereby attest that the information reported hereby | erein is true and accurate to the best of my know | wledge.             |
|   | Company Official .                                   | Title ASATTORNEY-IN-FACT Compa                    | iny Official Stumpe |
| ł | (Printed)  | BY THOMAS M. FORTE                                | (Signed)            |

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



Date April 15, 2015

Reporting Month March 2015

| Carrier Information |   |  |  |  |
|---------------------|---|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |
| Vendor Number       |   |  |  |  |

| Classification                         |      |                                       |          |     |   |
|--|------|---------------------------------------|----------|-----|---|
| Please Circle One                      | ILEC | CLEC                                  | Cellular | PCS |   |
| ······································ |      | · · · · · · · · · · · · · · · · · · · |          |     | , |

|      | Monthly Access Line Data   | -          |
|------|--|------------|
| 1.   | Total Access Lines in Service  | 446        |
| 2.   | Surcharge Per Access Line  | \$0.08     |
| 3.   | Amount of Surcharge Remitted to Kentucky USF   | \$35.68    |
| 4.   | Number of Access Lines Receiving Lifeline Support  | 105        |
| 5.   | Amount of Reimbursement Requested from Kentucky USF  | 367.50     |
|      |  | <u>(</u> ) |
| [    | Signature Block  |            |
| Than | abu attact that the information reported herein is take and accurate to the hest of my knowledge |            |

| 1 |                | 1 1 | <br>I | / |
|---|----------------|-----|-------|---|
|   | Company Onione |     | <br>Ŵ |   |
|   |                |     |       |   |

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

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



Date May 15, 2015

Reporting Month April 2015

|                 | Carrier Information   |  |  |  |  |
|-----------------|---|--|--|--|--|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |  |  |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |  |
| Telephone / Fax | Telephone 218 671 5000  |  |  |  |  |
| Vendor Number   |   |  |  |  |  |

| Classification    |      | <u> </u> |          |     |  |
|-------------------|------|----------|----------|-----|--|
| Please Circle One | ILEC | CLEC     | Cellular | PCS |  |
| l                 |      |          |          |     |  |

|    | Monthly Access Line Data                            | •• • · · · · · · · · · · · · · · · · · |
|----|---|--|
| 1. | Total Access Lines in Service                       | 426                                    |
| 2. | Surcharge Per Access Line                           | \$0.08                                 |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$34.08                                |
| 4. | Number of Access Lines Receiving Lifeline Support   | 108                                    |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 378.00                                 |
|    | ·   | <u> </u>                               |

| Signature Block  | /      |  |
|--|--------|--|
| I hereby attest that the information reported herein is true and accurate to the bast of nycknowledge.<br>TECHNOLOGIES WATHORNEY-IN-FACT<br>Company Official | ull fr |  |
| (Printed) (Signe   | d)     |  |

| Make check payable to: "Kentucky<br>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 June 15, 2015

Reporting Month May 2015

...

| Carrier Information |   |  |  |
|---------------------|---|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |
| Vendor Number       |   |  |  |

| Classification    |      |      | •        |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |
|                   |      |      |          |     |  |

|       | Monthly Access Line Data  |         |
|-------|---|---------|
| 1.    | Total Access Lines in Service   | 401     |
| 2.    | Surcharge Per Access Line   | \$0.08  |
| 3.    | Amount of Surcharge Remitted to Kentucky USF  | \$32.08 |
| 4.    | Number of Access Lines Receiving Lifeline Support   | 115     |
| 5,    | Amount of Reimbursement Requested from Kentucky USF   | 402,50  |
|       | Signature Block   | ///_/   |
| I her | eby attest that the information reported herein is true and accurate to the best of my know | ledge.  |

| Company Official | · · · · · · · · · · · · · · · · · · · | Title | TECHNOLOGIES WARASEMAN<br>AS ALTORNEY-IN-FACT<br>BY THOMAS M. FORTE | Company Official | thul     | hi |
|------------------|---------------------------------------|-------|---|------------------|----------|----|
|                  | (Printed)                             |       | BA JEIOWAG MET OLATH  | $\smile$         | (Signed) | •  |

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

Public Service Commission n Stevens Blvd. 515 KY 40602



## Date July 15, 2015

Reporting Month June 2015

|                 | Carrier Information   |  |  |  |
|-----------------|---|--|--|--|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |  |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |
| Telephone / Fax | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |
| Vendor Number   |   |  |  |  |

| Classification    |      |      |          |     |   |
|-------------------|------|------|----------|-----|---|
| Please Circle One | ILEC | CLEC | Cellular | PCS |   |
| L                 |      |      |          |     | ••••••••••••••••••••••••••••••••••••••• |

|    | Monthly Access Line Data                            | <u> </u> |
|----|---|----------|
| 1. | Total Access Lines in Service                       | 385      |
| 2. | Surcharge Per Access Line                           | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$30.80  |
| 4. | Number of Access Lines Receiving Lifeline Support   | ·114     |
| 5, | Amount of Reinbursement Requested from Kentucky USF | \$399.00 |
|    |   |          |

|  | Signature Block  | ///                |
|--|--|--------------------|
| I hereby attest that the information r | eported herein is true and accurate to the best of my know | /ledge.            |
| Company Official                       | Title Technologies Management. INC.                        | y Official April h |
| (Printed                               | 1) 5Y THOMAS M. POSTE                                      | (Signed)           |

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



Date August 15, 2015

Reporting Month July 2015

| Carrier Information |   |  |  |
|---------------------|---|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |
| , Telephone / Fax   | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |
| Vendor Number       |   |  |  |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |

|    | Monthly Access Line Data                            |         |
|----|---|---------|
| 1. | Total Access Lines in Service                       | . 374   |
| 2. | Surcharge Per Access Line                           | \$0.08  |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$29.92 |
| 4. | Number of Access Lines Receiving Lifeline Support   | 102     |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 357.00  |

|  |                              | Signature Block    |         | A A        |
|--|------------------------------|--------------------|---------|------------|
| I hereby attest that the in Company Official | formation reported herein is |                    | T, INC. | Junity Jus |
|  | (Printed)                    | BY THOMAS M. FORTE |         | (Signed)   |

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



#### September 15, 2015 Date

Reporting Month August 2015

. . . . . . . .

| Carrier Information |   |  |  |  |
|---------------------|---|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |
| Telephone / Fax     | (Telephone - 318-671-5000<br>Fax - 318-671-5024               |  |  |  |
| Vendor Number       |   |  |  |  |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |
| L                 |      |      |          |     |  |

| Monthly Access Line Data |   |         |  |  |  |
|--------------------------|---|---------|--|--|--|
| i.                       | Total Access Lines in Service                       | 348     |  |  |  |
| 2.                       | Surcharge Per Access Line                           | \$0.08  |  |  |  |
| 3.                       | Amount of Surcharge Remitted to Kentucky USF        | \$27.84 |  |  |  |
| 4,                       | Number of Access Lines Receiving Lifeline Support   | 102     |  |  |  |
| 5.                       | Amount of Reimbursement Requested from Kentucky USF | 357.00  |  |  |  |

|   | f                     |
|---|-----------------------|
| Signature Block   | /i / )                |
| Thereby attest that the information reported herein is true and accurate to the best of my kr | nowledge.             |
| Commany Official Title AS ATTORNEY-IN-FACT Com  | ipany Official Humphi |
| (Printed) 39 TROMAS M. FOR. 15  | (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

Ŧ

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

Send a copy of this report to;



Date October 15, 2015

Reporting Month September 2015

| Carrier Information |   |  |  |  |  |
|---------------------|---|--|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |  |
| Vendor Number       |   |  |  |  |  |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |
| L                 |      |      |          |     |  |

|    | Monthly Access Line Data                            |         |  |  |  |
|----|---|---------|--|--|--|
| 1. | Total Access Lines in Service                       | 330     |  |  |  |
| 2. | Surcharge Per Access Line                           | \$0.08  |  |  |  |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$26.40 |  |  |  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 103     |  |  |  |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 360.50  |  |  |  |

|  | Signature Block                  | k D O   |
|--|----------------------------------|---|
| I hereby attest that the information reported  | d herein is true and accurate to | o the best of my knowledge  |
| Company Official   | Title                            | Company Official  |
| (Printed)  |                                  | TECHNOLOGIES MANAGEMENT INC.  |
| Make check payable to: "Kentucky<br>State Treasurer" and send with this<br>report to:<br>Finance and Administration Cabinet<br>ATTN: KY USF<br>702 Capital Ave.<br>Capitol Annex, Room 488A<br>Frankfort. KY 40601 |                                  | BY SHARON THOMAS, CONSULTANT<br>Send a copy of this report to:<br>Kentucky Public Service Commission<br>ATTN: Jim Stevens<br>211 Sower Blvd.<br>P.O. Box 615<br>Frankfort, KY 40602 |



## Date November 15, 2015

 Reporting Month October 2015

|                 | Carrier Information   |  |
|-----------------|---|--|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Phone                        |  |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |
| Telephone / Fax | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |
| Vendor Number   |   |  |

| Classification<br>Please Circle One | ILEC | CLEC | Cellular | PCS |      |
|-------------------------------------|------|------|----------|-----|------|
|                                     |      |      |          |     | <br> |

|    | Monthly Access Line Data                            |          |
|----|---|----------|
| 1. | Total Access Lines in Service                       | 323      |
| 2. | Surcharge Per Access Line                           | \$0.08   |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$25.84  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 101_     |
| 5. | Amount of Reimbursement Requested from Kentucky USF | \$353.50 |
| L  |   |          |
|    | Signature Block                                     |          |

| 1 | Signature Diock                                    |                                 |           | 1 |
|---|--|---------------------------------|-----------|---|
|   | I hereby attest that the information reported here | 777                             | · · · · · |   |
|   | Company Official                                   | Title ANTOPASS MANAGEMENT, INC. | April 1   |   |
|   | (Printed)  | BY THOMAS M. PORDE              | (Signed)  |   |
| 1 |  |                                 |           |   |

| 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 December 15, 2015

Reporting Month November 2015

|                 | Carrier Information   |  |  |
|-----------------|---|--|--|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |
| Company Address | 1325 Barksdale Bouleverd, Suite 200<br>Bossier City, LA 71111 |  |  |
| Telephone / Fax | Telephone 218 671 5000  |  |  |
| Vendor Number,  |   |  |  |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |
|                   |      |      |          |     |  |

|    | Monthly Access Line Data                            |         |
|----|---|---------|
| 1. | Total Access Lines in Service                       | 261     |
| 2. | Surcharge Per Access Line                           | \$0.08  |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$20.88 |
| 4. | Number of Access Lines Receiving Lifeline Support   | -0      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | -0-     |
|    |   | f       |
|    | Signature Block                                     | //      |

|   | Dignature Diotx                                  |                      |
|---|--|----------------------|
| I hereby attest that the information reported | herein is true and accurate to the best of my kn | owledge.             |
| Company Official .                            | Title <u>43ATTORNEY-IN-FACT</u> Com              | pany Officia hundh h |
| (Printed)                                     | BY THOMAS M. FORTE                               | (Signed)             |

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



# Date January 15, 2016

Reporting Month \_\_\_\_ December 2015

| Carrier Information |   |  |  |
|---------------------|---|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |
| Vendor Number       |   |  |  |

| Classification    |      |      |          |     |      |
|-------------------|------|------|----------|-----|------|
| Please Circle One | ILEC | CLEC | Cellular | PCS |      |
| ۱ <u></u>         |      |      |          |     | ···· |

|    | Monthly Access Line Data                            |         |
|----|---|---------|
| 1. | Total Access Lines in Service                       | 256     |
| 2. | Surcharge Per Access Line                           | \$0.08  |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$20.48 |
| 4. | Number of Access Lines Receiving Lifeline Support   | -0      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | -0-     |
|    |   | ^       |
|    |   |         |

|  | Signature Block         | // /             |  |
|--|-------------------------|------------------|--|
| I hereby attest that the information reported here | TECHNOLOGIES MANAGEMEN  |                  |  |
| Company Official (Printed)                         | Title AS ATTORNEYABLACT | Company Official |  |

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



### Date February 15, 2016

Reporting Month January 2016

| Carrier Information |   |  |  |
|---------------------|---|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |
| Vendor Number       |   |  |  |

| Classification    |  |      |          | ····· |  |  |
|-------------------|--|------|----------|-------|--|--|
| Please Circle One | ILEC                                   | CLEC | Cellular | PCS   |  |  |
| L                 | ······································ |      |          |       | ······································ |  |

|    | Monthly Access Line Data                            | · · · · · · · · · · · · · · · · · · · |
|----|---|---------------------------------------|
| 1. | Total Access Lines in Service                       | 0                                     |
| 2: | Surcharge Per Access Line                           | \$0.08                                |
| 3, | Amount of Surcharge Remitted to Kentucky USF        | \$0.00                                |
| 4. | Number of Access Lines Receiving Lifeline Support   | -0-                                   |
| 5, | Amount of Reimbursement Requested from Kentucky USF | -0                                    |
|    |   |                                       |

|   |   | Signature Block                     |                  | 11       |          | / |
|---|---|-------------------------------------|------------------|----------|----------|---|
| I hereby attest that the information re<br>Company Official | - | YEOP NOLOGIES MANAGEMENT            | •                | . Je     |          |   |
| (Printed)   |   | ARA TATISANANA<br>AN TAOMARIA FORTE | Company Official | (Signed) | <u> </u> |   |

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

· ····literate

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 March 15, 2016

Reporting Month \_\_\_\_\_ February 2016

| Carrier Information |   |       |   |  |
|---------------------|---|-------|---|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                        |       |   |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |       | • |  |
| Telephone / Fax     | Talanhana 219 671 5000  | ····· |   |  |
| Vendor Number       | antifitzen tempenen de  |       |   |  |

| Please Circle One ILEC CLEC Cellular PCS | Classification    |      |      |     |  |
|--|-------------------|------|------|-----|--|
|  | Please Circle One | ILEC | CLEC | PCS |  |

|    | Monthly Access Line Data                            | ······ |
|----|---|--------|
| 1. | Total Access Lines in Service                       | 0      |
| 2. | Surcharge Per Access Line                           | \$0.08 |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$0.00 |
| 4. | Number of Access Lines Receiving Lifeline Support   | -0-    |
| 5. | Amount of Reimbursement Requested from Kentucky USF | -0-    |

|   | ne Block   |
|---|--|
| I hereby attest that the information strength with the information of | courate to the best of my knowledge.<br>HOLOGIES MANAGEMENT INO.<br>AS ATTORNEY.IN FACT pupping Official<br>AS ATTORNEY.IN FACT pupping Official<br>(Signed)<br>(Signed) |
| Make check payable to: "Kentucky<br>State Treasurer" and send with this<br>report to:   | Send a copy of this report to:<br>Kentucky Public Service Commission   |

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

\$1.12×

- and Estimation

Revised 02-15-2016

ATTN: Executive Director

211 Sower Blvd.

Frankfort, KY 40602

P.O. Box 615

. ig stre



Date April 15, 2016

Reporting Month March 2016

| Carrier Information |  |  |  |  |  |
|---------------------|--|--|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Phone                                   |  |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111            |  |  |  |  |
| Telephone / Fax     | Bossier City, LA 71111<br>Telephone - 318-671-5000<br>Fax - 318-671-5024 |  |  |  |  |
| Vendor Number       |  |  |  |  |  |

| Classification    |                                       |      |          |     | <br> |
|-------------------|---------------------------------------|------|----------|-----|------|
| Please Circle One | ILEÇ                                  | CLEC | Cellular | PCS |      |
| L                 | · · · · · · · · · · · · · · · · · · · |      |          |     |      |

|    | Monthly Access Line Data                            |        |
|----|---|--------|
| 1. | Total Access Lines in Service                       | 0      |
| 2. | Surcharge Per Access Line                           | \$0.14 |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$0.00 |
| 4. | Number of Access Lines Receiving Lifeline Support   | -0-    |
| 5, | Amount of Reimbursement Requested from Kentucky USF |        |

| <br>·  |  |
|--|--|
| Signature Block  |  |
| ported herein is true and accurate to the best o<br>TECHNOLOGIES MANAGEMENT INC,<br>ASATTORNEY IN FACT<br>BY CONNIE WIGHTMAN, CONSULTANT | f my knowledge.<br>_ Company Official (Signed) |

| Make check payable to: "Kentucky<br>State Treasurer" and send with this | Send a copy of this report to:                                 |
|---|--|
| report to:  | Kentucky Public Service Commission<br>ATTN: Executive Director |
| Finance and Administration Cablinet                                     | ATTN: Executive Director<br>211 Sower Blvd.                    |
| ATTN: KY USF (  | P.O. Box 615   |
| 702 Capital Ave.  | Frankfort, KY 40602  |
| Capitol Annex, Room 488A  |  |
| Frankfort, KY 40601   |  |

Revised 02-15-2016



Date March 15, 2014

Reporting Month \_\_\_\_\_ February 2014

| Carrier Information |   |  |  |  |
|---------------------|---|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |
| Vendor Number       |   |  |  |  |

| Classification    |      |      |              |  |
|-------------------|------|------|--------------|--|
| Please Circle One | ILEC | CLEC | Cellular PCS |  |

|    | Monthly Access Line Data                            |            |
|----|---|------------|
| 1. | Total Access Lines in Service                       | 52,092     |
| 2. | Surcharge Per Access Line                           | \$0.08     |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$4,167.36 |
| 4. | Number of Access Lines Receiving Lifeline Support   | 52,092     |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 182,322    |
|    |   |            |

|  | Signature Block              |  |       | ľ |
|--|------------------------------|--|-------|---|
| I hereby attest that the information reported<br>Company Official(Printed) | TECHNOLOGIES MANAGEMENT, INC | ny knowledge.<br>Company Official (Signed) | · · · |   |

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



Date April 15, 2014

Reporting Month March 2014

| Carrier Information |   |  |  |
|---------------------|---|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |
| Vendor Number       |   |  |  |

| Classification    |      |      |              |
|-------------------|------|------|--------------|
| Please Circle One | ILEC | CLEC | Cellular PCS |
| k                 |      |      |              |

|    | Monthly Access Line Data                            |            |
|----|---|------------|
| 1. | Total Access Lines in Service                       | 54,117     |
| 2. | Surcharge Per Access Line                           | \$0.08     |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$4,329.36 |
| 4. | Number of Access Lines Receiving Lifeline Support   | 54,117     |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 189,409.50 |
|    |   | <u></u>    |

| Signature Block  |        | $\Box$ |
|--|--------|--------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.<br>Company Official | igned) |        |

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



Date May 15, 2014

Frankfort, KY 40601

Reporting Month \_\_\_\_ April 2014

|                 | Carrier Information   |  |
|-----------------|---|--|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |
| Telephone / Fax | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |
| Vendor Number   |   |  |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |

| Monthly Access Line Data |   |              |  |  |
|--------------------------|---|--------------|--|--|
| 1.                       | Total Access Lines in Service                       | 53,988       |  |  |
| 2.                       | Surcharge Per Access Line                           | \$0.08       |  |  |
| 3.                       | Amount of Surcharge Remitted to Kentucky USF        | \$4,319.04   |  |  |
| 4.                       | Number of Access Lines Receiving Lifeline Support   | 53,988       |  |  |
| 5.                       | Amount of Reimbursement Requested from Kentucky USF | \$188,958.00 |  |  |

|   | Signature Block                       |   |  |  |  |
|---|---------------------------------------|---|--|--|--|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.  Company Official (Printed)  TECHNOLOGIES MANAGEMENT, INC. Title AS ATTORNEY-IN-FACT (Signed)  Company Official (Signed) |                                       |   |  |  |  |
| Make check payable to: "Kentucky<br>State Treasurer" and send with this<br>report to:   | · · · · · · · · · · · · · · · · · · · | Send a copy of this report to:<br>Kentucky Public Service Commission<br>ATTN: Jim Stevens |  |  |  |
| Finance and Administration Cabinet<br>ATTN: KY USF<br>702 Capital Ave.<br>Capitol Annex, Room 488A  |                                       | 211 Sower Blvd.<br>P.O. Box 615<br>Frankfort, KY 40602                                    |  |  |  |



Date \_\_\_\_\_June 15, 2014

Reporting Month May 2014

| Carrier Information |   |           |
|---------------------|---|-----------|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Mobile                       |           |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 | · · · · · |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |           |
| Vendor Number       |   |           |

| Classification    |      |      |              |  |
|-------------------|------|------|--------------|--|
| Please Circle One | ILEC | CLEC | Cellular PCS |  |

| <u> </u> | Monthly Access Line Data                            |            |
|----------|---|------------|
| 1.       | Total Access Lines in Service                       | 54,973     |
| 2.       | Surcharge Per Access Line                           | \$0.08     |
| 3.       | Amount of Surcharge Remitted to Kentucky USF        | \$4,397.84 |
| 4.       | Number of Access Lines Receiving Lifeline Support   | 54,973     |
| 5.       | Amount of Reimbursement Requested from Kentucky USF | 192,405.50 |

|  |                 | /        | · · ·  |   |
|--|-----------------|----------|--------|---|
|  | ······          | /        |        | 7 |
|  | Signature Block | 17       | 7      | / |
| I hereby attest that the information reported<br>Company Official(Printed) |                 | (Signed) | L<br>u | / |

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



Date July 15, 2014

Reporting Month June 2014

|                                       |  | Carrier   | Information     |         |                                       |
|---------------------------------------|--|-----------|-----------------|---------|---------------------------------------|
| Company Name                          | Budget PrePay, Inc. d/b/a Budget Mobile  |           |                 |         |                                       |
| Company Address                       | 1325 Barksdale Bou<br>Bossier City, LA 7 |           | 00              |         |                                       |
| Telephone / Fax<br>Fax - 318-671-5024 |  |           |                 |         |                                       |
| Vendor Number                         |  |           |                 |         | · · · · · · · · · · · · · · · · · · · |
| Classification                        |  | Ab        | ······          | · · · · |                                       |
| Please Circle One                     | ILEC                                     | CLEC      | Cellular P      | CS      |                                       |
|                                       |  | Monthly A | ccess Line Data |         |                                       |
| 1 Total Accase Lin                    | an in Pomuion                            |           |                 |         | 55 663                                |

| 1. |   |            |
|----|---|------------|
| 2. | Surcharge Per Access Line                           | \$0.08     |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$4,453.04 |
| 4. | Number of Access Lines Receiving Lifeline Support   | 55,663     |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 194,820.50 |
|    |   | /          |

|  |  | Signature Block     |   |
|--|--|---------------------|---|
| I hereby attest that the information Company Official                  | reported herein is true<br>Te<br>Title | AS ATTORNEY-IN-FACT | ny knowledge.<br>, INC.<br>_ Company Official fundation |
| (Print   | ed)                                    | BY THOMAS M. FORTE  | (Signed)  |
| Make check payable to: "Kentucky<br>State Treasurer" and send with thi |  |                     | Send a copy of this report to:                          |
| report to:   | ,                                      |                     | Kentucky Public Service Commission<br>ATTN: Jim Stevens |

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

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| Date August 15, 201   | 4                               | -                                      | Repor                | rting Month         | July 2014                  |  |
|---|---------------------------------|--|----------------------|---------------------|----------------------------|--|
|   |                                 |  |                      |                     |                            |  |
|   | <u></u>                         | Carrier Inf                            | ormation             |                     |                            |  |
| Company Name Budget PrePay, Inc. d/b/a Budget Mobile                          |                                 |  |                      |                     |                            |  |
| Company Address 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |                                 |  |                      |                     |                            |  |
| Telephone / Fax   | Telephone - 31<br>Fax - 318-671 |  |                      |                     |                            |  |
| Vendor Number   |                                 |  |                      |                     |                            |  |
| Classification  |                                 | ······································ | []                   |                     |                            |  |
| Please Circle One   | ILEC                            | CLEC                                   | Cellular             | PCS                 |                            |  |
|   |                                 | Monthly Acce                           | ss Line Data         |                     |                            |  |
| 1. Total Access Lir   | nes in Service                  |  |                      | ·                   | 56,510                     |  |
| 2. Surcharge Per A  | ccess Line                      | *****                                  |                      |                     | \$0.08                     |  |
| 3. Amount of Surch  | arge Remitted to                | Kentucky USF                           |                      | ~                   | \$4,520.80                 |  |
| 4. Number of Acce   | ss Lines Receivi                | ing Lifeline Support                   |                      |                     | 56,510                     |  |
| 5. Amount of Reim   | bursement Requ                  | ested from Kentucky US                 | F                    |                     | 197,785                    |  |
|   |                                 | Signature                              | Block                |                     | /_/                        |  |
| I hereby attest that the inf  | ormation reporte                | ed herein is true and acc              | urate to the best of | my knowledge        | e. , , , , ,               |  |
| Company Official  | (Printed)                       |  | GIES MANAGEMEN       | T, INC<br>Company O | fficial Automatic (Signed) |  |
|   | (r i mieu)                      | BY .                                   | THOMAS M. FORTE      |                     | (0.1811/01)                |  |

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

.



