

**COMMONWEALTH OF KENTUCKY**  
**BEFORE THE PUBLIC SERVICE COMMISSION**

In the Matter of:

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

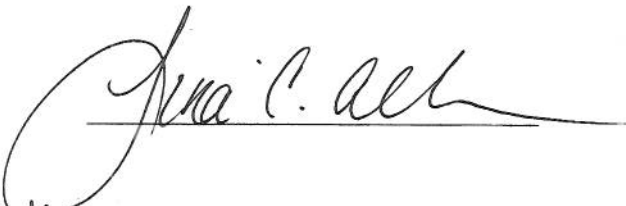
**EASY WIRELESS' RESPONSES**  
**TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION**

Easy Telephone Services Company d/b/a Easy Wireless, hereby serves its Responses to the Kentucky Public Service Commission Request for Information dated April 6, 2016.

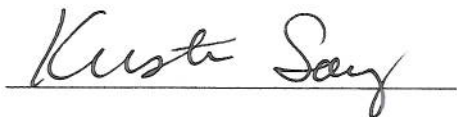
VERIFICATION

STATE OF FLORIDA            )  
  ) ss.  
County of MARION            )

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

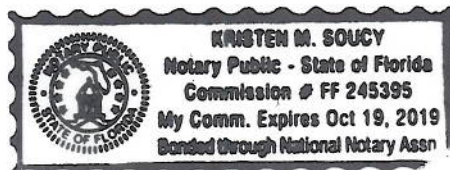


Subscribed and sworn to before me this 27<sup>th</sup> day of April, 2016



Notary Public

My Commission expires: 10/19/19



**DATA RESPONSES**

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

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

**RESPONSE:** Please see attached Exhibit 1.

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

**RESPONSE:** Please see attached Exhibit 2.

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager



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

**RESPONSE:**

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

**RESPONSE:**

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

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

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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

<sup>2</sup> The FCC and USAC have not said how many production duplicates were found.

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

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

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

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

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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager



**REQUESTS FOR INFORMATION TO ALL PARTIES**

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

**RESPONSE:** Same response as #1

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

**RESPONSE:** The line receives a full month subsidy.

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

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

If line activates 1/15/2015 and disconnects 5/7/2015, the line is NOT eligible for subsidy on the way out.

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

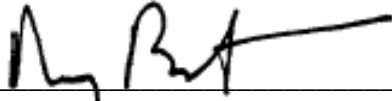
**REQUEST NO. 6.** State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are or anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of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

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

**RESPONSIBLE WITNESS:** Tina C. Allen, Compliance Manager

**CERTIFICATE OF SERVICE**

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

  
\_\_\_\_\_  
Douglas F. Brent

# **Exhibit 1**





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