Date September 15, 2014

Reporting Month \_\_\_\_ August 2014

| Carrier Information |   |  |
|---------------------|---|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |
| Vendor Number       |   |  |

| Classification    |      |      |              |  |
|-------------------|------|------|--------------|--|
| Please Circle One | ILEC | CLEC | Cellular PCS |  |

|    | Monthly Access Line Data                            |            |
|----|---|------------|
| 1. | Total Access Lines in Service                       | 50,026     |
| 2. | Surcharge Per Access Line                           | \$0.08     |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$4,002.08 |
| 4. | Number of Access Lines Receiving Lifeline Support   | 50,026     |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 175,091.00 |
|    | · · · · · · · · · · · · · · · · · · ·               |            |

|   | Signature Block                                | ,      |        | X |  |
|---|--|--------|--------|---|--|
| I hereby attest that the information reported herein is<br>Company Official | TECHNOLOGIES MANAGEMENT<br>AS ATTORNEY-IN-FACT | , INC. | matte  |   |  |
| (Printed)   | BY THOMAS M. FORTE                             |        | igned) |   |  |

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



| Date October 15, 20                                  | 14  | Reporting Month   | September 2014                |
|--|---|---|-------------------------------|
|  |   |   |                               |
|  | Carrie  | r Information   |                               |
| Company Name   | Budget PrePay, Inc. d/b/a Budget                          | Mobile  |                               |
| Company Address                                      | 1325 Barksdale Boulevard, Suite<br>Bossier City, LA 71111 | 200   |                               |
| Telephone / Fax                                      | Telephone - 318-671-5000<br>Fax - 318-671-5024            |   |                               |
| Vendor Number  |   |   |                               |
| Classification                                       |   |   |                               |
| Please Circle One                                    | ILEC CLEC   | Cellular PCS  |                               |
|  | Monthly   | Access Line Data  |                               |
| 1. Total Access Li                                   | nes in Service  |   | 49,353                        |
| 2. Surcharge Per A                                   | Access Line   |   | \$0.08                        |
| 3. Amount of Surcharge Remitted to Kentucky USF      |   |   | \$3,948.24                    |
| 4. Number of Access Lines Receiving Lifeline Support |   |   |                               |
| 5. Amount of Rein                                    | nbursement Requested from Kentuck                         | yUSF  | 172,735.50                    |
|  |   |   | A - P                         |
|  | Sign  | nature Block  | ////                          |
| I hereby attest that the inf                         | formation reported herein is true and                     | d accurate to the best of my knowledg<br>OGIES MANAGEMENT, INC. |                               |
| Company Official _,                                  | Title AS  | ATTORNEY-IN-FACT Company C                                      | Official A with w<br>(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 November 15, 2014

Reporting Month October 2014

|                 | Carrier Information   |  |  |  |  |
|-----------------|---|--|--|--|--|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |  |  |  |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |  |
| Telephone / Fax | Talenhone $-318-671-5000$                                     |  |  |  |  |
| Vendor Number   |   |  |  |  |  |

|   |                   |      |           |          | 1   |
|---|-------------------|------|-----------|----------|-----|
| ì | Classification    |      |           |          |     |
| 1 | Clussification    |      | · · · – + |          | 700 |
| 1 | Please Circle One | ILEC | CLEC      | Cellular | PCS |
| 1 | Please Choic Onc  | 1000 | 01140     | L        |     |
|   |                   |      |           |          |     |

|    | Monthly Access Line Data                            |            |
|----|---|------------|
| 1. | Total Access Lines in Service                       | 48,358     |
| 2. | Surcharge Per Access Line                           | \$0.08     |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$3,868.64 |
| 4. | Number of Access Lines Receiving Lifeline Support   | 48,358     |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 169,253    |

|  | Signature E                   | Block  |
|--|-------------------------------|--|
| I hereby attest that the information report  | ted herein is true and accura | ate to the best of my knowledge.   |
| Company Official   | Title                         | Company Official   |
| (Printed)  |                               | (Signed)<br>TECHNOLOGIES MANAGEMENT INC.   |
| Make check payable to: "Kentucky<br>State Treasurer" and send with this<br>report to:              |                               | AS ALTORNEY-IN-FACT<br>BY SHARON THOMAS, CONSULTANT<br>Send a copy of this report to:<br>Kentucky Public Service Commission<br>ATTN: Jim Stevens |
| Finance and Administration Cabinet<br>ATTN: KY USF<br>702 Capital Ave.<br>Capitol Annex, Room 488A |                               | 211 Sower Blvd.<br>P.O. Box 615<br>Frankfort, KY 40602   |
| Frankfort, KY 40601  |                               |  |


Date \_\_\_\_ December 15, 2014

Reporting Month November 2014

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| Carrier Information |   |                                   |
|---------------------|---|-----------------------------------|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Mobile                       | , , , , , , , , , , , , , , , , , |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |                                   |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |                                   |
| Vendor Number       |   |                                   |

| Please Circle One ILEC | CLEC | Cellular PCS |
|------------------------|------|--------------|

|    | Monthly Access Line Data                            | · · · · · · · · · · · · · · · · · · · |
|----|---|---------------------------------------|
| 1. | Total Access Lines in Service                       | 45,583                                |
| 2. | Surcharge Per Access Line                           | \$0.08                                |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$3,646.64                            |
| 4. | Number of Access Lines Receiving Lifeline Support   | 45,583                                |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 159,540.50                            |

|   | Signature Block  |                       |
|---|--|-----------------------|
| I hereby attest that the information reported he<br>Company Official(Printed) | rein is true and accurate to the best of my knowledge.<br>TECHNOLOGIES MANAGEMENT, INC.<br>Title AS ATTORNEY-IN-FACT<br>BY THOMAS M. FORTE | al Author<br>(Signed) |

| Make check payable to: "Kentucky<br>State Treasurer" and send with this<br>report to: |  |
|---|--|
| Finance and Administration Cabinet<br>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

Δ



Date January 15, 2015

Reporting Month December 2014

|                 | Carrier Information   |
|-----------------|---|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Mobile                       |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |
| Telephone / Fax | Telephone - 318-671-5000<br>Fax - 318-671-5024                |
| Vendor Number   |   |
|                 |   |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |

|    | Monthly Access Line Data                            |            |           |
|----|---|------------|-----------|
| 1. | Total Access Lines in Service                       | 43,124     |           |
| 2. | Surcharge Per Access Line                           | \$0.08     |           |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$3,449.92 |           |
| 4. | Number of Access Lines Receiving Lifeline Support   | 43,124     |           |
| 5. | Amount of Reimbursement Requested from Kentucky USF | 150,934.00 | <u> </u>  |
|    | -   | /`/        | $\square$ |
|    | Signature Block                                     | i /        |           |

| I hereby attest that the information reported h | herein is true and accurate to the best of my knowledge. |   |
|---|--|---|
| Company Official .                              | TECHNOLOGIES MANAGEMENT, INC.                            | - |
| (Printed)                                       | BY THOMAS M. FORTE (Signed)                              |   |

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

Send a copy of this report to:

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



Date February 15, 2015

Reporting Month January 2015

| ļ          |                      | Carrier Information  | -1      |  |
|------------|----------------------|--|---------|--|
|            | Company Name         | mpany Name Budget PrePay, Inc. d/b/a Budget Mobile                             |         |  |
| Co         | ompany Address       | Bossier City, LA 71111   |         |  |
|            | Telephone / Fax      | Telephone - 318-671-5000<br>Fax - 318-671-5024                                 |         |  |
|            | Vendor Number        |  |         |  |
| Classific  | ation                |  |         |  |
| Please C   | Circle One           | ILEC CLEC Cellular PCS   |         |  |
|            |                      | Monthly Access Line Data   |         |  |
| 1.         | Total Access Lin     | nes in Service   | 49      |  |
| 2.         | Surcharge Per Ac     | ccess Line   | 08      |  |
| 3.         | Amount of Surcha     | barge Remitted to Kentucky USF   | 2       |  |
| 4.         | Number of Acces      | ss Lines Receiving Lifeline Support  | 19      |  |
| 5, .       | Amount of Reimb      | bursement Requested from Kentucky USF \$90,821.5                               | 50      |  |
|            |                      |  | A       |  |
|            |                      | Signature Block  | ///     |  |
| I hereby a | attest that the info | ormation reported herein is true and accurate to the best of my knowledge.     | t - A   |  |
| Company    | Official             | TECHNOLOGIES MANAGEMENT, INC.<br>TitleAS ATTORNEY-IN-FACT Company Official Mul | atter 1 |  |
|            | <u></u>              | (Printed) BY THOMAS M. FORTE (Signed   | d)      |  |

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

Revised 03-13-2008

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Date March 15, 2015

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4 14

Reporting Month February 2015

|                                     |                                       | Carrier                        | Information     |     |            |
|-------------------------------------|---------------------------------------|--------------------------------|-----------------|-----|------------|
| Company Na                          | me Budget PrePay,                     | Inc. d/b/a Budget M            | íobile          | ·   |            |
| Company Addr                        | ess 1325 Barksdale<br>Bossier City, L | Boulevard, Suite 20<br>A 71111 | 00              |     |            |
| Telephone / I                       | Telephone - 31                        | 3-671-5000                     |                 |     |            |
| Vendor Num                          | ber                                   |                                | <u></u>         |     |            |
| Classification<br>Please Circle One | ILEC                                  | <br>CLEC                       | Cellular        | PCS | ~          |
|                                     |                                       | Monthly A                      | ccess Line Data |     |            |
| E Ale St.                           | • • •                                 | ,,,,,,, _                      |                 |     |            |
| 1. Total Access                     | Lines in Service                      |                                |                 |     | 26,712     |
| 2. Surcharge P                      | er Access Line                        |                                | ·····           |     | \$0.08     |
| 3. Amount of S                      | urcharge Remitted to                  | Kentucky USF                   | ······ .        |     | \$2,136.96 |
| 4. Number of /                      | ccess Lines Receivir                  | g Lifeline Support.            |                 |     | 26,712     |
| 5. Amount of R                      | eimbursement Reque                    | •                              | -               |     | 93,492     |
|                                     | · · · · · · · · · · · · · · · · · · · |                                |                 |     |            |
|                                     |                                       | Signa                          | ture Block      |     | //./.      |

| O'Branna a Divert  | $L / \dots /$ | 1: |
|--|---------------|----|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | V = V         | /  |
| TECHNOLOGIES MANAGEMENT, INC.  | MAN           |    |
|  | igned)        |    |

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

Send a copy of this report to:

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



# Date April 15, 2015

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Reporting Month March 2015

| Carrier Information |   |  |  |  |
|---------------------|---|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |
| Telephone / Fax.    | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |
| Vendor Number       |   |  |  |  |

| Classification    |      |      |          |     |
|-------------------|------|------|----------|-----|
| Please Circle One | ILEC | CLEC | Cellular | PCS |

| Monthly Access Line Data                               |            |
|--|------------|
| 1. Total Access Lines in Service                       | 26,016     |
| 2. Surcharge Per Access Line                           | \$0.08     |
| 3. Amount of Surcharge Remitted to Kentucky USF        | \$2,081.28 |
| 4. Number of Access Lines Receiving Lifeline Support   | 26,016     |
| 5. Amount of Reimbursement Requested from Kentucky USF | 91,056     |

|   |  |                                  | 13 1 | /  |
|---|--|----------------------------------|------|----|
|   |  | /                                | 17   |    |
|   | Signature Block  | / /                              |      |    |
| I hereby attest that the information reported | erein is true and accurate to the best of my kn  | 10wledge.                        | 77   |    |
| Company Official (Printed)                    | TECHNOLOGIES MANAGEMENT, INC.<br>Title <u>AS ATTORNEY-IN-FACT</u> CO<br>BY THOMAS M. FORTE | mpany Official Huuld<br>(Signed) | fu   | ·· |

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



Date <u>May 15, 2015</u>

ï

Reporting Month \_\_\_\_ April 2015

| Carrier Information |   |  |  |  |
|---------------------|---|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |
| Vendor Number       |   |  |  |  |

| Please Circle One ILEC CLEC Cellular PCS | Classification | <br> | <br>,,,,,,, |
|--|----------------|------|-------------|
|  |                | CLEC |             |

| Monthly Access Line Data |   |            |  |  |  |
|--------------------------|---|------------|--|--|--|
| 1.                       | Total Access Lines in Service                       | 26,211     |  |  |  |
| 2.                       | Surcharge Per Access Line                           | \$0.08     |  |  |  |
| 3.                       | Amount of Surcharge Remitted to Kentucky USF        | \$2,096.88 |  |  |  |
| 4.                       | Number of Access Lines Receiving Lifeline Support   | 26,211     |  |  |  |
| 5.                       | Amount of Reimbursement Requested from Kentucky USF | 91,738.50  |  |  |  |

|  | Signature Block  |                            |
|--|--|----------------------------|
| I hereby attest that the information reported<br>Company Official(Printed) | d herein is true and accurate to the best of my knowledge.<br>ECHNOLOGIES MANAGEMENT, INC.<br>Title AS ATTORNEY-IN-FACT<br>BY THOMAS M. FORTE<br>/ | ficial thumpur<br>(Signed) |

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

Revised 03-13-2008

 $\sim$ 



Date June 15, 2015

Reporting Month May 2015

|                 | Carrier Information   |  |
|-----------------|---|--|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |
| Telephone / Fax | Talanhana 219 671 5000  |  |
| Vendor Number   |   | ······································ |

| Classification    | ······································ |      |              |
|-------------------|--|------|--------------|
| Please Circle One | ILEC                                   | CLEC | Cellular PCS |
|                   |  |      |              |

| · · · · · - | Monthly Access Line Data                            |            |
|-------------|---|------------|
| 1. ว        | Total Access Lines in Service                       | 25,921     |
| . 8         | Surcharge Per Access Line                           | \$0.08     |
| . <i>I</i>  | Amount of Surcharge Remitted to Kentucky USF        | \$2,073.68 |
| . ነ         | Number of Access Lines Receiving Lifeline Support   | 25,921     |
| . A         | Amount of Reimbursement Requested from Kentucky USF | 90,723.50  |

| Signature Block   |  |
|---|--|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.<br>Company Official SHARW R. WARREN OF Company Official Multiple Company |  |

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



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# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

| Date   | July 15, 2015   |                                    |  | Report        | ing Month June 2015   |
|--|---|------------------------------------|--|---------------|---|
|  |   | <u></u>                            | Carrier In   | formation     |   |
|  | Company Name  | Budget PrePay,                     | Inc. d/b/a Budget Mo   | bile          | ······································  |
|  | Company Address   | Bossier City, LA                   |  |               | -   |
| -<br>-<br>-  | Telephone / Fax   | Telephone - 318<br>Fax - 318-671-5 | 004  |               |   |
|  | Vendor Number   |                                    |  |               |   |
|  | ification<br>e Circle One   | ILEC                               | CLEC   | Cellular      | PCS   |
| [  |   | ·····                              | Monthly Acc  | ess Line Data |   |
| 1.   | Total Access Li   | nes in Service                     |  | ·····         | 25,529  |
| 2.   | Surcharge Per A   | ccess Line                         |  |               | \$0.08  |
| 3.   | Amount of Surch   | narge Remitted to I                | Kentucky USF   |               | \$2,042.32  |
| 4.   | Number of Acce  | ess Lines Receivin                 | g Lifeline Support   |               | 25,529  |
| 5.   | Amount of Reim  | bursement Reque                    | sted from Kentucky US  | SF            | 89,351.50   |
| [  |   |                                    | Signatu  | re Block      |   |
|  | by attest that the inf  | formation reported (Printed)       | therein is true and active the true active the |               | ny knowledge.<br>, my .<br>_ Company Official Jum (Signed)  |
| State<br>report<br>Finan<br>ATTI<br>702 C<br>Capit | check payable to: "<br>Treasurer" and send<br>t to:<br>ce and Administrati<br>N: KY USF<br>Capital Ave.<br>ol Annex, Room 48<br>cfort, KY 40601 | l with this<br>on Cabinet          |  |               | Send a copy of this report to:<br>Kentucky Public Service Commission<br>ATTN: Jim Stevens<br>211 Sower Blvd.<br>P.O. Box 615<br>Frankfort, KY 40602<br>Revised 03-13-2008 |

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···· · · · ·



Date August 15, 2015

Reporting Month July 2015

|   |  | Carrier 1           | information                           | v         |            |
|---|--|---------------------|---------------------------------------|-----------|------------|
| Company Name  | Budget PrePay,   | Inc. d/b/a Budget M | lobile                                |           |            |
| Company Address 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |                     |                                       |           |            |
| Telephone / Fax   | Telephone - 318<br>Fax - 318-671-5                     | 3-671-5000          |                                       |           |            |
| Vendor Number   |  |                     |                                       |           |            |
| Classification  |  |                     |                                       |           | <u></u>    |
| Please Circle One   | ILEC   | CLEC                | Cellular                              | PCS       |            |
|   | ······································                 |                     |                                       | <u> </u>  |            |
|   | <u> </u>   | Monthly Ac          | cess Line Data                        |           |            |
| 1. Total Access Lin   | nes in Service   |                     | · · · · · · · · · · · · · · · · · · · |           | 25,625     |
| 2. Surcharge Per A  | 2. Surcharge Per Access Line                           |                     |                                       |           |            |
| 3. Amount of Surcharge Remitted to Kentucky USF \$2,050.00                    |  |                     |                                       |           | \$2,050.00 |
| 4. Number of Access Lines Receiving Lifeline Support                          |  |                     |                                       |           | 25,625     |
| 5. Amount of Reim   | 5. Amount of Reimbursement Requested from Kentucky USF |                     |                                       | 89,687.50 |            |
|   |  |                     |                                       |           | <u></u>    |
|   |  |                     |                                       |           | ///        |

| Signature Block   |      |   | / |
|---|------|---|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.<br>TECHNOLOGIES MANAGEMENT, INC. | AN I | 7 |   |
| Company Official Title AS ATTORNEY-IN-FACT Company Official (Printed) (Signe  |      |   |   |

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



# Date September 15, 2015

Reporting Month August 2015

|                 | Carrier Information   |
|-----------------|---|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Mobile                       |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |
| Telephone / Fax | Telephone - 318-671-5000                                      |
| Vendor Number   |   |

| Classification    |      |      |              |  |
|-------------------|------|------|--------------|--|
| Please Circle One | ILEC | CLEC | Cellular PCS |  |

|    | Monthly Access Line Data                            |            |
|----|---|------------|
| 1. | Total Access Lines in Service                       | 24,270     |
| 2. | Surcharge Per Access Line                           | \$0.08     |
| 5, | Amount of Surcharge Remitted to Kentucky USF        | \$1,941.60 |
| •  | Number of Access Lines Receiving Lifeline Support   | 24,270     |
| •  | Amount of Reimbursement Requested from Kentucky USF | 84,945     |
|    | •   | A          |

| I hereby attest that the information report                  | Signature Block<br>ed herein is true and accurate to the best of r  | ny knowledge.   |
|--|---|---|
| Company Official(Printed)                                    | ed herein is true and accurate to the best of r<br>TECHNOLOGIES MANAGEMEN<br>AS ATTORNEY-IN-FACT<br>Title | T, INC.<br>Company Official Hum (Signed)                |
| Make check payable to: "Kentucky                             | ,   | Send a copy of this report to:                          |
| State Treasurer" and send with this report to:               |   | Kentucky Public Service Commission<br>ATTN: Jim Stevens |
| Finance and Administration Cabinet                           |   | 211 Sower Blvd.<br>P.O. Box 615                         |
| ATTN: KY USF<br>702 Capital Ave.<br>Capitol Annex, Room 488A |   | Frankfort, KY 40602                                     |
| Frankfort, KY 40601  |   |   |



September 2015 October 15, 2015 Reporting Month Date Carrier Information Budget PrePay, Inc. d/b/a Budget Mobile Company Name 1325 Barksdale Boulevard, Suite 200 Company Address Bossier City, LA 71111 Telephone - 318-671-5000 Telephone / Fax Fax - 318-671-5024 Vendor Number Classification Cellular CLEC PCS Please Circle One ILEC Monthly Access Line Data Total Access Lines in Service..... 24,028 1. Surcharge Per Access Line..... \$0.08 2. Amount of Surcharge Remitted to Kentucky USF..... \$1,922.24 3. 24,028 4. Number of Access Lines Receiving Lifeline Support..... Amount of Reimbursement Requested from Kentucky USF..... \$84,098.00 5.

| Signature Block                     | $\sim a$   |
|-------------------------------------|--|
| d herein is true and accurate to th |  |
|                                     | Company Official Company Official As ATTORNEY-IN-FACT<br>AS ATTORNEY-IN-FACT<br>BY SHARON THOMAS, CONSULTANT |
| Sec. Sec.                           | Send a copy of this report to:<br>Kentucky Public Service Commission<br>ATTN; Jim Stevens                    |
|                                     | 211 Sower Blvd.<br>P.O. Box 615<br>Frankfort, KY 40602   |
|                                     | d herein is true and accurate to th Title  |

. .



Date November 15, 2015

Reporting Month October 2015

|                 | Carrier Information   |   |
|-----------------|---|---|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Mobile                       |   |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |   |
| Telephone / Fax | Telephone - 318-671-5000<br>Fax - 318-671-5024                |   |
| Vendor Number   |   | - |

.

| Classification<br>Please Circle One | ILEC | CLEC | Cellular | PCS |  |
|-------------------------------------|------|------|----------|-----|--|
|                                     |      |      | ·····    |     |  |

|      | Monthly Access Line Data  | -          |
|------|---|------------|
| 1.   | Total Access Lines in Service   | 23,231     |
| 2.   | Surcharge Per Access Line   | \$0.08     |
| 3.   | Amount of Surcharge Remitted to Kentucky USF  | \$1,858.48 |
| 4.   | Number of Access Lines Receiving Lifeline Support   | 23,231     |
| 5.   | Amount of Reimbursement Requested from Kentucky USF   | 81,308.50  |
| <br> |   | <u></u>    |
|      | Signature Block   |            |
| Ther | eby attest that the information reported herein is true and accurate to the best of my know | vledge.    |

| I notecy accest ma |             |   |                          |   |
|--------------------|-------------|---|--------------------------|---|
| Company Official   | . (Printed) | Title TECHNOLOGIES MANAGEMENT, ING<br>AS ATTORNESHIN-FALT<br>BY THOMAS M. FORTE | ompany Official (Signed) | _ |
|                    |             |   |                          |   |

| Make check payable to: "Kentucky<br>State Treasurer" and send with this<br>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 December 15, 2015

Reporting Month November 2015

|   | ·   | Carrier In  | formation     |  |            |  |
|---|---|-------------|---------------|--|------------|--|
| Company Name Budget PrePay, Inc. d/b/a Budget Mobile    |   |             |               |  | 1          |  |
| Company Address   | Company Address   1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |             | ]             |  |            |  |
| Telephone / Fax   | Telephone - 318-<br>Fax - 318-671-50  | 671-5000    |               |  |            |  |
| Vendor Number   |   |             |               |  |            |  |
|   |   |             |               |  |            |  |
| Classification Please Circle One ILEC CLEC Cellular PCS |   |             |               |  |            |  |
|   |   |             |               |  |            |  |
|   |   | Monthly Acc | ess Line Data |  |            |  |
| 1. Total Access Lir                                     | nes in Service  |             |               |  | 23,398     |  |
| 2. Surcharge Per Access Line                            |   |             | \$0.08        |  |            |  |
| 3. Amount of Surch                                      | arge Remitted to Ke   | entucky USF |               |  | \$1,871.84 |  |
| 4. Number of Access Lines Receiving Lifeline Support    |   |             | 23,289        |  |            |  |

|   |           | Si                                | ignature Block   |                             |          |
|---|-----------|-----------------------------------|--|-----------------------------|----------|
| I hereby attest that the Company Official | -<br>     | l herein is true a<br>fi<br>Title | and accurate to the best of m<br>CHNOLOGIES MANAGEMEN<br>AS ATTORNEY-IN-FACT<br>BY THOMAS M. PORTE | I, INC.<br>Company Official |          |
|   | (Printed) |                                   | AS MERGENSA HUT AT MAR   |                             | (Signed) |

| State Treasurer" and send with this report to:     |
|--|
| Finance and Administration Cabinet<br>ATTN: KY USF |
| 702 Capital Ave.                                   |
| Capitol Annex, Room 488A                           |
| Frankfort, KY 40601                                |

Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date January 15, 2016

Reporting Month \_\_\_\_ December 2015

|                 | Carrier Information   |  |
|-----------------|---|--|
| Company Name    | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |
| Company Address | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |
| Telephone / Fax | Telenhone - 318-671-5000                                      |  |
| Vendor Number   |   |  |

| Classification    | TT DO | CLEC | Cellular | PCS |
|-------------------|-------|------|----------|-----|
| Please Circle One | ILEC  | CLEC | Centual  | 100 |
|                   |       |      |          |     |

|    | Monthly Access Line Data                            |             |
|----|---|-------------|
| 1. | Total Access Lines in Service                       | 23,458      |
|    | Surcharge Per Access Line                           | \$0.08      |
|    | Amount of Surcharge Remitted to Kentucky USF        | \$1,876.64  |
|    | Number of Access Lines Receiving Lifeline Support   | 23,350      |
| •  | Amount of Reimbursement Requested from Kentucky USF | \$81,725.00 |

|   | Signature Block  |                     |
|---|--|---------------------|
| I hereby attest that the information reported he<br>Company Official(Printed) | erein is true and accurate to the best of my knowledge.<br>TECHNOLOGIES MANAGEMENT, INC.<br>AS ATTORNEY AN FACT Company Official (<br> | Hum fur<br>(Signed) |

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



## Date February 15, 2016

Reporting Month January 2016

| Carrier Information                 |  |  |          |     |  |  |
|-------------------------------------|--|--|----------|-----|--|--|
| Company Name                        | Budget PrePay, Inc.                      | . d/b/a Budget M   | obile    |     |  |  |
| Company Address                     | 1325 Barksdale Bou<br>Bossier City, LA 7 | 325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |          |     |  |  |
| Telephone / Fax                     | Telephone - 318-67<br>Fax - 318-671-5024 | 1-5000   |          |     |  |  |
| Vendor Number                       |  |  |          | _   |  |  |
| •                                   |  |  |          |     |  |  |
| Classification<br>Please Circle One | ILEC                                     | CLEC   | Cellular | PCS |  |  |

|    | Monthly Access Line Data                            |             |
|----|---|-------------|
| 1. | Total Access Lines in Service                       | 22,988      |
| 2. | Surcharge Per Access Line                           | \$0.08      |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$1,839.04  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 21,915      |
| 5. | Amount of Reimbursement Requested from Kentucky USF | \$80,202.50 |
| L  | •<br>•  | <u>_</u>    |

|                            |                     |               | Signature Block                 |                                       |                      |                   |
|----------------------------|---------------------|---------------|---------------------------------|---------------------------------------|----------------------|-------------------|
| I hereby attest that the i | nformation reported | herein is tru | e and accurate to the best of r | ny knowledge.                         | $\boldsymbol{V}_{i}$ | $\mathbf{\nabla}$ |
| Company Official           | (Printed)           | Title         | CONTRACTOR DA                   | _ Company Official                    | (Signed)             | m                 |
| ·                          |                     | <u> </u>      |                                 | · · · · · · · · · · · · · · · · · · · |                      |                   |

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 March 15, 2016

Reporting Month February 2016

| Carrier Information |   |  |  |  |
|---------------------|---|--|--|--|
| Company Name        | Budget PrePay, Inc. d/b/a Budget Mobile                       |  |  |  |
| Company Address     | 1325 Barksdale Boulevard, Suite 200<br>Bossier City, LA 71111 |  |  |  |
| Telephone / Fax     | Telephone - 318-671-5000<br>Fax - 318-671-5024                |  |  |  |
| Vendor Number       |   |  |  |  |

| Classification    |      |      |          |     |  |
|-------------------|------|------|----------|-----|--|
| Please Circle One | ILEC | CLEC | Cellular | PCS |  |

|    | . Monthly Access Line Data                          |            |  |  |  |
|----|---|------------|--|--|--|
| 1. | Total Access Lines in Service                       | 21,135     |  |  |  |
| 2. | Surcharge Per Access Line                           | \$0.08     |  |  |  |
| 3. | Amount of Surcharge Remitted to Kentucky USF        | \$1,690.80 |  |  |  |
| 4. | Number of Access Lines Receiving Lifeline Support   | 21,073     |  |  |  |
| 5, | Amount of Reimbursement Requested from Kentucky USF | 73,755.50  |  |  |  |

| Signature Block   |          |
|---|----------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge.<br>Company Official<br>Company Official<br>BY CAREY BOESEL, CONSULTANT<br>TECHNOLOGIES MANAGEMENT INC.<br>TECHNOLOGIES M | (Signed) |

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

Revised 02-15-2016



| Date | April | 15, | 2016 |
|------|-------|-----|------|
|------|-------|-----|------|

Reporting Month March 2016

|                                       |                                   | Carrie                                 | r Information    |  |
|---------------------------------------|-----------------------------------|--|------------------|--|
| Company Name                          | Budget PrePay                     | , Inc. d/b/a Budget                    | Mobile           |  |
| Company Address                       | 1325 Barksdale<br>Bossier City, L | e Boulevard, Suite 2                   | 200 .            |  |
| Telephone / Fax                       | Telephone - 31<br>Fax - 318-671-  | 8-671-5000                             |                  |  |
| Vendor Number                         |                                   |  |                  |  |
|                                       | ······                            | ······································ |                  | ······································ |
| Classification<br>Please Circle One   | ILEC                              | CLEC                                   | Cellular         | PCS                                    |
| · · · · · · · · · · · · · · · · · · · |                                   | ·                                      |                  |  |
|                                       |                                   | Monthly A                              | Access Line Data |  |
| 1. Total Access Li                    | nes in Service                    |  |                  | 21,386                                 |
| 2. Surcharge Per A                    | ccess Line                        |  |                  | \$0.14                                 |
| 3. Amount of Surch                    | arge Remitted to                  | Kentucky USF                           | ······           | \$2,994.04                             |
| 4. Number of Acce                     | ss Lines Receivi                  | ng Lifeline Support                    | •••••            | 21,324                                 |
| 5. Amount of Reim                     | bursement Reque                   | ested from Kentucky                    | USF              | 74634.00                               |

|                              | Signature Block                                      |                         |
|------------------------------|--|-------------------------|
| I hereby attest that the inf | ormation reported herein is true and accurate to the | best of my knowledge. M |
| Company Official             | TECHNOLOGIES MANAGEMENT INC.<br>AS ATTORNEY-IN-FACT  | Company Official C.A. D |
|                              | (Printed)ONNIE WIGHTMAN, CONSULTANT                  | (Signed)                |
|                              |  |                         |

| Make check payable to: "Kentucky<br>State Treasurer" and send with this<br>report to: | +- <sup>-</sup> |
|---|-----------------|
| Finance and Administration Cabinet  |                 |

ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to: Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

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

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033 (3) Filer 499 ID 814995 (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 04/07/2014 **Company Legal Name:** Budget PrePay Inc. a) Submission Date January 2014 **Contact Name:** Data Month Lakisha Taylor b) Mailing Address: Type of Filing c) 1325 Barksdale Blvd (check one) Original 7 Revision d) State Reporting Bossier City, LA 71111 **KENTUCKY Telephone Number:** 318 671-5736 Fax Number: 800 637-3107 lakishat@budgetprepay.com E-mail Address: Lifeline (c) Total Lifeline (a) # Lifeline (b) Lifeline Support/ Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 52089 = \$ 481823 **Receiving federal Lifeline Support** 9.25 \$ 0.00 = \$ 0 0 Tribal Low-Income Subscribers (9) (not to exceed \$34.25) Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 481823 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) 0 Number of TLS Subscribers (12)Total TLS Support Claimed (13) \$0 Tribal Link Up (Available only to ETCs receiving High Cost support) 0 Number of Connections Waived (14)(15) \$ 0.00 **Charges Waived per Connection** \_ (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0\_ ETC Payment Total Lifeline \$481823 Total TLS \$0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 481823

#### (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.

**David Donahue** 

| DATE          | OFFICER SIGNATURE |
|---------------|-------------------|
| CFO           | David Donahue     |
| OFFICER TITLE | 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.

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

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

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

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

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

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

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

| (1) USAC Service Provider Ic                      | lentification Number                               | 14300            | 0887              |        | (2) Stu                            | dy Area Coo          | te <u>269033</u>         |
|---|--|------------------|-------------------|--------|------------------------------------|----------------------|--------------------------|
| (3) Filer 499 ID <u>814995</u>                    |  | (4) Tec          | hnology Ty        | vpe (  | check one) Wireli                  | ne 🛄                 | Wireless 🔽               |
| (5) ETC Designation Type (C                       | heck one): Lifeline                                | Only [           | J I               | ligh   | Cost/Low Income                    |                      |                          |
| (6) Organization Information                      | <b></b>  |                  |                   | (7)    | Filing Information                 |                      |                          |
| Company Legal Name:                               | Budget PrePay                                      | Inc.             |                   | a)     | Submission Date                    | 04/07/20             | )14                      |
| Contact Name:                                     | Lakisha Taylor                                     |                  |                   | b)     | Data Month                         | Februar              | y 2014                   |
| Mailing Address:                                  | 1325 Barksdale                                     | Blvd             |                   | c)     | Type of Filing<br>(check one)      |                      |                          |
|   |  |                  |                   |        |                                    | Original<br>Revision |                          |
|   | Bossier City, LA                                   | 7111             | 1                 | d)     | State Reporting                    | KENTU                | CKY                      |
| Telephone Number:                                 | 318 671-5736                                       |                  |                   |        |                                    |                      |                          |
| Fax Number:                                       | 800 637-3107                                       |                  |                   |        |                                    |                      |                          |
| E-mail Address:                                   | lakishat@budge                                     | etprepa          | ay.com            |        |                                    |                      |                          |
| Lifeline  |  |                  |                   |        |                                    |                      |                          |
|   |  | (a) # L<br>Subsc | ifeline<br>ribers |        | (b) Lifeline Sup<br>Subscriber Suj |                      | (c) Total Lifeline       |
| Non-Tribal Low-Income Sub<br>Receiving federal Li |  |                  | 4115              |        | x \$ 9.2                           |                      | = \$   500564            |
| Tribal Low-Income Subscribers                     |  | (9) 0            | •                 |        | x <u>\$</u> 0.00                   |                      | = \$ 0                   |
| Receiving federal Li                              |  | (9) _            |                   |        | (not to exce                       | eed \$34.25)         | •                        |
|   |  |                  | Тс                | otal F | ederal Lifeline Sur                | oport Claime         | ed (10) \$ <u>500564</u> |
| Toll Limitation Servic                            | es (TLS)   |                  |                   |        |                                    |                      |                          |
|   |  |                  | 0.00000           |        |                                    |                      |                          |
| Cost of Providing T<br>(the lesser of increment   | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | (11)<br>n 2013)  | 0.00000           | 0      |                                    |                      |                          |
| Number of TLS Sub                                 | scribers   | (12)             | 0                 |        |                                    |                      |                          |
|   |  |                  |                   |        | Total TLS Supp                     | oort Claimed         | 1 (13) \$ <u>0</u>       |
| Tribal Link Up (Availab                           | le only to ETCs rece                               | iving Hi         | igh Cost su       | ppo    | rt)                                |                      |                          |
| Number of Connect                                 | ions Waived  | (14)             | 0                 |        |                                    |                      |                          |
| Charges Walved pe                                 |  | (15) \$          | 0.00              |        | (for multiple rates                | s, use an aver       | age amount)              |
|   |  | (not to          | exceed \$100)     |        |                                    |                      |                          |
| Total Connection C                                | harges Waived                                      | (16) \$          | 0.0               |        |                                    |                      |                          |
| Deferred Interest                                 |  | (17) \$          | 0.00              |        |                                    |                      |                          |
|   |  |                  | Т                 | otal   | Tribal Link Up Sup                 | port Claime          | ed (18) \$ <u>0</u>      |
| ETC Payment                                       |  |                  |                   |        |                                    |                      |                          |
| Total Lifeline \$ <u>500564</u>                   | Total TLS \$ <u>0</u>                              |                  |                   | Tota   | l Tribal Link Up \$ _              | )                    |                          |
|   |  |                  |                   |        | Tota                               | al Dollars (1        | 9) \$ _500564            |

04/07/2014

#### LIFELINE WORKSHEET

#### (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.

**David Donahue** 

|      | OFFICER NAME      |
|------|-------------------|
| CFO  | David Donahue     |
| DATE | OFFICER SIGNATURE |
|      |                   |

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

| (3) Filer 499 ID 814995       (4) Technology Type (check one) Wireline       Wireless       (1)         (6) ETC Designation Type (Check one):       Lifeline Only       High Cost/Low Income       (2)         (6) Organization Information       (7) Filing Information       (2)         Company Legal Name:       Budget PrePay Inc.       a) Submission Date       04/08/2014         Contact Name:       Lakisha Taylor       b) Data Month       March 2014         Malling Address:       1325 Barksdale Blvd       c)       Type of Filing (check one)       Original Revision         Telephone Number:       318 671-5736       (a) State Reporting       KENTUCKY         Telephone Number:       318 671-5736       (b) Lifeline Support/ (c) Total Lifeline Subscribers       (c) Total Lifeline Subscribers         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support/ (c) Total Lifeline Support/ (not to exceed \$34.25)       (c) Total Lifeline Support (not to exceed \$34.25)         Tribal Low-Income Subscribers       (9)       (9)       x \$ \$ 0.00 (not to exceed \$34.25)       (a) \$ 499389         Total Federal Lifeline Support Claimed (10) \$ 499389       Total Federal Lifeline Support Claimed (10) \$ 499389       (a) \$ 0.000000   |
|--|
| (6) Organization Information       (7) Filing Information         Company Legal Name:       Budget PrePay Inc.       a) Submission Date       04/08/2014         Contact Name:       Lakisha Taylor       b) Data Month       March 2014         Mailing Address:       1325 Barksdale Blvd       c) Type of Filing (check one)       Original Prevision         Mailing Address:       1325 Barksdale Blvd       c) Type of Filing (check one)       Original Prevision         Bossier City, LA 71111       d) State Reporting       KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline Subscribers Receiving federal Lifeline Support       (c) Total Lifeline Subscribers Receiving federal Lifeline Support         (9)       0       x \$ <u>0.00</u> (not to exceed \$34.25)       = \$ <u>0</u> (not to exceed \$34.25)         Total Federal Lifeline Support Claimed (10) \$ <u>499389</u> Total Federal Lifeline Support Claimed (10) \$ <u>499389</u>  |
| Company Legal Name:       Budget PrePay Inc.       a)       Submission Date       04/08/2014         Contact Name:       Lakisha Taylor       b)       Data Month       March 2014         Malling Address:       1325 Barksdale Blvd       c)       Type of Filling (check one)       Original Revision         Bossier City, LA 71111       d)       State Reporting       KENTUCKY         Telephone Number:       318 671-5736       Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com       KENTUCKY         Lifeline       (a) # Lifeline Subscribers Receiving federal Lifeline Support       (b) Lifeline Support/ (c) Total Lifeline Subscribers Receiving federal Lifeline Support       (c) Total Lifeline Support         Tribal Low-Income Subscribers Receiving federal Lifeline Support       (g) 53988       x \$ 0.00       = \$ 0         Tribal Low-Income Subscribers Receiving federal Lifeline Support       (g) 0       x \$ 0.00       = \$ 0       (not to exceed \$34.25)         Total Federal Lifeline Support Claimed (10) \$ 499389       Total Federal Lifeline Support Claimed (10) \$ 499389       E 000000  |
| Contact Name:       Lakisha Taylor       b)       Data Month       March 2014         Mailing Address:       1325 Barksdale Blvd       c)       Type of Filing<br>(check one)       Original<br>Revision         Bossier City, LA 71111       d)       State Reporting       KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline<br>Subscribers       (b) Lifeline Support       (c) Total Lifeline<br>Subscribers         Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) # Lifeline<br>(B) 53988       x \$ 9.25       = \$ 499389         Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (b) 0       x \$ 0.00       = \$ 0         Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) # Lifeline Support       x \$ 0.00       = \$ 0         Total Federal Lifeline Support Claimed (10) \$ 499389       Total Federal Lifeline Support Claimed (10) \$ 499389       Total Federal Lifeline Support Claimed (10) \$ 499389   |
| Mailing Address:       1325 Barksdale Blvd       c) Type of Filing<br>(check one)       Original<br>Revision         Bossier City, LA 71111       d) State Reporting       KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline<br>Subscribers<br>Receiving federal Lifeline Support       (b) Lifeline Support/<br>Subscribers       (c) Total Lifeline<br>Subscribers         Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) <u>53988</u> x \$ <u>9.25</u> = \$ <u>499389</u> Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) <u>53988</u> x \$ <u>0.00</u> = \$ <u>0</u> Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) <u>600000</u> x \$ <u>0.00</u> = \$ <u>0</u> Total Federal Lifeline Support Claimed (10) \$ <u>499389</u> Total Federal Lifeline Support Claimed (10) \$ <u>499389</u>  |
| IS2S DarkState Divid(check one)Original<br>RevisionBossier City, LA 71111d) State ReportingBossier City, LA 71111d) State ReportingKENTUCKYTelephone Number:318 671-5736Fax Number:800 637-3107E-mail Address:lakishat@budgetprepay.comLifeline(a) # Lifeline<br>Subscribers<br>Receiving federal Lifeline SupportNon-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) $\frac{53988}{9.25}$ (b) $\frac{53988}{9.25}$ $x $ 9.25$ (c) Total Lifeline<br>Subscribers<br>Receiving federal Lifeline Support(b) $\frac{53988}{9.25}$ (c) Total Lifeline Support(c) Total Lifeline<br>Subscribers<br>Receiving federal Lifeline Support(c) Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(b) $\frac{53988}{9}$ (c) Total Lifeline Support(c) Total Lifeline Support(c) Total Lifeline Support(c) Total Lifeline<br>Subscribers<br>Receiving federal Lifeline Support(c) D $x $ 0.00$ $= $ 0$ (not to exceed \$34.25)Total Federal Lifeline Support Claimed (10) \$ 499389Total Federal Lifeline Support Claimed (10) \$ 499389  |
| Original<br>Revision         Bossier City, LA 71111       d) State Reporting         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline Subscribers<br>Receiving federal Lifeline Support         Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) <u>53988</u> (b) <u>53988</u> x \$ <u>0.25</u> (c) Total Lifeline Support       (g) <u>0</u> (g) <u>0</u> x \$ <u>0.00</u> (h) <u>116</u> (h) <u>499389</u> Total Federal Lifeline Support Claimed (10) \$ <u>499389</u>  |
| Bossier City, LA 71111       d) State Reporting KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline Support         Non-Tribal Low-Income Subscribers       (a) # Lifeline Support         Receiving federal Lifeline Support       (a) <u>53988</u> Y       9.25         Itakishat@budgetprepay.com       = \$ <u>499389</u> Y       0.000         Tribal Low-Income Subscribers       (a) <u>53988</u> Receiving federal Lifeline Support       (b) <u>53988</u> Y       9.25         Itakishat@budgetprepay.com         0       0.000         0       0.000         0       0.000         0       0.000         0       0.000         0       0.000  |
| Fax Number:800 637-3107E-mail Address:lakishat@budgetprepay.comLifeline(a) # Lifeline(b) Lifeline Support/(c) Total LifelineNon-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) $\frac{53988}{53988}$ x \$ <u>9.25</u> = \$ <u>499389</u> Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) $\frac{53988}{53988}$ x \$ <u>0.00</u> = \$ <u>0</u> Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(b) $\frac{53988}{53988}$ x \$ <u>0.00</u> = \$ <u>0</u> Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(b) $\frac{1499389}{100}$ Total Federal Lifeline Support Claimed (10) \$ <u>499389</u> Total Federal Lifeline Support0 000000  |
| E-mail Address:Iakishat@budgetprepay.comLifeline(a) # Lifeline(b) Lifeline Support/(c) Total LifelineNon-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline(b) Lifeline Support/(c) Total LifelineNon-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline(b) Lifeline Support/(c) Total Lifeline(b) Lifeline Support(c) Total Lifeline(c) Total Lifeline(c) Total Lifeline(c) Total Lifeline Support(c) Total Lifeline(c) Total LifelineTotal Federal Lifeline Support(c) Total Lifeline(c) Total LifelineTotal Federal Lifeline Support(c) Total Lifeline(c) Total LifelineTotal Federal Lifeline Support(c) Total Lifeline(c) Total LifelineC) COCCCC(c) Total Lifeline(c) Total LifelineC) COCCCC(c) Total Lifeline(c) Total LifelineC) COCCCC(c) Total Lifeline(c   |
| Lifeline       (a) # Lifeline       (b) Lifeline Support/       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support/       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       Subscribers       (c) Total Lifeline         Tribal Low-Income Subscribers       (a) # Lifeline       Subscribers       (c) Total Lifeline         Receiving federal Lifeline Support       (a) # Lifeline       Subscribers       (c) Total Lifeline         (9) 0       0       x \$ 0.00       = \$ 0         (not to exceed \$34.25)       Total Federal Lifeline Support Claimed (10) \$ 499389       Total Federal Lifeline Support Claimed (10) \$ 499389         Toll Limitation Services (TLS)       0.000000       0.000000       0.000000   |
| Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) # Lifeline<br>Subscribers       (b) Lifeline Support/<br>Subscriber Support       (c) Total Lifeline         Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) # Lifeline<br>Subscribers       (c) Total Lifeline         (b) Lifeline Support       (c) Total Lifeline       (c) Total Lifeline         (c)   |
| Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) # Lifeline<br>Subscribers       (b) Lifeline Support/<br>Subscriber Support       (c) Total Lifeline         Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) # Lifeline<br>Subscribers       (c) Total Lifeline         (b) Lifeline Support       (c) Total Lifeline       (c) Total Lifeline         (c)   |
| Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline SupportSubscribers<br>Subscribers<br>(8) 53988Subscriber SupportTribal Low-Income Subscribers<br>Receiving federal Lifeline Support(8) 53988 $x \$ 9.25$ $= \$ 499389$ (9) $0$ $x \$ 0.00$<br>(not to exceed \$34.25) $= \$ 0$<br>(not to exceed \$34.25)Total Federal Lifeline Support Claimed (10) \$ 499389Total Federal Lifeline Support Claimed (10) \$ 499389  |
| Receiving federal Lifeline Support(8) $53988$ x \$ $9.25$ = \$ $499389$ Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(9) $0$ x \$ $0.00$<br>(not to exceed \$34.25)= \$ $0$ Total Federal Lifeline SupportTotal Federal Lifeline Support Claimed (10) \$ $499389$ Total Federal Lifeline Support Claimed (10) \$ $499389$  |
| Receiving federal Lifeline Support       (o)         Total Federal Lifeline Support Claimed (10) \$ 499389         Total Federal Lifeline Support Claimed (10) \$ 499389         Constant Constan |
| Receiving federal Lifeline Support       (not to exceed \$34.25)         Total Federal Lifeline Support Claimed (10) \$ 499389         Toll Limitation Services (TLS)  |
| Toll Limitation Services (TLS)   |
| 0.00000  |
| 0.00000  |
|  |
| Cost of Providing TLS per Subscriber (11) <u>0.000000</u><br>(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  |
| Number of TLS Subscribers (12) <u>0</u>  |
| Total TLS Support Claimed (13) \$ <u>0</u>   |
| <b>Tribal Link Up</b> (Available only to ETCs receiving High Cost support)   |
|  |
| Number of Connections Waived (14) <u>0</u><br>Charges Waived per Connection (15) § <u>0.00</u> (for multiple rates, use an average amount)   |
| Charges Waived per Connection (15) \$ U.OU (for multiple rates, use an average amount) (not to exceed \$100)   |
|  |
| Total Connection Charges Waived (16) \$ <u>0.0</u>   |
| Deferred Interest (17) \$ 0.00   |
| Total Tribal Link Up Support Claimed (18) \$ <u>0</u>  |
| ETC Payment  |
| Total Lifeline \$ <u>499389</u> Total TLS \$ <u>0</u> Total Tribal Link Up \$ <u>0</u>   |
| Total Dollars (19) \$ <u>499389</u>  |

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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| 04/08/2014 |
|------------|
|------------|

**David Donahue** 

| DATE |  |
|------|--|
|------|--|

CFO

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

| (1) USAC Service Provider Id  | dentification Number          | 143000887               |        | (2) Stu                             | dv Area Coo          | de <u>269033</u>    |
|---|-------------------------------|-------------------------|--------|-------------------------------------|----------------------|---------------------|
| (3) Filer 499 ID 814995   |                               |                         | vne (  | check one) Wireli                   |                      | Wireless 🕢          |
| (5) ETC Designation Type (C   |                               |                         |        | Cost/Low Income                     |                      |                     |
|   | ·                             | ing 🖃                   | -      |                                     | - Access             |                     |
| (6) Organization Information  |                               |                         |        | Filing Information                  |                      |                     |
| Company Legal Name:   | Budget PrePay                 | Inc.                    | a)     | Submission Date                     | 05/08/20             |                     |
| Contact Name:   | Lakisha Taylor                |                         | b}     | Data Month                          | April 20             | 14                  |
| Mailing Address:  | 1325 Barksdale                | Blvd                    | C)     | Type of Filing<br>(check one)       |                      |                     |
|   |                               |                         |        |                                     | Original<br>Revision |                     |
|   | Bossier City, LA              | 71111                   | d)     | State Reporting                     | KENTU                | CKY                 |
| Telephone Number:   | 318 671-5736                  |                         |        |                                     |                      |                     |
| Fax Number:   | 800 637-3107                  |                         |        |                                     |                      |                     |
| E-mail Address:   | lakishat@budge                | tprepay.com             |        |                                     |                      |                     |
| Lifeline  |                               |                         |        |                                     |                      |                     |
|   |                               | (a) # Lifeline          |        | (b) Lifeline Sup                    |                      | (c) Total Lifeline  |
| Non-Tribal Low-Income Sub   | scribers                      | Subscribers             |        | Subscriber Su                       | pport                |                     |
| Receiving federal L   | ifeline Support               | (8) 54973               |        | x \$ <u>9.2</u>                     | 25                   | =\$ <u>508500</u>   |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support |                               | (9) 0                   |        | x <u>\$ 0.00</u>                    |                      | =\$ 0               |
|   |                               | т                       | ofal F | not to exce)<br>ederal Lifeline Sup | eed \$34.25)         | ad (40) \$ 508500   |
|   |                               |                         | otur i |                                     |                      |                     |
| Toll Limitation Servic  | es (TLS)                      |                         |        |                                     |                      |                     |
| Coot of Droviding T   | i C nor Cubooribor            | (11) 0.0000             | 00     |                                     |                      |                     |
| Cost of Providing T<br>(the lesser of increment                     | al cost or \$3 in 2012 /\$2 i | \''/                    |        |                                     |                      |                     |
| Number of TLS Sub   | scribers                      | (12) 0                  |        |                                     |                      |                     |
|   |                               | (/                      | ·      |                                     |                      | . ((n) ¢ ()         |
| Tribal Link Up (Availab   | le only to ETCs rece          | iving High Cost รเ      | ippol  | Total TLS Supp<br>nt)               | ort Claimed          | ı (13) ş <u>.</u> ⊂ |
| ·   |                               | (14) 0                  |        |                                     |                      |                     |
| Number of Connect<br>Charges Waived pe                              |                               | (14) $0$<br>(15) $0.00$ |        | (for multiple rates                 |                      | ade amount)         |
| onalgoo manoa po  |                               | (not to exceed \$100)   | )      |                                     | , 400 an avon        | ugo amouny          |
| Total Connection C  | horgon Majund                 | (16) \$ 0.0             |        |                                     |                      |                     |
| Total Connection C  | narges warved                 |                         |        |                                     |                      |                     |
| Deferred Interest   |                               | (17) \$ 0.00            | -      |                                     |                      |                     |
|   |                               | Ţ                       | Fotal  | Tribal Link Up Sup                  | oport Claime         | ed (18) \$ <u>0</u> |
| ETC Payment   |                               |                         |        |                                     |                      |                     |
| Total Lifeline \$ 508500  | Total TIS \$ 0                |                         | Total  | l Tribal Link Un ¢ (                | )                    |                     |
| τοται μποπτο φ <u></u>  | 100011L0 <u>y</u>             |                         | i vidi |                                     |                      | <br>                |

Total Dollars (19) \$ <u>508500</u>

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| 05/08/2014 | Į. |
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David Donahue

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CFO

OFFICER SIGNATURE

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**OFFICER TITLE** 

## OFFICER NAME

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

| (1) USAC Service Provider Id  | lentification Number                               | 143000887                                    |          | (2) Stud                                  | dy Area Code <u>269033</u>      |  |
|---|--|--|----------|---|---------------------------------|--|
| (3) Filer 499 ID <u>814995</u>                                      | <b>.</b>   | (4) Technology Ty                            | /pe (    | check one) Wirelin                        | ne 🔲 🛛 Wireless 🗹               |  |
| (5) ETC Designation Type (C   | heck one): Lifeline                                | Only 🛄 🛛                                     | ligh     | Cost/Low Income                           |                                 |  |
| (6) Organization Information  |  |  | (7)      | Filing Information                        |                                 |  |
| Company Legal Name:   | Budget PrePay                                      | Inc.   | a)       | Submission Date                           | 06/06/2014                      |  |
| Contact Name:   | Lakisha Taylor                                     |  | b)       | Data Month                                | May 2014                        |  |
| Mailing Address:  | 1325 Barksdale                                     | Blvd   | C)       | Type of Filing<br>(check one)             |                                 |  |
|   |  |  |          |   | Original<br>Revision □          |  |
|   | Bossier City, LA                                   | 71111  | d)       | State Reporting                           | KENTUCKY                        |  |
| Telephone Number:   | 318 671-5736                                       |  |          |   | ·                               |  |
| Fax Number:   | 800 637-3107                                       |  | 1        |   |                                 |  |
| E-mail Address:   | lakishat@budge                                     | tprepay.com                                  |          |   |                                 |  |
| Lifeline  |  |  |          |   |                                 |  |
|   |  | (a) # Lifeline<br><u>Subscribers</u>         |          | (b) Lifeline Sup<br><u>Subscriber Sup</u> |                                 |  |
| Non-Tribal Low-Income Sub<br>Receiving federal Li                   |  | (8) 55663                                    |          | x \$ 9.2                                  |                                 |  |
| Receiving federal Lifeline Support                                  |  | <u> </u>                                     | <u> </u> | 0.00                                      | · ·                             |  |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support |  | (9) 0  |          | x \$ <u>0.00</u><br>(not to exce          | = \$ <u>0</u>                   |  |
|   | Т  | otal F                                       |          | oport Claimed (10) \$ <u>514883</u>       |                                 |  |
| Toll Limitation Servic  | es (TLS)   |  |          |   |                                 |  |
|   |  |  |          |   |                                 |  |
| Cost of Providing T<br>(the lesser of increment                     | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | (11) <u>0.0000(</u><br>n 2013)               | )0       |   |                                 |  |
| Number of TLS Sub   | (12) <u>0</u>                                      |  | <u></u>  |   |                                 |  |
| Total TLS Support Claimed (13) \$ <u>0</u>                          |  |  |          |   |                                 |  |
| Tribal Link Up (Availab   | le only to E I Cs rece                             | iving High Cost su                           | ippoi    | t)  |                                 |  |
| Number of Connect   | ions Waived  | (14) <u>0</u>                                |          | <b>.</b>                                  |                                 |  |
| Charges Waived per Connection                                       |  | (15) \$ <u>0.00</u><br>(not to exceed \$100) |          | (for multiple rates                       | e rates, use an average amount) |  |
|   |  | (1101 10 6x0660 \$ 100)                      |          |   |                                 |  |
| Total Connection C  | harges Waived                                      | (16) \$ <u>0.0</u>                           |          |   |                                 |  |
| <b>Deferred Interest</b>  |  | (17) \$ 0.00                                 |          |   |                                 |  |
|   |  | T  | otal     | Tribal Link Up Sup                        | port Claimed (18) \$ <u>0</u>   |  |
| ETC Payment   |  |  |          |   |                                 |  |
| Total Lifeline \$ <u>514883</u>                                     |  |  | Total    | Tribal Link Up \$                         | )                               |  |
|   |  |  |          | -   | I Dollars (19) \$ 514883        |  |
|   |  |  |          |   |                                 |  |

#### (20) CERTIFICATIONS AND SIGNATURES

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**OFFICER TITLE** 

**David Donahue** 

OFFICER SIGNATURE

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CFO

# David Donahue

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

| (1) USAC Service Provider Id   | entification Number                                       | 14300                  | 0887          |        | (2) Stud                            | dy Area Cod          | e 269033            |
|--|---|------------------------|---------------|--------|-------------------------------------|----------------------|---------------------|
| (3) Filer 499 ID <u>814995</u>   |   | (4) Teo                | hnology Ty    | vpe (e | check one) Wirelii                  | ne 🛄                 | Wireless 🗹          |
| (5) ETC Designation Type (Cl   | heck one): Lifeline                                       | Only [                 |               | ligh   | Cost/Low Income                     |                      |                     |
| (6) Organization Information   |   |                        |               | (7)    | Filing Information                  |                      |                     |
| Company Legal Name:  | Budget PrePay   | Inc.                   |               | a)     | Submission Date                     | 07/08/20             | )14                 |
| Contact Name:  | Lakisha Taylor  |                        |               | b)     | Data Month                          | June 20'             | 14                  |
| Mailing Address:   | 1325 Barksdale  | Blvd                   |               | c)     | Type of Filing<br>(check one)       |                      |                     |
|  |   |                        |               |        |                                     | Original<br>Revision |                     |
|  | Bossier City, LA  | 7111                   | 1             | d)     | State Reporting                     | KENTU                | CKY                 |
| Telephone Number:  | 318 671-5736  |                        |               |        |                                     |                      | · · · · · ·         |
| Fax Number:  | 800 637-3107  |                        |               | 1      |                                     |                      |                     |
| E-mail Address:  | lakishat@budge  | etprepa                | ay.com        |        |                                     |                      |                     |
| Lifeline   |   |                        |               |        |                                     |                      |                     |
| Liteline   |   | (a) # L                |               |        | (b) Lifeline Sup                    |                      | (c) Total Lifeline  |
| Non-Tribal Low-Income Subs   | scribers  | <u>Subsc</u>           | <u>ribers</u> |        | Subscriber Sup                      | oport                |                     |
| Receiving federal Lifeline Support   |   | (8) 5                  | 6510          |        | x \$ <u>9.2</u>                     | 5                    | =\$ 522718          |
| Tribal Low-Income Subscribers  |   | (9) 0                  |               |        | × \$ <u>0.00</u>                    |                      | = \$ _0             |
| Receiving federal Lifeline Support   |   |                        | To            | otal F | not to exce)<br>ederal Lifeline Sup |                      | d (10) \$ 522718    |
| Tall Limitation Sanvia   | (T   S)   |                        |               |        |                                     |                      |                     |
| Toll Limitation Servic   | es (123)  |                        |               |        |                                     |                      |                     |
| Cost of Providing TI<br>(the lesser of incrementa                              | <b>_S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 i | <b>(11)</b><br>n 2013) | 0.00000       | 00     |                                     |                      |                     |
| Number of TLS Sub  | scribers  | (12)                   | 0             |        | <b>.</b>                            |                      |                     |
| Total TLS Support Claimed  (13) \$ <u>0                                   </u> |   |                        |               |        | (13) \$ <u>0</u>                    |                      |                     |
| Tribal Link Up (Availabi   | le only to ETCs rece                                      | iving Hi               | gh Cost su    | ppol   | t)                                  |                      |                     |
| Number of Connecti   | ions Waived   | (14)                   | 0             |        |                                     |                      |                     |
| Charges Waived per Connection  |   | (15) \$                | 0.00          |        | (for multiple rates                 | , use an avera       | ige amount)         |
|  |   | (not to a              | exceed \$100) |        |                                     |                      |                     |
| Total Connection Cl  | narges Waived   | (16) \$                | 0.0           |        |                                     |                      |                     |
| <b>Deferred Interest</b>   |   | (17) \$                | 0.00          |        |                                     |                      |                     |
|  |   |                        | T             | otal   | Tribal Link Up Sup                  | port Claime          | d (18) \$ <u>0</u>  |
| ETC Payment  |   |                        |               |        |                                     |                      |                     |
| Total Lifeline \$ <u>522718</u>  | Total TLS \$_0  |                        |               | Total  | Tribal Link Up \$ <u>(</u>          | )                    |                     |
|  |   |                        |               |        |                                     |                      | )) <u>\$ 522718</u> |

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| 07/08/2014 |
|------------|
|------------|

**David Donahue** 

| DATE          | OFFICER SIGNATURE |
|---------------|-------------------|
| CFO           | David Donahue     |
| OFFICER TITLE |                   |

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

| (1) USAC Service Provider lo   | lentification Number          | 143000887  |       | (2) Stu  | dy Area Code <u>269033</u>     | _ |
|--|-------------------------------|--|-------|--|--------------------------------|---|
| (3) Filer 499 ID 814995  |                               | (4) Technology Ty  | /pe ( | check one) Wireli  | ne 🛄 🛛 Wireless 🖸              | 2 |
| (5) ETC Designation Type (C  | heck one): Lifeline           | Only 🛄 🛛 I   | High  | Cost/Low Income  |                                | _ |
| (6) Organization Information   | r · · ·                       |  | (7)   | Filing Information   | ,                              |   |
| Company Legal Name:  | Budget PrePay                 | Inc.   | a)    | Submission Date  | 08/13/2014                     |   |
| Contact Name:  | Lakisha Taylor                |  | b)    | Data Month   | July 2014                      |   |
| Mailing Address:   | 1325 Barksdale                | Blvd   | c)    | Type of Filing<br>(check one)                                      |                                |   |
|  |                               |  |       |  | Original 🔽<br>Revision         |   |
|  | Bossier City, LA              | 71111  | d)    | State Reporting  | KENTUCKY                       |   |
| Telephone Number:  | 318 671-5736                  |  |       |  |                                |   |
| Fax Number:  | 800 637-3107                  |  |       |  |                                |   |
| E-mail Address:  | lakishat@budge                | tprepay.com  |       |  |                                |   |
| Lifeline<br>Non-Tribal Low-Income Sub<br>Receiving federal Li  |                               | (a) # Lifeline<br><u>Subscribers</u><br>(8) <u>50026</u> |       | (b) Lifeline Sup<br><u>Subscriber Sup</u><br>x \$ <u>9.2</u>       | pport                          |   |
| Tribal Low-Income Subscrib<br>Receiving federal Li   | (9) <u>0</u><br>To            | otal F   |       | = \$ <u>0</u><br>eed \$34.25)<br>oport Claimed (10) \$ <u>4627</u> | 41                             |   |
| Toll Limitation Servic   | es (TLS)                      |  |       |  |                                |   |
| ·  | al cost or \$3 in 2012 /\$2 i |  | 00    |  |                                |   |
| Number of TLS Sub  | scribers                      | (12) <u>0</u>  |       |  | 0                              |   |
| Total TLS Support Claimed (13) \$0           Tribal Link Up (Available only to ETCs receiving High Cost support) |                               |  |       |  |                                |   |
| Number of Connect<br>Charges Waived pe   |                               | (14) 0<br>(15) \$ 0.00<br>(not to exceed \$100)          |       | (for multiple rates  | s, use an average amount)      |   |
| Total Connection C   | harges Waived                 | (16) \$ <u>0.0</u>                                       |       |  |                                |   |
| <b>Deferred Interest</b>   |                               | (17) \$ 0.00   |       |  |                                |   |
|  |                               | r  | 「otal | Tribal Link Up Sup   | oport Claimed (18) \$ <u>0</u> |   |
| ETC Payment  |                               |  |       |  |                                |   |
| Total Lifeline \$ <u>462741</u>  | Total TLS \$ <u>0</u>         |  | Total | Tribal Link Up \$ <u>(</u>   | )                              |   |

Total Dollars (19) \$ 462741

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

|  | 08 | /08/2014 | 4 |
|--|----|----------|---|
|--|----|----------|---|

David Donahue

| DATE |  |
|------|--|
|------|--|

CFO

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.

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

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

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

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

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

| (1) USAC Service Provider Identification Number <u>143000887</u> (2) Study Area Code <u>269033</u>                |                      |                        |                   |          |  | de <u>269033</u>                        |                                       |
|---|----------------------|------------------------|-------------------|----------|--|---|---------------------------------------|
| (3) Filer 499 ID <u>814995</u>  |                      | (4) Teo                | chnology Ty       | /pe (    | check one) Wireli                          | ne 🔲                                    | Wireless 🚺                            |
| (5) ETC Designation Type (C   | heck one): Lifeline  | Only                   |                   | ligh     | Cost/Low Income                            | <b>I</b>                                |                                       |
| (6) Organization Information  | r <del>-</del>       |                        |                   | (7)      | Filing Information                         | F                                       | · · · · · · · · · · · · · · · · · · · |
| Company Legal Name:   | Budget PrePay        | Inc.                   |                   | a)       | Submission Date                            | 09/08/2                                 | 014                                   |
| Contact Name:   | Lakisha Taylor       |                        |                   | b)       | Data Month                                 | August                                  | 2014                                  |
| Mailing Address:  | 1325 Barksdale       | Blvd                   |                   | c)       | Type of Filing<br>(check one)              | • · · · · · ·                           |                                       |
|   |                      |                        |                   | 1        |  | Original                                |                                       |
|   | Bossier City, LA     | 7111                   | 1                 | d)       | State Reporting                            | Revision<br>KENTU                       | <u>'</u>                              |
| Telephone Number:   | 318 671-5736         |                        |                   |          |  |   |                                       |
| Fax Number:   | 800 637-3107         |                        |                   | 1        |  |   |                                       |
| E-mail Address:   | lakishat@budge       | tprepa                 | ay.com            |          |  |   |                                       |
| 2   |                      |                        | ,                 | 1        |  |   |                                       |
| Lifeline  |                      |                        |                   |          |  |   |                                       |
|   |                      |                        | ifeline<br>ribers |          | (b) Lifeline Sup<br><u>Subscriber Su</u> p |   | (c) Total Lifeline                    |
| Non-Tribal Low-Income Sub   |                      |                        |                   |          |  |   |                                       |
| Receiving federal Lifeline Support  |                      | (8) _4                 | 9353              |          | x \$ <u>9.2</u>                            | 5                                       | =\$ <u>456515</u>                     |
| Tribal Low-Income Subscribers   |                      | (9) <u>C</u>           | )                 |          | x \$ <u>0.00</u>                           |   | = \$                                  |
| Receiving federal Lifeline Support  |                      |                        | Тс                | otal F   | not to exce)<br>ederal Lifeline Sur        |   | ed (10)\$456515                       |
|   | <i></i>              |                        |                   |          |  | - p - t - t - t - t - t - t - t - t - t |                                       |
| Toll Limitation Servic  | es (TLS)             |                        |                   |          |  |   |                                       |
|   |                      |                        | 0.00000           | n        |  |   |                                       |
| Cost of Providing TLS per Subscriber<br>(the lesser of incremental cost or \$3 in 2012 /\$2 ir                    |                      | <b>(11)</b><br>n 2013) | 0.00000           | <u>N</u> |  |   |                                       |
| Number of TLS Subscribers   |                      | (12)                   | 0                 |          |  |   |                                       |
| Number of 125 Sub   | scribers             | (12)                   |                   |          |  |   | 0                                     |
| Total TLS Support Claimed (13) \$ <u>0</u><br>Tribal Link Up (Available only to ETCs receiving High Cost support) |                      |                        |                   |          | d (13) \$ <u>0</u>                         |   |                                       |
| Tribal Link Op (Availab)  | ie only to ETCs rece | iving H                | ign Cost su       | ppor     | <i>t)</i>                                  |   |                                       |
| Number of Connect   | ions Waived          | (14)                   | 0                 |          |  |   |                                       |
| Charges Waived per Connection   |                      | (15) \$ 0.00           |                   |          | (for multiple rates                        | ites, use an average amount)            |                                       |
|   |                      | (not to                | exceed \$100)     |          |  |   |                                       |
| Total Connection Cl   | harges Waived        | (16) \$                | 0.0               |          |  |   |                                       |
| <b>Deferred</b> Interest  |                      |                        | 0.00              |          |  |   |                                       |
|   |                      | (11) \$                |                   |          |  |   | 0                                     |
|   |                      |                        | Т                 | otal     | Tribal Link Up Sup                         | port Claim                              | ed (18) \$ <u> </u>                   |
| ETC Payment   |                      |                        |                   |          |  |   |                                       |
| Total Lifeline \$ <u>456515</u>   | Total TLS \$ 0       |                        |                   | Total    | Tribal Link Up \$ _                        | )                                       |                                       |
|   |                      |                        |                   |          |  |   | 9) \$ <u>456515</u>                   |
|   |                      |                        |                   |          | TOLA                                       | n Donais (i                             | J) J                                  |

#### (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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David Donahue

| DATE |
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OFFICER SIGNATURE

**OFFICER NAME** 

CFO

## OFFICER TITLE

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

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

| (1) USAC Service Provider Ic                                  | lentification Number          | 14300        | 0887          |                               | (2) Stud                            | ly Area Cod               | e <u>269033</u>        |
|---|-------------------------------|--------------|---------------|-------------------------------|-------------------------------------|---------------------------|------------------------|
| (3) Filer 499 ID <u>814995</u>                                |                               | (4) Tec      | chnology Ty   | /pe (                         | check one) Wirelir                  | ne 🔲                      | Wireless [             |
| (5) ETC Designation Type (C                                   | heck one): Lifeline           | Only [       | Jun J         | ligh                          | Cost/Low Income                     |                           |                        |
| (6) Organization Information                                  |                               |              |               | (7)                           | Filing Information                  |                           |                        |
| Company Legal Name:   | Budget PrePay                 | Inc.         |               | a)                            | Submission Date                     | 10/08/20                  | )14                    |
| Contact Name:   | Lakisha Taylor                |              |               | b)                            | Data Month                          | Septemb                   | per 2014               |
| Mailing Address:  | 1325 Barksdale Blvd           |              | C)            | Type of Filing<br>(check one) |                                     |                           |                        |
|   |                               |              |               | ]                             |                                     | Original<br>Revision      | A .                    |
|   | Bossier City, LA              | 7111         | 1             | d)                            | State Reporting                     | KENTU                     |                        |
| Telephone Number:   | 318 671-5736                  |              |               |                               |                                     | •                         |                        |
| Fax Number:   | 800 637-3107                  |              |               |                               |                                     |                           |                        |
| E-mail Address:   | lakishat@budge                | tprepa       | ay.com        |                               |                                     |                           |                        |
| Lifeline  |                               |              |               | -                             |                                     |                           |                        |
| Luenne  |                               | (a) # L      | ifeline       |                               | (b) Lifeline Sup                    | port/                     | (c) Total Lifeline     |
|   |                               | <u>Subsc</u> | Subscribers   |                               | Subscriber Sup                      | <u>port</u>               |                        |
| Receiving federal Li  |                               | (8) 48358    |               |                               | x \$ <u>9.2</u>                     | 5                         | =\$ <u>447312</u>      |
| Tribal Low-Income Subscrib                                    | ers                           | (9) 0        |               |                               | x \$ <u>0.00</u>                    | =\$ 0                     |                        |
| Receiving federal Li  | ifeline Support               |              |               | ntal F                        | not to exce)<br>ederal Lifeline Sup | d (10) \$ 447312          |                        |
|   | (m) = 1                       |              |               | Jan                           | ederal Literine Oup                 | port oraline              | a (10)\$ <u>447012</u> |
| Toll Limitation Servic  | es (TLS)                      |              |               |                               |                                     |                           |                        |
| Cost of Providing T   | LS per Subscriber             | (11)         | 0.00000       | )0                            |                                     |                           |                        |
|   | al cost or \$3 in 2012 /\$2 i |              |               |                               |                                     |                           |                        |
| Number of TLS Sub   | scribers                      | (12)         | 0             |                               |                                     |                           |                        |
|   |                               |              |               |                               | Total TLS Supp                      | ort Claimed               | (13) \$ <u>0</u>       |
| Tribal Link Up (Availab                                       | le only to ETCs rece          | iving Hi     | igh Cost su   | ippoi                         | <i>t</i> )                          |                           |                        |
| Number of Connections Waived<br>Charges Waived per Connection |                               | (14)         | 0             |                               |                                     |                           |                        |
|   |                               | (15) \$ 0.00 |               |                               |                                     | s, use an average amount) |                        |
|   |                               | (not to (    | exceed \$100) |                               |                                     |                           |                        |
| Total Connection C  | 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 \$ <u>447312</u>                               | Total TLS \$_0                |              |               | Total                         | Tribal Link Up \$ 0                 | )                         |                        |
| ι σται μποιπο ψ <u></u>                                       | <u> </u>                      |              |               | · via                         | •                                   |                           |                        |
|   |                               |              |               |                               | Tota                                | I Dollars (19             | )) <u>\$ 447312</u>    |

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David Donahue

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CFO

OFFICER SIGNATURE

**OFFICER NAME** 

#### **OFFICER TITLE**

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

| (1) USAC Service Provider Identification Number 1                   |   |                        | 0887                  |          | (2) Stud   | (2) Study Area Code <u>269033</u> |                        |  |  |
|---|---|------------------------|-----------------------|----------|--|-----------------------------------|------------------------|--|--|
| (3) Filer 499 ID 814995   |   | (4) Technology Type    |                       | pe (d    | check one) Wirelir   | ne 🔲                              | Wireless 🗾             |  |  |
| (5) ETC Designation Type (C   | heck one): Lifeline                                 | Only [                 | JI H                  | ligh     | Cost/Low Income  |                                   |                        |  |  |
| (6) Organization Information  |   |                        |                       | (7)      | Filing Information   | ·                                 |                        |  |  |
| Company Legal Name:   | Budget PrePay                                       | Inc.                   |                       | a)       | Submission Date  | 11/10/20                          | )14                    |  |  |
| Contact Name:   | Lakisha Taylor                                      |                        |                       | b)       | Data Month   | October                           | 2014                   |  |  |
| Mailing Address:  | 1325 Barksdale                                      | Blvd                   |                       | c)       | Type of Filing<br>(check one)  |                                   |                        |  |  |
|   |   |                        |                       |          | · · · (  | Original<br>Revision              | A                      |  |  |
|   | Bossier City, LA                                    | 7111                   | 1                     | d)       | State Reporting  | KENTU                             | ČKY I                  |  |  |
| Telephone Number:   | 318 671-5736  |                        |                       |          |  | <u></u>                           |                        |  |  |
| Fax Number:   | 800 637-3107  |                        |                       | 1        |  |                                   |                        |  |  |
| E-mail Address:   | lakishat@budge                                      | tprepa                 | ay.com                |          |  |                                   |                        |  |  |
| Lifeline  |   |                        |                       |          |  |                                   |                        |  |  |
| Liieiilie   |   | (a) # L                | ifeline               |          | (b) Lifeline Sup   | port/                             | (c) Total Lifeline     |  |  |
|   |   | Subscribers            |                       |          | Subscriber Sur   |                                   |                        |  |  |
| Non-Tribal Low-Income Sub<br>Receiving federal Li                   |   | (8) 45583              |                       |          | x \$ <u>9.25</u>   |                                   | = \$ 421643            |  |  |
| Tribal Low-Income Subscrib  | ers   | (9) 0                  |                       |          | x <u>\$</u> 0.00   |                                   | = \$ 0                 |  |  |
| Receiving federal Li  | ifeline Support                                     |                        |                       |          | (not to exceed \$34.25)<br>Federal Lifeline Support Claimed (10) \$ 421643 |                                   |                        |  |  |
| <b>-</b> # # # #  |   |                        |                       | nai i    | ederar Enernie oup   | port oranne                       | a (10) ¢ <u>+210+0</u> |  |  |
| Toll Limitation Servic  | es (ILS)  |                        |                       |          |  |                                   |                        |  |  |
| Cost of Providing Ti<br>(the lesser of increment                    | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 in | <b>(11)</b><br>n 2013) | 0.00000               | 0        |  |                                   |                        |  |  |
| Number of TLS Subscribers   |   | (12)                   | 0                     |          |  |                                   |                        |  |  |
|   |   |                        |                       |          | Total TLS Supp   | ort Claimed                       | (13) \$ <u>0</u>       |  |  |
| Tribal Link Up (Available only to ETCs receiving High Cost support) |   |                        |                       |          |  |                                   |                        |  |  |
| Number of Connect   | ions Waived   | (14)                   | 0                     |          |  |                                   |                        |  |  |
| Charges Waived per  |   | · · · / ·              | 0.00<br>exceed \$100) |          | (for multiple rates  | , use an avera                    | ge amount)             |  |  |
|   |   |                        | exceed \$100)         |          |  |                                   |                        |  |  |
| Total Connection Cl   | harges Waived                                       | (16) \$                | 0.0                   |          | _  |                                   |                        |  |  |
| Deferred Interest   |   | (17) \$                | 0.00                  |          |  |                                   |                        |  |  |
|   |   |                        | Т                     | otal     | Tribal Link Up Sup   | port Claime                       | d (18) \$ <u>0</u>     |  |  |
| ETC Payment   |   |                        |                       |          |  |                                   |                        |  |  |
| -   |   |                        | -                     | <b>.</b> |  |                                   |                        |  |  |
| Total Lifeline \$ <u>421643</u>                                     | Iotal ILS \$ <u>_</u>                               |                        |                       | ı otal   | Tribal Link Up \$ <u>U</u>   | r                                 |                        |  |  |

Total Dollars (19) \$ 421643
### (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 gualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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

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

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

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| 11/10/2014    | David Donahue     |  |
|---------------|-------------------|--|
|               |                   |  |
| DATE          | OFFICER SIGNATURE |  |
| CFO           | David Donahue     |  |
| OFFICER TITLE | 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.

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

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

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

| 1) USAC Service Provider Ide     | ntification Number      | 14300        | 0887         |        | (2) Stu                       | dy Area Co           | ode <u>269033</u>         |
|----------------------------------|-------------------------|--------------|--------------|--------|-------------------------------|----------------------|---------------------------|
| 3) Filer 499 ID <u>814995</u>    |                         | (4) Teo      | chnology T   | ype (  | check one) Wireli             | ne 🔲                 | Wireless 🏹                |
| 5) ETC Designation Type (Ch      | eck one): Lifeline      | only         |              | High   | Cost/Low Income               | Ţ                    |                           |
| ) Organization Information       |                         |              |              | (7)    | Filing Information            | -                    |                           |
| ompany Legal Name:               | Budget PrePay           | Inc.         |              | a)     | Submission Date               | 12/08/2              | 2014                      |
| contact Name:                    | _akisha Taylor          |              |              | b)     | Data Month                    | Novem                | ber 2014                  |
| lailing Address:                 | 1325 Barksdale          | Blvd         |              | c)     | Type of Filing<br>(check one) | •                    |                           |
|                                  |                         |              |              |        | (                             | Original<br>Revision | <b>P</b>                  |
|                                  | Bossier City, LA        | 7111         | 1            | d)     | State Reporting               | KENTU                | JCKY                      |
|                                  | 318 671-5736            |              |              |        |                               |                      |                           |
| ax Number:                       | 800 637-3107            |              |              |        |                               |                      |                           |
| -mail Address:                   | akishat@budge           | etprepa      | ay.com       |        |                               |                      |                           |
| ifeline                          |                         |              |              |        |                               |                      |                           |
| nemie.                           |                         |              | ifeline      |        | (b) Lifeline Su               |                      | (c) Total Lifeline        |
| lon-Tribal Low-Income Subso      | ribers                  |              | ribers       |        | Subscriber Su                 | pport                |                           |
| Receiving federal Life           |                         | (8) _4       | 3124         |        | x \$ <u>9.2</u>               | 25                   | = \$ <u>398897</u>        |
| ribal Low-Income Subscribe       | rs                      | (9) <u>C</u> | )            |        | x \$ <u>0.00</u>              |                      | = \$ _0                   |
| Receiving federal Life           | eline Support           |              | т            | otal R |                               | ed \$34.25)          | ned (10) \$ 398897        |
|                                  |                         |              | •            | Juli   | ederal Literine Ou            | sport olam           | led (10) \$ <u>000007</u> |
| oll Limitation Service           | es (TLS)                |              |              |        |                               |                      |                           |
| Cost of Providing TLS            | S per Subscriber        | (11)         | 0.0000       | 00     |                               |                      |                           |
| (the lesser of incremental       |                         | in 2013)     | <del>.</del> |        |                               |                      |                           |
| Number of TLS Subse              | cribers                 | (12)         | 0            |        | <u> </u>                      |                      |                           |
|                                  |                         |              |              |        | Total TLS Sup                 | oort Claime          | ed (13) \$ <u>0</u>       |
| <b>Fribal Link Up</b> (Available | only to ETCs rece       | eiving H     | igh Cost ຣເ  | ippor  |                               |                      | . ,                       |
| Number of Connectio              | ne Weived               | (14)         | 0            |        |                               |                      |                           |
| Charges Waived per (             |                         | (14)         | -            |        | — (for multiple rates)        | s, use an ave        | rage amount)              |
|                                  |                         | (not to      | exceed \$100 | )      |                               |                      | · ·                       |
| Total Connection Cha             | arges Waived            | (16) \$      | 0.0          |        |                               |                      |                           |
| <b>Deferred</b> Interest         |                         | (17) \$      | 0.00         |        |                               |                      |                           |
|                                  |                         | . , -        |              | [otal  | <br>Tribal Link Up Sug        | mort Claim           | 0 \$ (18)                 |
| ETC Payment                      |                         |              |              | otur   |                               | pore oralli          | να (το) φ                 |
| -                                | 0                       |              |              |        |                               | <b>`</b>             |                           |
| rotal Lifeline \$ <u>398897</u>  | _ Total TLS \$ <u>∪</u> |              |              | Total  |                               |                      |                           |
|                                  |                         |              |              |        | Tota                          | al Dollars (*        | 19) \$ <u>398897</u>      |

### (20) CERTIFICATIONS AND SIGNATURES

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

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| OFFICER TITLE | OFFICER NAME      |  |
|---------------|-------------------|--|
| CFO           | David Donahue     |  |
| DATE          | OFFICER SIGNATURE |  |
| 12/08/2014    | David Donahue     |  |

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

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

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

| (1) USAC Service Provider Id                     | lentification Number                               | 14300                  | 0887          |        | (2) Stu                             | dy Area Coo                 | le <u>269033</u>    |
|--|--|------------------------|---------------|--------|-------------------------------------|-----------------------------|---------------------|
| (3) Filer 499 ID <u>814995</u>                   |  | (4) Teo                | chnology Ty   | /pe (  | check one) Wirelii                  | ne 🔲                        | Wireless 🚺          |
| (5) ETC Designation Type (C                      | heck one): Lifeline                                | Only [                 |               | ligh   | Cost/Low Income                     | <b>I</b>                    |                     |
| (6) Organization Information                     |  |                        |               | (7)    | Filing Information                  |                             |                     |
| Company Legal Name:                              | Budget PrePay                                      | Inc.                   |               | a)     | Submission Date                     | 01/08/20                    | 015                 |
| Contact Name:                                    | Lakisha Taylor                                     |                        |               | b)     | Data Month                          | Decemb                      | per 2014            |
| Mailing Address:                                 | 1325 Barksdale                                     | Blvd                   |               | c)     | Type of Filing<br>(check one)       |                             |                     |
|  |  |                        |               |        |                                     | Original<br>Revision        | $\mathbf{P}$        |
|  | Bossier City, LA                                   | 7111                   | 1             | d)     | State Reporting                     | KENTU                       | CKY                 |
| Telephone Number:                                | 318 671-5736                                       |                        |               |        |                                     |                             |                     |
| Fax Number:                                      | 800 637-3107                                       |                        |               | 1      |                                     |                             |                     |
| E-mail Address:                                  | lakishat@budge                                     | tprepa                 | ay.com        |        |                                     |                             |                     |
| Lifeline   |  |                        |               |        |                                     |                             |                     |
| Litenne  |  |                        | ifeline       |        | (b) Lifeline Sup                    |                             | (c) Total Lifeline  |
| Non-Tribal Low-Income Sub                        |  | Subsc                  |               |        | Subscriber Su                       |                             | 040000              |
| Receiving federal Li                             | feline Support                                     | (8)                    | 5949          |        | x \$ <u>9.2</u>                     | 5                           | =\$ 240028          |
| Tribal Low-Income Subscrib                       |  | (9) <u>O</u>           | )             |        | x <u>\$</u>                         |                             | = \$ _0             |
| Receiving federal Li                             | feline Support                                     |                        | Т             | otal F | not to exce)<br>ederal Lifeline Sup | ed \$34.25)<br>oport Claime | ed (10) \$ 240028   |
| Toll Limitation Servic                           | ACC (TIS)  |                        |               |        |                                     | •                           | • • •               |
| TOIL LIMILATION Servic                           | .63 (11.3)   |                        |               |        |                                     |                             |                     |
| Cost of Providing Ti<br>(the lesser of increment | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | <b>(11)</b><br>n 2013) | 0.00000       | 00     |                                     |                             |                     |
| Number of TLS Sub                                | scribers   | (12)                   | 0             |        |                                     |                             |                     |
|  |  |                        |               |        | Total TLS Supp                      | oort Claimeo                | 1 (13) \$ <u>0</u>  |
| Tribal Link Up (Availab                          | le only to ETCs rece                               | iving Hi               | igh Cost sı   | ippol  |                                     |                             |                     |
| Number of Connect                                | ions Waived  | (14)                   | 0             |        |                                     |                             |                     |
| Charges Waived pe                                |  | (15) \$                | 0.00          |        | (for multiple rates                 | s, use an aver              | age amount)         |
|  |  | (not to                | exceed \$100) |        |                                     |                             |                     |
| Total Connection C                               | harges Waived                                      | (16) \$                | 0.0           |        |                                     |                             |                     |
| <b>Deferred</b> Interest                         |  | (17) \$                | 0.00          |        |                                     |                             |                     |
|  |  |                        | ٦             | otal   | Tribal Link Up Sup                  | port Claime                 | ed (18) \$ <u>0</u> |
| ETC Payment                                      |  |                        |               |        |                                     |                             |                     |
| -  | ^  |                        |               |        |                                     | ſ                           |                     |
| Total Lifeline \$ <u>240028</u>                  | Total TLS \$ <u>0</u>                              |                        |               | Tota   | l Tribal Link Up \$ <u>(</u>        |                             |                     |
|  |  |                        |               |        | Tota                                | al Dollars (1               | 9) \$ _240028       |

### (20) CERTIFICATIONS AND SIGNATURES

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| 01/08/2015    | David Donahue     |  |
|---------------|-------------------|--|
|               |                   |  |
| DATE          | OFFICER SIGNATURE |  |
| CFO           | David Donahue     |  |
| OFFICER TITLE | OFFICER NAME      |  |

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

| (1) USAC Service Provider Ic                      | lentification Number  | 143000887                                    |        | (2) Stuc                           | dy Area Code <u>269</u> | 1033             |
|---|---|--|--------|------------------------------------|-------------------------|------------------|
| (3) Filer 499 ID <u>814995</u>                    |   | (4) Technology Ty                            | /pe (e | check one) Wirelir                 | ne 🔲 🛛 Wi               | reless 🗹         |
| (5) ETC Designation Type (C                       | heck one): Lifeline   | Only 🛄 🛛 I                                   | ligh   | Cost/Low Income                    |                         |                  |
| (6) Organization Information                      |   |  | (7)    | Filing Information                 | r                       |                  |
| Company Legal Name:                               | Budget PrePay   | Inc.   | a)     | Submission Date                    | 02/09/2015              |                  |
| Contact Name:                                     | Lakisha Taylor  |  | b)     | Data Month                         | January 2015            | ;                |
| Mailing Address:                                  | 1325 Barksdale  | Blvd   | c)     | Type of Filing<br>(check one)      |                         |                  |
|   |   |  |        |                                    | Original                |                  |
|   | Bossier City, LA  | 71111  | d)     | State Reporting                    | KENTUCKY                |                  |
| Telephone Number:                                 | 318 671-5736  |  |        |                                    |                         |                  |
| Fax Number:                                       | 800 637-3107  |  | 1      |                                    |                         |                  |
| E-mail Address:                                   | lakishat@budge  | tprepay.com                                  |        |                                    |                         |                  |
| Lifeline  |   |  | -      |                                    |                         |                  |
|   |   | (a) # Lifeline<br>Subscribers                |        | (b) Lifeline Sup<br>Subscriber Sup |                         | otal Lifeline    |
| Non-Tribal Low-Income Sub<br>Receiving federal Li | - • • • • • • • -   | (8) 26712                                    |        | x \$ 9.2                           |                         | 247086           |
| Tribal Low-Income Subscrib                        |   | (9) 0  | •      | x \$ 0.00                          | =\$                     |                  |
| Receiving federal Li                              |   | (-)  |        | (not to exce                       | ed \$34.25)             |                  |
| Tall Limitation Sarvia                            | rac(TIS)  |  | otal F | ederal Lifeline Sup                | iport Claimed (10)      | \$ <u>247000</u> |
| Toll Limitation Servic                            | es (1L3)  |  |        |                                    |                         |                  |
| Cost of Providing T<br>(the lesser of increment   | L <b>S</b> per Subscriber<br>al cost or \$3 in 2012 /\$2 ir | (11) <u>0.00000</u><br>n 2013)               | 00     |                                    |                         |                  |
| Number of TLS Sub                                 | scribers  | (12) <u>0</u>                                |        | <u>-</u>                           |                         |                  |
|   |   |  |        | Total TLS Supp                     | ort Claimed (13)        | <u>\$0</u>       |
| Tribal Link Up (Availab                           | le only to ETCs recei                                       | iving High Cost su                           | ppor   | t)                                 |                         |                  |
| Number of Connect                                 |   | (14)  0<br>(15) \$ 0.00                      |        |                                    | , use an average amo    |                  |
| Charges Waived per                                | r Connection  | (15) \$ <u>0.00</u><br>(not to exceed \$100) |        | (for multiple rates)               | , use an average amo    | iunt)            |
| Total Connection Cl                               | harges Waived   | (16) \$ <u>0.0</u>                           |        |                                    |                         |                  |
| <b>Deferred Interest</b>                          |   | (17) \$ 0.00                                 |        |                                    |                         |                  |
|   |   | т  | otal   | Tribal Link Up Sup                 | port Claimed (18)       | \$ <u>0</u>      |
| ETC Payment                                       |   |  |        |                                    |                         |                  |
| Total Lifeline \$ <u>247086</u>                   | Total TLS \$_0  |  | Total  | Tribal Link Up \$ 0                |                         |                  |
|   |   |  |        |                                    | I Dollars (19) \$ _2    | 17086            |
|   |   |  |        | 1 Ota                              | onaio (10) y            |                  |

### (20) CERTIFICATIONS AND SIGNATURES

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| 02/09/2015 | David Donahue     |   |
|------------|-------------------|---|
|            |                   |   |
| DATE       | OFFICER SIGNATURE |   |
| CFO        | David Donahue     |   |
|            |                   | - |

### OFFICER TITLE

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**OFFICER NAME** 

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

| (1) USAC Service Provider Id                       | lentification Number                               | 14300                   | 0887                         |        | (2) Stud                                  | dy Area Cod    | e <u>269033</u>         |
|--|--|-------------------------|------------------------------|--------|---|----------------|-------------------------|
| (3) Filer 499 ID <u>814995</u>                     |  | (4) Teo                 | hnology Ty                   | vpe (e | check one) Wirelin                        | ne 🔲           | Wireless 🔽              |
| (5) ETC Designation Type (C                        | heck one): Lifeline                                | Only [                  |                              | ligh   | Cost/Low Income                           | <b>1</b>       |                         |
| (6) Organization Information                       |  |                         |                              | (7)    | Filing Information                        |                |                         |
| Company Legal Name:                                | Budget PrePay                                      | Inc.                    |                              | a)     | Submission Date                           | 03/09/20       | 15                      |
| Contact Name:                                      | Lakisha Taylor                                     |                         |                              | b)     | Data Month                                | February       | 2015                    |
| Mailing Address:                                   | 1325 Barksdale                                     | Blvd                    | · • •                        | C)     | Type of Filing<br>(check one)             |                |                         |
|  |  |                         |                              |        |   | Revision       | 7                       |
|  | Bossier City, LA                                   | 7111                    | 1                            | d)     | State Reporting                           | KENTUC         | CKY                     |
| Telephone Number:                                  | 318 671-5736                                       |                         |                              |        |   |                |                         |
| Fax Number:  | 800 637-3107                                       | <b>.</b>                |                              |        |   |                |                         |
| E-mail Address:                                    | lakishat@budge                                     | tprepa                  | ay.com                       |        |   |                |                         |
| Lifeline<br>Non-Tribal Low-Income Subs             | saribara   | (a) # L<br><u>Subsc</u> |                              |        | (b) Lifeline Sup<br><u>Subscriber Sup</u> |                | (c) Total Lifeline      |
| Receiving federal Li                               |  | (8) 2                   | 6016                         |        | x \$9.2                                   | 5              | = \$ 240648             |
| Tribal Low-Income Subscrib<br>Receiving federal Li | ers  | (9) _0                  | •                            |        | x \$ 0.00<br>(not to exce                 | od \$24.25)    | = \$ 0                  |
| Receiving recerar Li                               | ienne Support                                      |                         | Тс                           | otal F | ederal Lifeline Sup                       |                | d (10) \$ <u>240648</u> |
| Toll Limitation Servic                             | es (TLS)   |                         |                              |        |   |                |                         |
| Cost of Providing Ti<br>(the lesser of increment   | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | ( <b>11)</b><br>n 2013) | 0.00000                      | 0      |   |                |                         |
| Number of TLS Sub                                  | scribers   | (12)                    | 0                            |        |   |                |                         |
| Tribal Link Up (Availab                            | le only to ETCs rece                               | ivina Hi                | ah Cost su                   | nnor   | Total TLS Supp                            | ort Claimed    | (13) \$ <u>0</u>        |
| · · · · · · · · · · · · · · · · · · ·              | ,,,  |                         |                              |        | 7   |                |                         |
| Number of Connect                                  |  | (14)                    | 0                            |        |   |                |                         |
| Charges Waived per                                 | r Connection                                       | (15) \$<br>(not to e    | <u>0.00</u><br>exceed \$100) |        | (for multiple rates                       | , use an avera | ge amount)              |
|  |  | •                       | •                            |        |   |                |                         |
| Total Connection Cl                                | harges Waived                                      | (16) \$                 | 0.0                          |        |   |                |                         |
| <b>Deferred Interest</b>                           |  | (17) \$                 | 0.00                         |        |   |                |                         |
|  |  |                         | т                            | otal   | Tribal Link Up Sup                        | port Claimeo   | d (18) \$ <u>0</u>      |
| ETC Payment  |  |                         |                              |        |   |                |                         |
| Total Lifeline \$ <u>240648</u>                    | Total TLS \$_0                                     |                         |                              | Total  | Tribal Link Up \$ _0                      | )              |                         |
|  |  |                         |                              |        | Tota                                      | l Dollars (19  | ) \$ _240648            |

### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

| 03/09/2015    | David Donahue     |
|---------------|-------------------|
|               |                   |
| DATE          | OFFICER SIGNATURE |
| CFO           | David Donahue     |
| OFFICER TITLE | OFFICER NAME      |

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

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

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

| (1) USAC Service Provider Id                       | lentification Number                               | 14300                  | 0887                     |       | (2) Stu                            | dy Area Cod       | le <u>269033</u>        |
|--|--|------------------------|--------------------------|-------|------------------------------------|-------------------|-------------------------|
| (3) Filer 499 ID <u>814995</u>                     |  | (4) Teo                | chnology Ty              | pe (  | check one) Wireli                  | ne 囗              | Wireless 🗹              |
| (5) ETC Designation Type (C                        | heck one): Lifeline                                | Only [                 | L H                      | ligh  | Cost/Low Income                    |                   |                         |
| (6) Organization Information                       |  |                        |                          | (7)   | Filing Information                 |                   |                         |
| Company Legal Name:                                | Budget PrePay                                      | Inc.                   |                          | a)    | Submission Date                    | 04/08/20          | )15                     |
| Contact Name:                                      | Lakisha Taylor                                     |                        |                          | b)    | Data Month                         | March 2           | 015                     |
| Mailing Address:                                   | 1325 Barksdale                                     | Blvd                   |                          | C)    | Type of Filing<br>(check one)      |                   |                         |
|  |  |                        |                          |       |                                    | Original          |                         |
|  | Bossier City, LA                                   | 7111                   | 1                        | d)    | State Reporting                    | Revision<br>KENTU |                         |
| Telephone Number:                                  | 318 671-5736                                       |                        |                          |       |                                    |                   |                         |
| Fax Number:  | 800 637-3107                                       |                        |                          |       |                                    |                   |                         |
| E-mail Address:                                    | lakishat@budge                                     | tprepa                 | av.com                   |       |                                    |                   |                         |
| · · · · · · · · · · · · · · · · · · ·              |  |                        |                          | 1     |                                    |                   |                         |
| Lifeline   |  |                        |                          |       |                                    |                   |                         |
|  |  |                        | ifeline<br>ribers        |       | (b) Lifeline Sup<br>Subscriber Sup |                   | (c) Total Lifeline      |
| Non-Tribal Low-Income Sub                          |  |                        | 6211                     |       |                                    |                   | =s 242452               |
| Receiving federal Li                               | renne Support                                      | · · <u> </u>           |                          |       | x \$ <u>9.2</u>                    | <u>o</u>          | ·                       |
| Tribal Low-Income Subscrib<br>Receiving federal Li |  | (9) _0                 |                          |       | . x \$ <u>0.00</u><br>(not to exce | od \$34.25)       | = \$                    |
| Receiving rederar Li                               | nenne support                                      |                        | То                       | tal F | ederal Lifeline Sup                |                   | d (10) \$ <u>242452</u> |
| Toll Limitation Servic                             | ens (TIS)  |                        |                          |       |                                    |                   |                         |
|  | .63 (12.0)   |                        |                          |       |                                    |                   |                         |
| Cost of Providing TI<br>(the lesser of increment   | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | <b>(11)</b><br>n 2013) | 0.00000                  | 0     |                                    |                   |                         |
| Number of TLS Sub                                  | scribers   | (12)                   | 0                        |       |                                    |                   |                         |
|  |  |                        |                          |       | Total TLS Supp                     | ort Claimed       | (13) \$ <u>0</u>        |
| Tribal Link Up (Availab                            | le only to ETCs rece                               | iving Hi               | igh Cost su <sub>l</sub> | ppor  | t)                                 |                   |                         |
| Number of Connect                                  | ions Waived  | (14)                   | 0                        |       |                                    |                   |                         |
| Charges Waived per                                 | r Connection                                       | (15) \$                | 0.00                     |       | (for multiple rates                | , use an avera    | ige amount)             |
|  |  | (not to a              | exceed \$100)            |       |                                    |                   |                         |
| Total Connection Cl                                | harges Waived                                      | (16) \$                | 0.0                      |       |                                    |                   |                         |
| <b>Deferred</b> Interest                           |  | (17) \$                | 0.00                     |       |                                    |                   |                         |
|  |  |                        | т                        | otal  | Tribal Link Up Sup                 | port Claime       | d (18) \$ <u>0</u>      |
| ETC Payment  |  |                        |                          |       |                                    |                   |                         |
| Total Lifeline \$ 242452                           |  |                        |                          | Fotal | Tribal Link Up \$ _                | )                 |                         |
|  |  |                        |                          |       | Tota                               | l Dollars (19     | ) <u>\$ 242452</u>      |

### (20) CERTIFICATIONS AND SIGNATURES

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

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| 04/08/2015 |
|------------|
|------------|

David Donahue

CFO

David Donahue

OFFICER SIGNATURE

### **OFFICER TITLE**

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

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

| (1) USAC Service Provider Id  | lentification Number                               | 143000887                            |       | (2) Stud                            | dy Area Co           | de <u>269033</u>    |
|---|--|--------------------------------------|-------|-------------------------------------|----------------------|---------------------|
| (3) Filer 499 ID <u>814995</u>                                      |  | (4) Technology Ty                    | pe (  | check one) Wirelii                  | ne 🛄                 | Wireless <b>]</b>   |
| (5) ETC Designation Type (C   | heck one): Lifeline                                | Only 🛄 🖁 H                           | ligh  | Cost/Low Income                     |                      |                     |
| (6) Organization Information  | L  |                                      | (7)   | Filing Information                  | 1                    |                     |
| Company Legal Name:   | Budget PrePay                                      | Inc.                                 | a)    | Submission Date                     | 05/08/2              | 015                 |
| Contact Name:   | Lakisha Taylor                                     |                                      | b)    | Data Month                          | April 20             | 15                  |
| Mailing Address:  | 1325 Barksdale                                     | Blvd                                 | c)    | Type of Filing<br>(check one)       |                      |                     |
|   |  |                                      |       |                                     | Original<br>Revision |                     |
|   | Bossier City, LA                                   | 71111                                | d)    | State Reporting                     | KENTU                | CKY                 |
| Telephone Number:   | 318 671-5736                                       |                                      |       |                                     |                      |                     |
| Fax Number:   | 800 637-3107                                       |                                      | ]     |                                     |                      |                     |
| E-mail Address:   | lakishat@budge                                     | etprepay.com                         |       |                                     |                      |                     |
| Lifeline  |  |                                      | -     |                                     |                      |                     |
| Luenne  |  | (a) # Lifeline                       |       | (b) Lifeline Sup                    |                      | (c) Total Lifeline  |
| Non-Tribal Low-Income Sub   | scrihers   | <u>Subscribers</u>                   |       | Subscriber Sup                      | oport                |                     |
| Receiving federal Li  |  | (8) 25921                            |       | x \$ <u>9.2</u>                     | 5                    | =\$ <u>239769</u>   |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support |  | (9) 0                                |       | x \$ <u>0.00</u>                    |                      | = \$ _0             |
|   |  | То                                   | tal F | not to exce)<br>ederal Lifeline Sup |                      | ed (10) \$ 239769   |
| Toll Limitation Servic  | es (TLS)   |                                      |       |                                     |                      | -                   |
| Cost of Providing T<br>(the lesser of increment                     | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | (11) <u>0.00000</u><br>n 2013)       | 0     |                                     |                      |                     |
| Number of TLS Sub   | scribers   | (12) <u>0</u>                        |       |                                     |                      |                     |
| Tribal Link Up (Availab   | le only to ETCs rece                               | ivina Hiah Cost su                   | וסממ  | Total TLS Supp<br>t)                | oort Claime          | d (13) \$ <u>0</u>  |
| • •   |  | 0                                    |       |                                     |                      |                     |
| Number of Connect<br>Charges Waived pe                              |  | (14) <u>0</u><br>(15) \$ <u>0.00</u> |       | (for multiple rates                 |                      | rado amount)        |
| Charges waived pe   | Connection   | (not to exceed \$100)                |       |                                     |                      | age amounty         |
| Total Connection C  | harges Waived                                      | (16) \$ 0.0                          |       |                                     |                      |                     |
| Deferred Interest   |  | (17) \$ 0.00                         |       |                                     |                      |                     |
|   |  | т                                    | otal  | Tribal Link Up Sup                  | port Claim           | ed (18) \$ <u>0</u> |
| ETC Payment   |  |                                      |       |                                     |                      |                     |
| Total Lifeline \$ 239769  | Total TLS \$ 0                                     |                                      | Гotal | Tribal Link Up \$ _                 | )                    |                     |
| · · · · · · · · · · · · · · · · · · ·                               |  |                                      |       |                                     |                      | 9) \$ <u>239769</u> |
|   |  |                                      |       | iota                                | u Dollars (1         | 9) \$ <u></u>       |

### (20) CERTIFICATIONS AND SIGNATURES

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| 05/08/2015 | David Donahue     |  |
|------------|-------------------|--|
|            |                   |  |
| DATE       | OFFICER SIGNATURE |  |
| CFO        | David Donahue     |  |
|            |                   |  |

### OFFICER TITLE

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OFFICER NAME

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

| (1) USAC Service Provider Id                      | lentification Number                                       | 143000887                              |        | (2) Stud                            | dy Area Code <u>269033</u>                     |         |
|---|--|--|--------|-------------------------------------|--|---------|
| (3) Filer 499 ID <u>814995</u>                    |  | (4) Technology T                       | ype (  | check one) Wirelir                  | ne 🔲 🛛 Wireless                                | s 🔽     |
| (5) ETC Designation Type (C                       | heck one): Lifeline  | Only 🔲                                 | High   | Cost/Low Income                     |  |         |
| (6) Organization Information                      |  |  | (7)    | Filing Information                  |  |         |
| Company Legal Name:                               | Budget PrePay  | Inc.                                   | a)     | Submission Date                     | 06/08/2015                                     |         |
| Contact Name:                                     | Lakisha Taylor   |  | b)     | Data Month                          | May 2015                                       |         |
| Mailing Address:                                  | 1325 Barksdale   | Blvd                                   | c)     | Type of Filing<br>(check one)       |  |         |
|   |  |  | 1      |                                     | Original .<br>Revision                         |         |
|   | Bossier City, LA   | 71111                                  | d)     | State Reporting                     |  |         |
| Telephone Number:                                 | 318 671-5736   |  |        |                                     |  |         |
| Fax Number:                                       | 800 637-3107   |  | 1      |                                     |  |         |
| E-mail Address:                                   | lakishat@budge   | etprepay.com                           | 1      |                                     |  |         |
| Lifeline  | · · · · · · · ·  |  | -      |                                     |  |         |
|   |  | (a) # Lifeline<br>Su <u>bscr</u> ibers |        | (b) Lifeline Sup                    |  | ifeline |
| Non-Tribal Low-Income Subs                        |  | 07500                                  |        | Subscriber Sup                      |  | 4.4.0   |
| Receiving federal Li                              | feline Support   | (8) 25529                              |        | x \$ <u>9.2</u>                     | <u>5                                    </u>   | 143     |
| Tribal Low-Income Subscrib                        |  | (9) 0                                  |        | x <u>\$ 0.00</u>                    | <u> </u>                                       |         |
| Receiving federal Li                              | feline Support   | т                                      | ntal E | not to exce)<br>ederal Lifeline Sun | ed \$34.25)<br>port Claimed  (10) \$ <u>23</u> | 6143    |
| Tall Limitation Sanvia                            | (T   S)  |  | Juiri  |                                     | port olumed (10) ¢ <u>20</u>                   |         |
| Toll Limitation Servic                            | 65 (12.5)  |  |        |                                     |  |         |
| Cost of Providing TI<br>(the lesser of incrementa | L <b>S per</b> Subscriber<br>al cost or \$3 in 2012 /\$2 i | (11) <u>0.0000(</u><br>n 2013)         | 00     |                                     |  |         |
| Number of TLS Sub                                 | scribers   | (12) 0                                 |        |                                     |  |         |
|   |  |  |        | Total TLS Supp                      | ort Claimed (13) \$ <u>0</u>                   |         |
| Tribal Link Up (Availabi                          | le only to ETCs rece                                       | iving High Cost su                     | ippoi  | t)                                  |  |         |
| Number of Connect                                 | ions Waived  | (14) 0                                 |        |                                     |  |         |
| Charges Waived per                                |  | (15) \$ 0.00                           |        | (for multiple rates                 | , use an average amount)                       |         |
|   |  | (not to exceed \$100)                  |        |                                     |  |         |
| Total Connection Cl                               | narges Waived  | (16) \$ <u>0.0</u>                     |        | _                                   |  |         |
| <b>Deferred</b> Interest                          |  | (17) \$ 0.00                           |        |                                     |  |         |
|   |  | 1                                      | otal   | Tribal Link Up Sup                  | port Claimed (18) \$ <u>0</u>                  |         |
| ETC Payment                                       |  |  |        |                                     |  |         |
| Total Lifeline \$ <u>236143</u>                   | Total TLS \$ 0   |  | Total  | Tribal Link Up \$ <u>0</u>          | I  |         |
| T   |  | <u> </u>                               | •••    |                                     | I Dollars (19) \$ 23614                        | 3       |
|   |  |  |        | TOLA                                | i Donais (13) ș                                |         |

### (20) CERTIFICATIONS AND SIGNATURES

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David Donahue

| DAIE | D | A | Т | Е |
|------|---|---|---|---|
|------|---|---|---|---|

CFO

David Donahue

**OFFICER SIGNATURE** 

OFFICER TITLE

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

| (1) USAC Service Provider Id                     | lentification Number                                       | 143000887                      |        | (2) Stu                       | dy Area Code <u>269033</u>                  |          |
|--|--|--------------------------------|--------|-------------------------------|---|----------|
| (3) Filer 499 ID <u>814995</u>                   |  | (4) Technology Ty              | /pe (  | check one) Wireli             | ne 🔲 🛛 Wireless 🗹                           | I        |
| (5) ETC Designation Type (C                      | heck one): Lifeline  | Only 🛄 🛛 I                     | High   | Cost/Low Income               | <b>2</b>                                    |          |
| (6) Organization Information                     |  |                                | (7)    | Filing Information            |   | _        |
| Company Legal Name:                              | Budget PrePay  | Inc.                           | a)     | Submission Date               | 07/08/2015                                  |          |
| Contact Name:                                    | Lakisha Taylor   |                                | b)     | Data Month                    | June 2015                                   |          |
| Mailing Address:                                 | 1325 Barksdale   | Blvd                           | c)     | Type of Filing<br>(check one) | • • • • • • • • • • • • • • • • • • •       | 7        |
|  |  |                                | ]      | , ,                           | Original 🖓                                  |          |
|  | Bossier City, LA   | 71111                          | d)     | State Reporting               | Revision LJ<br>KENTUCKY                     |          |
| Telephone Number:                                | 318 671-5736   |                                |        |                               |   |          |
| Fax Number:                                      | 800 637-3107   |                                |        |                               |   |          |
| E-mail Address:                                  | lakishat@budge   | tprepay.com                    |        |                               |   |          |
| Lifeline   |  |                                | -      |                               |   |          |
|  |  | (a) # Lifeline                 |        | (b) Lifeline Sup              |   | e        |
| Non-Tribal Low-Income Sub                        | scribers   | Subscribers                    |        | Subscriber Su                 |   |          |
| Receiving federal Li                             | feline Support   | (8) 25625                      |        | x \$9.2                       | =\$ 237031                                  |          |
| Tribal Low-Income Subscrib                       |  | (9) <u>0</u>                   |        | <u>x \$0.00</u>               | = \$ 0                                      |          |
| Receiving federal Lifeline Support               |  | Т                              | ntal F |                               | ed \$34.25)<br>oport Claimed  (10) \$ 23703 | 1        |
| Toll Limitation Servic                           | es (TLS)   |                                |        |                               | 5011 01411104 (10) 0 <u>201 00</u>          | <u> </u> |
|  | 00(120)  |                                |        |                               |   |          |
| Cost of Providing TI<br>(the lesser of increment | L <b>S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 i | (11) <u>0.00000</u><br>n 2013) | )0     |                               |   |          |
| Number of TLS Sub                                | scribers   | (12) <u>0</u>                  |        | <u> </u>                      |   |          |
|  |  |                                |        | Total TLS Supp                | oort Claimed (13) \$ <u>0</u>               |          |
| Tribal Link Up (Availabl                         | le only to ETCs rece                                       | iving High Cost su             | ppol   | t)                            |   |          |
| Number of Connect                                | ions Waived  | (14) 0                         |        |                               |   |          |
| Charges Waived per                               | r Connection   | (15) \$ 0.00                   |        | (for multiple rates           | , use an average amount)                    |          |
|  |  | (not to exceed \$100)          |        |                               |   |          |
| Total Connection Cl                              | harges Waived  | (16) \$ <u>0.0</u>             |        |                               |   |          |
| <b>Deferred</b> Interest                         |  | (17) \$ <u>0.00</u>            |        |                               |   |          |
|  |  | Ţ                              | otal   | Tribal Link Up Sup            | port Claimed (18) \$ <u>0</u>               |          |
| ETC Payment                                      |  |                                |        |                               |   |          |
| •  | Total TLS \$ <u>0</u>                                      |                                | Total  | Tribal Link Up \$ _           | )   |          |
| τοται μποπτιο ψ <u></u> _                        |  |                                |        | -                             | I Dollars (19) \$_237031                    |          |
|  |  |                                |        | 1013                          | a volidis (19) ș                            |          |

#### (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.

| 07/08/201 | 5 |
|-----------|---|
|-----------|---|

David Donahue

| DATE |
|------|
|------|

CFO

David Donahue

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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

| (1) USAC Service Provider Identifica | tion Number <u>143000887</u> | (2) Study Area Code <u>269033</u>  |
|--------------------------------------|------------------------------|--|
| (3) Filer 499 ID <u>814995</u>       | (4) Technology               | y Type (check one) Wireline 🔲 🦳 Wireless 🕎   |
| (5) ETC Designation Type (Check on   | e): Lifeline Only 🛄          | High Cost/Low Income   |
| (6) Organization Information         |                              | (7) Filing Information   |
| Company Legal Name: Budge            | et PrePay Inc.               | a) Submission Date 08/10/2015  |
|                                      | ha Taylor                    | b) Data Month July 2015  |
| Mailing Address: 1325                | Barksdale Blvd               | c) Type of Filing<br>(check one)   |
|                                      |                              | Original 🗹<br>Revision   |
|                                      | er City, LA 71111            | d) State Reporting KENTUCKY  |
|                                      | 71-5736                      |  |
| Fax Number: 800 6                    | 37-3107                      |  |
| E-mail Address: lakish               | at@budgetprepay.com          | n  |
| Lifeline                             |                              |  |
| Litolino                             | (a) # Lifeline               | (b) Lifeline Support/ (c) Total Lifeline   |
| Non-Tribal Low-Income Subscribers    | 04070                        | Subscriber Support   |
| Receiving federal Lifeline S         |                              | x \$ <u>9.25</u> = \$ <u>224498</u>  |
| Tribal Low-Income Subscribers        | (9) <u>0</u>                 | $x \$ \frac{0.00}{(a + b + a - a - a - a - a - a - a - a - a - a$                        |
| Receiving federal Lifeline S         | uppon                        | (not to exceed \$34.25)<br>Total Federal Lifeline Support Claimed  (10) \$ <u>224498</u> |
| Toll Limitation Services (TL         | SI                           |  |
|                                      |                              |  |
| Cost of Providing TLS per S          |                              | 0000   |
| (the lesser of incremental cost or   |                              |  |
| Number of TLS Subscribers            | (12) <u>0</u>                |  |
| Tuibal Link the Acceletate entry     |                              | Total TLS Support Claimed (13) \$ <u>0</u>   |
| Tribal Link Up (Available only t     | O ETUS receiving High Uos    | st support)  |
| Number of Connections Wa             |                              |  |
| Charges Waived per Conne             |                              | (  |
|                                      | (not to exceed \$            | 100}   |
| Total Connection Charges V           | Waived (16) \$ <u>0.0</u>    |  |
| <b>Deferred</b> Interest             | (17) \$ 0.00                 |  |
|                                      |                              | Total Tribal Link Up Support Claimed (18) \$ <u>0</u>                                    |
| ETC Payment                          |                              |  |
| Total Lifeline \$ <u>224498</u>      | otal TLS \$ 0                | Total Tribal Link Up \$ 0  |
|                                      |                              |  |

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| 00/10/2010 | 08/1 | 0/2015 |  |
|------------|------|--------|--|
|------------|------|--------|--|

OFFICER TITLE

David Donahue

| DATE |  |
|------|--|
|------|--|

OFFICER SIGNATURE

David Donahue

CFO

# OFFICER NAME

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

| (1) USAC Service Provider Ic  | lentification Number          | 14300                    | 0887        |          | (2) Stu                                  | dy Area Coo          | le <u>269033</u>        |
|---|-------------------------------|--------------------------|-------------|----------|--|----------------------|-------------------------|
| (3) Filer 499 ID <u>814995</u>                                      |                               | (4) Tec                  | chnology    | Туре (   | check one) Wireli                        | ne 🔲                 | Wireless 🗾              |
| (5) ETC Designation Type (C   | heck one): Lifeline           | Only [                   |             | High     | Cost/Low Income                          |                      |                         |
| (6) Organization Information  |                               |                          |             | (7)      | Filing Information                       | - <b>I</b>           |                         |
| Company Legal Name:   | Budget PrePay                 | Inc.                     |             | a)       | Submission Date                          | 09/08/20             | 015                     |
| Contact Name:   | Lakisha Taylor                |                          |             | b)       | Data Month                               | August 2             | 2015                    |
| Mailing Address:  | 1325 Barksdale                | Blvd                     |             | c)       | Type of Filing<br>(check one)            | ł                    |                         |
|   |                               |                          |             |          |  | Original<br>Revision | A                       |
|   | Bossier City, LA              | 7111                     | 1           | d)       | State Reporting                          | KENTU                | CKY                     |
| Telephone Number:   | 318 671-5736                  |                          |             |          |  |                      |                         |
| Fax Number:   | 800 637-3107                  |                          |             |          |  |                      |                         |
| E-mail Address:   | lakishat@budge                | etprepa                  | ay.com      |          |  |                      |                         |
| Lifeline  |                               |                          |             |          |  |                      |                         |
|   |                               | (a) # L<br><u>Su</u> bsc |             |          | (b) Lifeline Sup<br><u>Subscriber Su</u> |                      | (c) Total Lifeline      |
| Non-Tribal Low-Income Sub<br>Receiving federal Li                   |                               | (8) 2                    |             |          | x \$ 9.2                                 |                      | =s 222259               |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support |                               | (9) 0                    |             |          | x \$ 0.00                                |                      | = \$ 0                  |
|   |                               | (3)                      |             |          | (not to exce                             | eed \$34.25)         |                         |
|   |                               |                          |             | l otal H | ederal Lifeline Sup                      | oport Claime         | ed (10)\$ <u>222259</u> |
| Toll Limitation Servic  | es (TLS)                      |                          |             |          |  |                      |                         |
| Cost of Providing T   | <b>S</b> per Subscriber       | (11)                     | 0.0000      | )00      |  |                      |                         |
|   | al cost or \$3 in 2012 /\$2 i |                          |             |          |  |                      |                         |
| Number of TLS Sub   | scribers                      | (12)                     | 0           |          |  |                      |                         |
| Tribal Link Un (Austhali  |                               | 5                        |             |          | Total TLS Supp                           | oort Claimec         | l (13) \$ <u>0</u>      |
| Tribal Link Up (Availab   | le only to ETCs rece          | iving Hi                 | gn Cost s   | suppor   | τ)                                       |                      |                         |
| Number of Connect   | ions Waived                   | (14)                     | 0           |          |  |                      |                         |
| Charges Waived pe   | r Connection                  | (15) \$                  |             |          | (for multiple rates                      | s, use an avera      | age amount)             |
| <i>,</i>  |                               | (not to e                | exceed \$10 | 0)       |  |                      |                         |
| Total Connection C  | harges Waived                 | (16) \$                  | 0.0         |          | _  |                      |                         |
| <b>Deferred</b> Interest  |                               | (17) \$                  | 0.00        |          |  |                      |                         |
|   |                               |                          |             | Total    | Tribal Link Up Sup                       | port Claime          | d (18) \$ <u>0</u>      |
| ETC Payment   |                               |                          |             |          |  |                      |                         |
| Total Lifeline <u>\$ 222259</u>                                     | Total TLS \$_0                |                          |             | Total    | Tribal Link Up \$ (                      | )                    |                         |
|   |                               |                          |             |          |  |                      | a) \$ <u>222259</u>     |
|   |                               |                          |             |          | . 510                                    |                      |                         |

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| 09/08/201 | 5 |
|-----------|---|
|-----------|---|

OFFICER TITLE

David Donahue

| DATE |
|------|
|------|

OFFICER SIGNATURE

David Donahue

CFO

## OFFICER NAME

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

| (1) USAC Service Provider Id                                  | 143000887 (2) Study Area Code 269033 |   |                 |                                    | 269033                 |                    |
|---|--------------------------------------|---|-----------------|------------------------------------|------------------------|--------------------|
| (3) Filer 499 ID 814995                                       |                                      | (4) Technology Ty                               | pe (o           | check one) Wirelir                 | 1e 🔲                   | Wireless 🚺         |
| (5) ETC Designation Type (C                                   | Only 🛄 🛛 H                           | ligh  | Cost/Low Income |                                    |                        |                    |
| (6) Organization Information                                  |                                      |   | (7)             | Filing Information                 |                        |                    |
| Company Legal Name:   | Budget PrePay                        | Inc.  | a)              | Submission Date                    | 10/08/201              | 5                  |
| Contact Name:   | Lakisha Taylor                       |   | b)              | Data Month                         | Septembe               | er 2015            |
| Mailing Address:  | 1325 Barksdale                       | Blvd  | c)              | Type of Filing<br>(check one)      | •                      |                    |
|   |                                      |   |                 | · · · · · (                        | Original 🔽<br>Revision | 4                  |
|   | Bossier City, LA                     | 71111   | d)              | State Reporting                    | KENTUC                 | ΚY                 |
| Telephone Number:   | 318 671-5736                         |   | }               |                                    |                        |                    |
| Fax Number:   | 800 637-3107                         |   |                 |                                    |                        |                    |
| E-mail Address:   | lakishat@budge                       | tprepay.com                                     |                 |                                    |                        |                    |
| Lifeline  |                                      |   |                 |                                    |                        |                    |
|   |                                      | (a) # Lifeline<br>Subscribers                   |                 | (b) Lifeline Sup<br>Subscriber Sup |                        | (c) Total Lifeline |
| Non-Tribal Low-Income Subs<br>Receiving federal Li            |                                      | (8) 23045                                       |                 | x \$ 9.2                           |                        | =\$ 213166         |
| -   | •••                                  |   |                 | 0.00                               |                        | = \$ <u>0</u>      |
| Tribal Low-Income Subscrib<br>Receiving federal Li            |                                      |   |                 | x                                  |                        |                    |
|   |                                      | To  | otal F          | ederal Lifeline Sup                | port Claimed           | (10)\$ 213166      |
| Toll Limitation Servic  | es (TLS)                             |   |                 |                                    |                        |                    |
| Cost of Providing TI<br>(the lesser of incremented            | (11) <u>0.00000</u><br>n 2013)       | 0   |                 |                                    |                        |                    |
| Number of TLS Sub   | scribers                             | (12) <u>0</u>                                   |                 | <u> </u>                           |                        |                    |
|   |                                      |   |                 | Total TLS Supp                     | ort Claimed            | (13) \$ <u>0</u>   |
| Tribal Link Up (Availab                                       | le only to ETCs rece                 | iving High Cost su                              | ppor            | t)                                 |                        |                    |
| Number of Connections Waived<br>Charges Waived per Connection |                                      | (14) 0<br>(15) \$ 0.00<br>(not to exceed \$100) |                 | (for multiple rates,               | , use an average       | e amount)          |
| Total Connection Cl   | narges Waived                        | (16) \$ <u>0.0</u>                              |                 |                                    |                        |                    |
| Deferred Interest   |                                      | (17) \$ 0.00                                    |                 |                                    |                        |                    |
|   |                                      | т   | otal            | Tribal Link Up Sup                 | port Claimed           | (18) \$ <u>0</u>   |
| ETC Payment   |                                      |   |                 |                                    |                        |                    |
| -<br>Total Lifeline <u>\$ 213166</u>                          | Total TLS \$_0                       |   | Fotal           | Tribal Link Up \$ <u>0</u>         | )                      | _                  |
|   |                                      |   |                 | Total                              | l Dollars (19)         | <u>\$ 213166</u>   |
|   |                                      |   |                 |                                    |                        |                    |

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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.

| 1 | 0/ | '08 | 3/2 | 01 | 5 |
|---|----|-----|-----|----|---|
|---|----|-----|-----|----|---|

David Donahue

| DATE |
|------|
|------|

CFO

David Donahue

OFFICER NAME

OFFICER SIGNATURE

### **OFFICER TITLE**

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

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

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

| (1) USAC Service Provider Identification Number     |  |                         | 143000887 (2) Study Area Co  |        |                                       | le <u>269033</u>                         |                          |  |
|---|--|-------------------------|------------------------------|--------|---------------------------------------|--|--------------------------|--|
| (3) Filer 499 ID <u>814995</u>                      |  |                         | chnology Ty                  | /pe (d | check one) Wirelin                    | ne 🛄                                     | Wireless 🕢               |  |
| (5) ETC Designation Type (C                         | heck one): Lifeline                                | Only [                  |                              | High   | Cost/Low Income                       |  |                          |  |
| (6) Organization Information                        |  |                         |                              | (7)    | Filing Information                    | <b>.</b>                                 | <u>.</u>                 |  |
| Company Legal Name:                                 | Budget PrePay                                      | Inc.                    |                              | a)     | Submission Date                       | 11/09/20                                 | )15                      |  |
| Contact Name:                                       | Lakisha Taylor                                     |                         |                              | b)     | Data Month                            | October                                  | 2015                     |  |
| Mailing Address:                                    | 1325 Barksdale                                     | Blvd                    |                              | C)     | Type of Filing<br>(check one)         |  |                          |  |
|   |  |                         |                              |        | · · · · · · · · · · · · · · · · · · · | Original<br>Revision                     | A .                      |  |
|   | Bossier City, LA                                   | 7111                    | 1                            | d)     | State Reporting                       | KENTU                                    |                          |  |
| Telephone Number:                                   | 318 671-5736                                       |                         |                              |        |                                       | •  |                          |  |
| Fax Number:   | 800 637-3107                                       |                         |                              |        |                                       |  |                          |  |
| E-mail Address:                                     | lakishat@budge                                     | tprepa                  | ay.com                       | ]      |                                       |  |                          |  |
| Lifeline  |  |                         |                              |        |                                       |  |                          |  |
|   |  | (a) # L<br><u>Subsc</u> | ifeline                      |        | (b) Lifeline Sup<br>Subscriber Sup    |  | (c) Total Lifeline       |  |
| Non-Tribal Low-Income Subs<br>Receiving federal Li  |  |                         | 3289                         |        | x \$ 9.2                              |  | =\$ 215423               |  |
| -   |  | 0                       |                              |        | 0.00                                  | <u> </u>                                 | ·                        |  |
| Tribal Low-Income Subscrib<br>Receiving federal Li  |  | (*)                     |                              |        | x \$ <u>0.00</u><br>(not to exce      | ed \$34.25)                              | = \$                     |  |
| U U   |  |                         | To                           | otal F | ederal Lifeline Sup                   | port Claime                              | ed (10) \$ <u>215423</u> |  |
| Toll Limitation Servic                              | es (TLS)   |                         |                              |        |                                       |  |                          |  |
|   |  |                         |                              |        |                                       |  |                          |  |
| Cost of Providing TI<br>(the lesser of incremented) | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | <b>(11)</b><br>n 2013)  | 0.00000                      | 0      |                                       |  |                          |  |
| Number of TLS Sub                                   | scribers   | (12)                    | 0                            |        |                                       |  |                          |  |
| Tribal Link Up (Availabi                            | le only to FTCs rece                               | ivina Hi                | iah Cost su                  | innor  | Total TLS Supp                        | ort Claimed                              | l (13) \$ <u>0</u>       |  |
|   |  |                         | .g., 000000                  | ppor   | 7                                     |  |                          |  |
| Number of Connect                                   |  | (14)                    | 0                            |        | —                                     |  |                          |  |
| Charges Waived per                                  | r Connection                                       | (15) \$<br>(not to (    | <u>0.00</u><br>exceed \$100) |        | (for multiple rates                   | r multiple rates, use an average amount) |                          |  |
|   |  | ·                       | ·                            |        |                                       |  |                          |  |
| Total Connection Cl                                 | harges Waived                                      | (16) \$                 | 0.0                          |        |                                       |  |                          |  |
| Deferred Interest                                   |  | (17) \$                 | 0.00                         |        |                                       |  |                          |  |
|   |  |                         | 1                            | otal   | Tribal Link Up Sup                    | port Claime                              | d (18) \$ <u>0</u>       |  |
| ETC Payment   |  |                         |                              |        |                                       |  |                          |  |
| Total Lifeline \$ 215423                            | Total TL <b>S \$_</b> 0                            |                         |                              | Total  | Tribal Link Up \$ _0                  | )  |                          |  |
|   |  |                         |                              |        | Tota                                  | l Dollars (19                            | a) <u>\$ 215423</u>      |  |

### (20) CERTIFICATIONS AND SIGNATURES

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

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11/09/2015

Robert D Hyde, III

DATE

OFFICER SIGNATURE

Robert D Hyde, III

President

**OFFICER TITLE** 

### OFFICER NAME

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

| (3) Filer 499 ID 814995 (4) Technology Type (check one) Wireline Wireless   (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (1)   (6) Organization Information (7) Filing Information (7) Filing Information   Company Legal Name: Budget PrePay Inc. a) Submission Date 12/08/2015   Contact Name: Lakisha Taylor b) Data Month November 2015   Mailing Address: 1325 Barksdale Blvd o' Type of Filing (check one) Original Revision   Bossier City, LA 71111 d) State Reporting KENTUCKY   Telephone Number:   318 671-5736   Fax Number: 800 637-3107   E-mail Address:   Iakishat@budgetprepay.com   Lifeline   Non-Tribal Low-Income Subscribers   Receiving federal Lifeline Support   (9)   0   23350   x<   (9)   0   x<   (9)   0   x<   (10)   (11)   (11)   (12)   (13)   (14)   (14)   (15)   (15)   (16)   (17)   (18)   (18)   (18)   (19)   (11)   (11)   (11)   (12)   (12)   (13)   (14)   (14)   (15)   (15)   (16)   (16) </th  |
|---|
| (6) Organization Information       (7) Filing Information         Company Legal Name:       Budget PrePay Inc.       a) Submission Date       12/08/2015         Contact Name:       Lakisha Taylor       b) Data Month       November 2015         Mailing Address:       1325 Barksdale Blvd       c) Type of Filing (check one)       Original Revision         Bossier City, LA 71111       d) State Reporting       KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline Subscribers         Non-Tribal Low-Income Subscribers       (a) # 23350         Receiving federal Lifeline Support       (9) 0         Y       x \$ 0.00<br>(not to exceed \$34.25)   |
| Company Legal Name:       Budget PrePay Inc.       a)       Submission Date       12/08/2015         Contact Name:       Lakisha Taylor       b)       Data Month       November 2015         Mailing Address:       1325 Barksdale Blvd       c)       Type of Filing (check one)       Original Revision         Bossier City, LA 71111       d)       State Reporting       KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline Subscribers       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) 23350       x \$ 9.25       = \$ 215988         Tribal Low-Income Subscribers       (9) 0       x \$ 0.00       = \$ 0         Receiving federal Lifeline Support       (9) 0       x \$ 0.00       = \$ 0  |
| Company Legal Name:       Budget PrePay Inc.       a)       Submission Date       12/08/2015         Contact Name:       Lakisha Taylor       b)       Data Month       November 2015         Mailing Address:       1325 Barksdale Blvd       c)       Type of Filing (check one)       Original Revision         Bossier City, LA 71111       d)       State Reporting       KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline Subscribers       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) 23350       x \$ 9.25       = \$ 215988         Tribal Low-Income Subscribers       (9) 0       x \$ 0.00       = \$ 0         Receiving federal Lifeline Support       (9) 0       x \$ 0.00       = \$ 0  |
| Mailling Address:       1325 Barksdale Blvd       c)       Type of Filing<br>(check one)         Bossier City, LA 71111       d)       State Reporting       VENTUCKY         Telephone Number:       318 671-5736       Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com       KENTUCKY         Lifeline       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (a) # 23350       x \$ <u>9.25</u> = \$ <u>215988</u> Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support       (9) <u>0</u> x \$ <u>0.00</u> = \$ <u>0</u>  |
| 1325 BarkSuale BivuOriginal<br>RevisionOriginal<br>RevisionOriginal<br>RevisionBossier City, LA 71111d) State ReportingKENTUCKYTelephone Number:318 671-5736Fax Number:800 637-3107E-mail Address:lakishat@budgetprepay.comLifeline(b) Lifeline Support/<br>SubscribersNon-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers(a) # Lifeline<br>Subscribers<br>Receiving federal Lifeline Support(b) Lifeline Support/<br>Subscriber SupportTribal Low-Income Subscribers<br>Receiving federal Lifeline Support(b) $23350$ x \$ $9.25$ = \$ $215988$ Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(9) $0$ x \$ $0.00$<br>(not to exceed \$34.25)= \$ $0$   |
| Original Revision       Original Revision         Bossier City, LA 71111       d) State Reporting       KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline Subscribers         Non-Tribal Low-Income Subscribers       (a) # Lifeline         Receiving federal Lifeline Support       (a) 23350         Tribal Low-Income Subscribers       (a) 23350         Receiving federal Lifeline Support       (a) 23350         X \$ 0.00       = \$ 0         (not to exceed \$34.25)       = \$ 0   |
| Bossier City, LA 71111       d) State Reporting KENTUCKY         Telephone Number:       318 671-5736         Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline Subscribers         Receiving federal Lifeline Support       (a) <u>23350</u> Tribal Low-Income Subscribers       (a) <u>23350</u> Receiving federal Lifeline Support       (b) <u>0</u> x \$ <u>0.00</u> = \$ <u>0</u> (not to exceed \$34.25)       = \$ <u>0</u>  |
| Fax Number:       800 637-3107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline       (b) Lifeline Support/       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline       Support       (c) Total Lifeline         Tribal Low-Income Subscribers       (a) # Lifeline       23350       x \$  |
| BOU 037-5107         E-mail Address:       lakishat@budgetprepay.com         Lifeline       (a) # Lifeline         Non-Tribal Low-Income Subscribers       (b) Lifeline Support/       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support/       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # 23350       x \$ _ 9.25       = \$ 215988         Tribal Low-Income Subscribers       (9) 0       x \$ _ 0         Receiving federal Lifeline Support       (9) 0       x \$ _ 0  |
| Lifeline       (a) # Lifeline       (b) Lifeline Support/       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support/       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Non-Tribal Low-Income Subscribers       (a) # Lifeline       (b) Lifeline Support       (c) Total Lifeline         Tribal Low-Income Subscribers       (a) # Lifeline       (c) Total Lifeline       (c) Total Lifeline         (a) # Lifeline       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         (a) # Lifeline       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         (b) Lifeline Support       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline         (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline       (c) Total Lifeline |
| Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers<br>(8) 23350(b) Lifeline Support<br>Subscriber Support(c) Total Lifeline<br>Subscriber SupportTribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers<br>(b) 23350(b) Lifeline Support(c) Total Lifeline<br>SupportTribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers<br>(b) 23350(b) Lifeline Support(c) Total Lifeline<br>SupportTribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers<br>(not to exceed \$34.25)= \$ 0  |
| Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers<br>(8) 23350(b) Lifeline Support<br>Subscriber Support(c) Total Lifeline<br>Subscriber SupportTribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers<br>(b) 23350(b) Lifeline Support(c) Total Lifeline<br>SupportTribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers<br>(b) 23350(b) Lifeline Support(c) Total Lifeline<br>SupportTribal Low-Income Subscribers<br>Receiving federal Lifeline Support(a) # Lifeline<br>Subscribers<br>(not to exceed \$34.25)= \$ 0  |
| Non-Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(8) 23350 $x $ 9.25$ $= $ 215988$ Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(9) 0 $x $ 0.00$ $= $ 0$  |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support(9) $0$ x\$ $0.00$<br>(not to exceed \$34.25)= \$ $0$  |
| Receiving federal Lifeline Support (not to exceed \$34.25)  |
|   |
| Total Federal Lifeline Support Claimed (10) \$ 215988   |
| Toll Limitation Services (TLS)  |
|   |
| Cost of Providing TLS per Subscriber (11) 0.000000<br>(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)   |
| Number of Connections Waived (14) 0   |
| Charges Walved per Connection $(15) \$ 0.00$ (for multiple rates, use an average amount)  |
| (not to exceed \$100)   |
| Total Connection Charges Waived (16) \$ 0.0   |
| Deferred Interest (17) \$ 0.00  |
| Total Tribal Link Up Support Claimed (18) \$ <u>0</u>   |
| ETC Payment   |
| Total Lifeline \$ <u>215988</u> Total TLS <u>\$0</u> Total Tribal Link Up <u>\$0</u>  |
| Total Dollars (19) \$ _215988   |

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12/08/2015

Robert D Hyde, III

DATE

OFFICER SIGNATURE

Robert D Hyde, III

President

**OFFICER TITLE** 

### OFFICER NAME

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

| (1) USAC Service Provider Id                      | (1) USAC Service Provider Identification Number <u>143000887</u> (2) Study Area Code <u>269033</u> |                                |        |                                     |                           |                          |  |
|---|--|--------------------------------|--------|-------------------------------------|---------------------------|--------------------------|--|
| (3) Filer 499 ID <u>814995</u>                    |  | (4) Technology Ty              | vpe (  | check one) Wirelin                  | ne 🔲                      | Wireless 🗾               |  |
| (5) ETC Designation Type (C                       | heck one): Lifeline  | Only 🛄 🕴                       | ligh   | Cost/Low Income                     |                           |                          |  |
| (6) Organization Information                      |  |                                | (7)    | Filing Information                  |                           |                          |  |
| Company Legal Name:                               | Budget PrePay  | Inc.                           | a)     | Submission Date                     | 01/08/2                   | 016                      |  |
| Contact Name:                                     | Lakisha Taylor   |                                | b)     | Data Month                          | Decemb                    | per 2015                 |  |
| Mailing Address:                                  | 1325 Barksdale   | Blvd                           | c)     | Type of Filing<br>(check one)       |                           |                          |  |
|   |  |                                |        |                                     | Original<br>Revision      | PI I                     |  |
|   | Bossier City, LA   | 71111                          | d)     | State Reporting                     | KENTU                     | CKY                      |  |
| Telephone Number:                                 | 318 671-5736   |                                |        |                                     |                           |                          |  |
| Fax Number:                                       | 800 637-3107   |                                | 1      |                                     |                           |                          |  |
| E-mail Address:                                   | lakishat@budge   | tprepay.com                    |        |                                     |                           |                          |  |
| Lifeline  |  |                                |        |                                     |                           |                          |  |
|   |  | (a) # Lifeline                 |        | (b) Lifeline Sup                    |                           | (c) Total Lifeline       |  |
| Non-Tribal Low-Income Sub                         | scribers   | Subscribers                    |        | <u>Subscriber Sup</u>               | oport                     |                          |  |
| Receiving federal Li                              | feline Support   | (8) 22916                      |        | x \$ <u>9.2</u>                     | 5                         | = \$ 211973              |  |
| Tribal Low-Income Subscrib                        |  | (9) <u>0</u>                   |        | . x \$ <u>0.00</u>                  |                           | = \$                     |  |
| Receiving federal Li                              | feline Support   | Ťc                             | otal F | not to exce)<br>ederal Lifeline Sup | ed \$34.25)<br>port Claim | ed (10) \$ <u>211973</u> |  |
| Toll Limitation Servic                            | es (TLS)   |                                |        |                                     |                           |                          |  |
|   |  |                                |        |                                     |                           |                          |  |
| Cost of Providing Ti<br>(the lesser of incrementa | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i   | (11) <u>0.00000</u><br>n 2013) | )0     |                                     |                           |                          |  |
| Number of TLS Sub                                 | scribers   | (12) <u>0</u>                  |        |                                     |                           |                          |  |
|   |  |                                |        | Total TLS Supp                      | ort Claime                | d (13) \$ <u>0</u>       |  |
| Tribal Link Up (Availab                           | le only to ETCs rece   | iving High Cost su             | ppol   | t)                                  |                           |                          |  |
| Number of Connect                                 | ions Waived  | (14) 0                         |        |                                     |                           |                          |  |
| Charges Waived per                                | r Connection   | (15) \$ 0.00                   |        | (for multiple rates                 | , use an aver             | age amount)              |  |
|   |  | (not to exceed \$100)          |        |                                     |                           |                          |  |
| Total Connection Cl                               | harges Waived  | (16) \$ 0.0                    |        |                                     |                           |                          |  |
| Deferred Interest                                 |  | (17) \$ 0.00                   |        |                                     |                           |                          |  |
|   |  | т                              | otal   | Tribal Link Up Sup                  | port Claime               | ed (18) \$ <u>0</u>      |  |
| ETC Payment                                       |  |                                |        |                                     |                           |                          |  |
| Total Lifeline \$ <u>211973</u>                   |  |                                | T      | Trabal Line 11. A                   | )                         |                          |  |
| Total Lheline \$ 21 toto                          | <u> </u>   |                                | otal   | -                                   |                           |                          |  |
|   |  |                                |        | Tota                                | I Dollars (1              | 9) \$ _211973            |  |

### (20) CERTIFICATIONS AND SIGNATURES

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

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01/08/2016

Robert D Hyde III

DATE

OFFICER SIGNATURE

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The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER NAME

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

| entification Number                                       | 143000887  |   | (2) Stu  | dy Area Coo                                   | te <u>269033</u>        |
|---|--|---|--|---|-------------------------|
|   | (4) Technology Ty  | /pe (   | check one) Wirelii   | ne 🛄  | Wireless 🔽              |
| neck one): Lifeline                                       | Only 📮 🛛   | ligh  | Cost/Low Income  |   |                         |
|   |  | (7)   | Filing Information   |   |                         |
| Budget PrePay   | Inc.   | a)  | Submission Date  | 02/08/20                                      | )16                     |
| Lakisha Taylor  |  | b)  | Data Month   | January                                       | 2016                    |
| 1325 Barksdale  | Blvd   | C)  | Type of Filing<br>(check one)  |   |                         |
|   |  |   |  |   |                         |
| Bossier City, LA  | 71111  | d)  | State Reporting  | 1   | CKY                     |
|   |  |   |  | •   |                         |
| 800 637-3107  |  | 1   |  |   |                         |
| lakishat@budge  | tprepay.com  |   |  |   |                         |
|   |  | -   |  |   |                         |
|   | (a) # Lifeline   |   |  |   | (c) Total Lifeline      |
| scribers  |  |   |  |   | 404005                  |
| Receiving federal Lifeline Support                        |  |   | -  | .5  | =\$ 194925              |
| ers   | (9) <u>0</u>   |   |  | 1 00 ( 05)                                    | = \$                    |
| teline Support  | Тс   | otal F  | not to exce)<br>ederal Lifeline Sup  | ed \$34.25)<br>oport Claime                   | ed (10)\$ <u>194925</u> |
| es (TLS)  |  |   |  |   |                         |
|   | 0,0000   | 0   |  |   |                         |
| <b>-S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 i |  | 10  |  |   |                         |
| scribers  | (12) <u>0</u>  |   |  |   |                         |
| la anticita ETCa raca                                     | iuina Hiab Coot o  | mpo   | ••   | oort Claimed                                  | 1 (13) \$ <u>0</u>      |
|   | wing nigh Cost su  | ippoi   | 0  |   |                         |
| ons Waived  | (14) 0   |   |  |   |                         |
| Connection  | (15) \$ <u>0.00</u>  |   | (for multiple rates  | . (for multiple rates, use an average amount) |                         |
|   | (not to exceed \$100)  |   |  |   |                         |
| narges Waived   | (16) \$ 0.0  |   |  |   |                         |
|   | (17) \$ 0.00   |   |  |   |                         |
|   | T  | otal  | Tribal Link Up Sup   | port Claime                                   | ed (18) \$ <u>0</u>     |
|   |  |   |  |   |                         |
| Total TLS \$_0  |  | Tota  | Tribal Link Up \$ <u>(</u>   | )   |                         |
|   |  |   |  |   | 9) <u>\$ 194925</u>     |
|   | beck one): Lifeline<br>Budget PrePay<br>Lakisha Taylor<br>1325 Barksdale<br>Bossier City, LA<br>318 671-5736<br>800 637-3107<br>lakishat@budge<br>cribers<br>feline Support<br>es (TLS)<br>S per Subscriber<br>cost or \$3 in 2012 /\$2 i<br>scribers<br>e only to ETCs rece<br>ons Waived<br>Connection | heck one): Lifeline Only $\Box$<br>Budget PrePay Inc.<br>Lakisha Taylor<br>1325 Barksdale Blvd<br>Bossier City, LA 71111<br>318 671-5736<br>800 637-3107<br>lakishat@budgetprepay.com<br>(a) # Lifeline<br>Subscribers<br>feline Support<br>(b) 0<br>feline Support<br>(c) 0<br>feline Support<br>(c) 0<br>feline Support<br>(c) 0<br>feline Support<br>(c) 0<br>(c) 0 | (4) Technology Type (a) (4) Technology Type (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c |   |                         |

### (20) CERTIFICATIONS AND SIGNATURES

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02/08/2016

Robert D Hyde, III

DATE

OFFICER SIGNATURE

Robert D Hyde, III

President

**OFFICER TITLE** 

OFFICER NAME

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

| (1) USAC Service Provider Id                    | lentification Number                               | 14300                  | 0887  |       | (2) Stud                              | dy Area Cod          | le <u>269033</u>                       |
|---|--|------------------------|---|-------|---------------------------------------|----------------------|--|
| (3) Filer 499 ID <u>814995</u>                  |  | (4) Tec                | hnology Ty  | pe (  | check one) Wireli                     | ne 🛄                 | Wireless 🗹                             |
| (5) ETC Designation Type (C                     | heck one): Lifeline                                | Only [                 |   | ligh  | Cost/Low Income                       |                      |  |
| (6) Organization Information                    |  |                        |   | (7)   | Filing Information                    | •                    |  |
| Company Legal Name:                             | Budget PrePay                                      | Inc.                   |   | a)    | Submission Date                       | 03/08/20             | )16                                    |
| Contact Name:                                   | Lakisha Taylor                                     |                        |   | b)    | Data Month                            | February             | y 2016                                 |
| Mailing Address:                                | 1325 Barksdale                                     | Blvd                   |   | c)    | Type of Filing<br>(check one)         |                      |  |
|   |  |                        |   | -     |                                       | Original<br>Revision |  |
|   | Bossier City, LA                                   | 7111                   | 1   | d)    | State Reporting                       | KENTU                | CKY                                    |
| Telephone Number:                               | 318 671-5736                                       |                        |   |       |                                       |                      |  |
| Fax Number:                                     | 800 637-3107                                       |                        |   |       |                                       |                      |  |
| E-mail Address:                                 | lakishat@budge                                     | tprepa                 | ay.com  |       |                                       |                      |  |
| Lifeline  |  |                        |   |       |                                       |                      |  |
| Literine  |  | (a) # L                |   |       | (b) Lifeline Sup                      |                      | (c) Total Lifeline                     |
| Non-Tribal Low-Income Sub                       | scribe <b>rs</b>                                   | <u>Subsc</u>           |   |       | Subscriber Su                         | oport                |  |
| Receiving federal Li                            |  | (8) 2                  | 8) <u>21324</u> x \$ <u>9.25</u>                                |       | 5                                     | =\$ <u>197247</u>    |  |
| Tribal Low-Income Subscrib                      |  | (9) <u>0</u>           |   |       | · · · · · · · · · · · · · · · · · · · |                      | = \$ 0                                 |
| Receiving federal Li                            | ifeline Support                                    |                        | (not to exceed \$34.25)<br>Total Federal Lifeline Support Claim |       |                                       |                      | ed (10)\$ <u>197247</u>                |
| Toll Limitation Servio                          | es (TLS)   |                        |   |       |                                       |                      |  |
|   |  |                        |   |       |                                       |                      |  |
| Cost of Providing T<br>(the lesser of increment | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | <b>(11)</b><br>n 2013) | 0.00000   | )0    |                                       |                      |  |
| Number of TLS Sub                               | scribers   | (12)                   | 0   |       |                                       |                      |  |
|   |  |                        |   |       | Total TLS Supp                        | oort Claimec         | I (13) \$ <u>0</u>                     |
| <b>Tribal Link Up</b> (Availab                  | le only to ETCs rece                               | iving Hi               | gh Cost su  | ippol | <i>t)</i>                             |                      |  |
| Number of Connect                               | ions Waived  | (14)                   | 0   |       |                                       |                      |  |
| Charges Waived pe                               | r Connection                                       | (15) \$                | 0.00  |       | (for multiple rates                   | s, use an avera      | age amount)                            |
|   |  | (not to e              | exceed \$100)   |       |                                       |                      |  |
| Total Connection C                              | harges Waived                                      | (16) \$                | 0.0   |       |                                       |                      |  |
| Deferred Interest                               |  | (17) \$                | 0.00  |       |                                       |                      |  |
|   |  |                        | ٦   | otal  | Tribal Link Up Sup                    | port Claime          | d (18) \$ <u>0</u>                     |
| ETC Payment                                     |  |                        |   |       |                                       |                      |  |
| Total Lifeline <u>\$</u> 197247                 | Total TLS \$_0                                     |                        |   | Tota  | Tribal Link Up \$ _                   | )                    |  |
| · · · ·   |  |                        |   |       | -                                     |                      |  |
|   |  |                        |   |       | 1018                                  | a DVIIAIS (13        | ·/ · · · · · · · · · · · · · · · · · · |

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03/08/2016

Robert D Hyde, III

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**Presid**ent

OFFICER SIGNATURE Robert D Hyde, III

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

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| (1) USAC Service Provide  | r Identification Number        | r <u>143000887</u>                   |         | (2) Stu                       | dy Area Co                 | ode <u>269033</u>    |
|---|--------------------------------|--------------------------------------|---------|-------------------------------|----------------------------|----------------------|
| (3) Filer 499 ID <u>814995</u>                                      |                                | (4) Technology T                     | уре (   | check one) Wireli             | ne 🔲                       | Wireless 🗾           |
| (5) ETC Designation Type  | (Check one): Lifelin           | e Only 🛄                             | High    | Cost/Low Income               |                            |                      |
| 6) Organization Informati   | on                             |                                      | (7)     | Filing Information            |                            |                      |
| Company Legal Name:   | Budget PrePay                  | Inc.                                 | a)      | Submission Date               | 04/08/2                    | 2016                 |
| Contact Name:   | Lakisha Taylor                 |                                      | b)      | Data Month                    | March                      | 2016                 |
| Mailing Address:  | 1325 Barksdale                 | e Blvd                               | c)      | Type of Filing<br>(check one) | 1                          |                      |
|   |                                |                                      |         | (oneon one)                   | Original<br>Revision       |                      |
|   | Bossier City, L/               | A 71111                              | d)      | State Reporting               | KENTU                      | JCKY                 |
| Telephone Number:   | 318 671-5736                   |                                      |         |                               |                            |                      |
| Fax Number:   | 800 637-3107                   | <u></u>                              |         |                               |                            |                      |
| E-mail Address:   | lakishat@budg                  | etprepay.com                         |         |                               |                            |                      |
| Lifeline  |                                |                                      |         |                               |                            |                      |
| un vinno  |                                | (a) # Lifeline                       |         | (b) Lifeline Su               |                            | (c) Total Lifeline   |
| Non-Tribal Low-Income S   | ubscribers                     | <u>Subscribers</u>                   |         | Subscriber Su                 | <u>pport</u>               |                      |
| Receiving federal Lifeline Support                                  |                                | (8) 21296                            |         | x \$ <u>9.2</u>               | .5                         | =\$ 196988           |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support |                                | (9) <u>0</u>                         |         | . <u>× \$ 0.00</u>            |                            | = \$ _0              |
|   |                                | т                                    | 'otal F |                               | eed \$34.25)<br>port Clain | ned (10) \$ 196988   |
| Toll Limitation Serv  | vices (TLS)                    | -                                    |         |                               |                            | <u></u>              |
|   | TLS per Subscriber             | (11) 0.0000                          | 00      |                               |                            |                      |
| (the lesser of increm   | ental cost or \$3 in 2012 /\$2 | · _                                  |         |                               |                            |                      |
| Number of TLS S   | ubscribers                     | (12) <u>0</u>                        |         |                               |                            |                      |
|   |                                |                                      |         | Total TLS Supp                | oort Claime                | ed (13) \$ <u>0</u>  |
| <b>Tribal</b> Lin <b>k Up</b> (Avail                                | able only to ETCs rec          | eiving High Cost si                  | uppoi   | T)                            |                            |                      |
| Number of Conne   | ections Waived                 | (14) 0                               |         |                               |                            |                      |
| Charges Waived  | per Connection                 | (15) \$ 0.00<br>(not to exceed \$100 |         | (for multiple rates           | s, use an ave              | erage amount)        |
|   |                                | (not to exceed \$100                 | <i></i> |                               |                            |                      |
| Total Connection  | Charges Waived                 | (16) \$ <u>0.0</u>                   |         |                               |                            |                      |
| Deferred Interest   |                                | (17) \$ 0.00                         |         |                               |                            |                      |
|   |                                |                                      | Total   | Tribal Link Up Sup            | port Claim                 | red (18) \$ <u>0</u> |
| ETC Payment   |                                |                                      |         |                               |                            |                      |
| Total Lifeline \$ 196988  | Total TLS \$ 0                 | <u> </u>                             | Tota    | Tribal Link Up \$ _(          | )                          | <u></u>              |
|   |                                |                                      |         |                               |                            | 19) \$ 196988        |
|   |                                |                                      |         | 1018                          |                            | 10/9                 |

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04/08/2016

Robert D Hyde, III

DATE

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OFFICER NAME

President

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

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

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

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



March 21, 2016 Via Web Filing

Mr. Brent Kirtley, Tariff Branch Manager Kentucky Public Service Commission 211 Sower Boulevard Frankfort, KY 40602-0615

RE: Budget PrePay, Inc. Kentucky PSC Tariff No. 1

Dear Mr. Kirtley:

Enclosed for filing please find the original of the above referenced tariff filing submitted on behalf of Budget PrePay, Inc. The purpose of this filing is to remove Toll Limitation Service, and Link-Up. The Company respectfully requests an effective date for this filing of March 21, 2016.

The following tariff pages are included with this filing:

6th Revised Sheet 3Updates Check Sheet3td Revised Sheet 18Removes TLS2nd Revised Sheet 25.1Removes Link-Up3td Revised Sheet 26Removes TLS

Any questions you may have regarding this filing should be directed to my attention at 407-740-8575 or via email to dgainor@tminc.com. Thank you for your assistance in this matter.

Sincevely

Consultant to Budget PrePay, Inc.

cc: Robin Enkey - Budget PrePay

- file: Budget PrePay Kentucky Local
- tms: KY11602

Enclosures DG/mp

6<sup>th</sup> Revised Sheet 3 Cancels 5<sup>th</sup> Revised Sheet 3 Kentucky PSC Tariff No. 1

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### CHECK SHEET

The Sheets of this tariff are effective as of the date shown at the bottom of the respective sheets. Original and revised sheets as named below comprise all changes from the original tariff and are currently in effect as of the date on the bottom of this sheet.

| 1          | Original                |   |
|------------|-------------------------|---|
| 2          | Original                |   |
| 3          | 6 <sup>th</sup> Revised | * |
| 4          | 2 <sup>nd</sup> Revised |   |
| 5          | Original                |   |
| 6          | Original                |   |
| 7          | Original                |   |
| 8          | 3 <sup>rd</sup> Revised | * |
| 9          | Original                |   |
| 10         | Original                |   |
| 10         | Original                |   |
| 12         | Original                |   |
| 13         | Original                |   |
| 14         | Original                |   |
| 15         | Original                |   |
| 16         | Original                |   |
| 17         | 1 <sup>st</sup> Revised |   |
| 18         | 2 <sup>nd</sup> Revised |   |
| 19         | 2 <sup>nd</sup> Revised |   |
| 20         | 1 <sup>st</sup> Revised |   |
| 21         | 2 <sup>nd</sup> Revised |   |
| 22         | 2 <sup>nd</sup> Revised |   |
| 23         | 2 <sup>nd</sup> Revised |   |
| 24         | 1 <sup>st</sup> Revised |   |
| 25         | 1 <sup>st</sup> Revised |   |
| 25.1       | 2 <sup>nd</sup> Revised | * |
| 26         | 3 <sup>rd</sup> Revised | * |
| 27         | 1 <sup>st</sup> Revised |   |
| 28         | 1 <sup>st</sup> Revised |   |
| 29         | 1 <sup>st</sup> Revised |   |
| 30         | 1 <sup>st</sup> Revised |   |
| 31         | 1 <sup>st</sup> Revised |   |
| 32         | 2 <sup>nd</sup> Revised |   |
| 33         | 1 <sup>st</sup> Revised |   |
| * New or R | evised Sheet            |   |
|            |                         |   |

## Issued: March 21, 2016

Effective: March 21, 2016

### SECTION 3 – DESCRIPTION OF SERVICE

### 3.1 Computation of Charges

- 3.1.1 The total monthly charges for basic local service, with additional charges for custom calling features when applicable, is a fixed monthly amount and entitles subscribers to an unlimited number of calls to all exchange access lines within the local calling area.
- 3.1.2 The rates for local service and custom calling services are outlined below:

| Local Phone service<br><u>Monthly Charges</u> | Rate schedule 4.B                         |
|---|---|
| Basic Plan                                    | \$43.45<br>\$33.45 w/ prompt pay discount |
| Deluxe Prepaid Package                        | \$53.40<br>\$43.40 w/ prompt pay discount |
| Unlimited LD Package                          | \$9.95                                    |
| LD 250 Package                                | \$5.00                                    |
| Double Feature Package                        | \$43.45<br>\$33.45 w/ prompt pay discount |
| Non-published Number                          | \$5.00                                    |
| Local Expanded Area Service                   | \$20.00                                   |

(D)

Effective: March 21, 2016

### SECTION 3 – DESCRIPTION OF SERVICE

### 3.2 <u>Service Offerings</u>, (Cont'd.)

- 3.2.8 Lifeline, (Cont'd.)
  - 4. Terms and Conditions: (Cont'd.)
    - d. When, for any reason, a customer is determined to be ineligible the Company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline account will be disconnected.
    - e. Certification of eligibility in any of the qualifying low-income assistance programs will be required for any account that has been disconnected prior to the reestablishment of the service.
    - f. Toll blocking will be provided at no charge to the Lifeline subscriber.
  - 5. Eligible low-income assistance programs:
    - a. The eligible low-income assistance programs are the same as those defined in the Incumbent LEC's current and effective Tariffs on file with the Commission.
  - 6. Rates

| Tier 1 Federal Credit          |         |
|--------------------------------|---------|
| All Areas                      | \$6.50  |
| Tier 2 Federal Credit          | <i></i> |
| All Areas                      | \$1.75  |
| Tier 3 State Credit            | ቀኋ ድሳ   |
| All Areas                      | \$3.50  |
| Tier 3 Federal Matching Credit | ድስ ስስ   |
| Windstream Areas               | \$0.00  |
| All other Areas                | \$1.75  |

3.2.9 [Reserved for Future Use]

**(T)** 

Issued: March 21, 2016

Effective: March 21, 2016

### SECTION 3 – DESCRIPTION OF SERVICE

## 3.2 <u>Service Offerings</u>, (Cont'd.)

### 3.2.10 Prompt Pay Discount

Residential customers who pay their account balance in full on or before the account due date will receive a Prompt Pay Discount in the amount of \$10.00. In anticipation of timely payment, the Prompt Pay Discount is applied to the customer's account at the time of billing.

The Prompt Pay Discount will be removed from an account where payment in full has not been received by the due date.

### 3.2.11 [Reserved for Future Use]

# (b)

Effective: March 21, 2016

**(D)** 

### 3.3 OSS Recovery

In addition to other charges that may be applicable under this tariff, a monthly recurring charge of \$1.20 will be imposed by Company to partially defray the cost of providing service to the customer through the Incumbent LEC's Operational Support System(s).

## Issued: March 21, 2016

Chief Financial Officer 1325 Barksdale Blvd., Suite 200 Bossier City, LA 71111

By: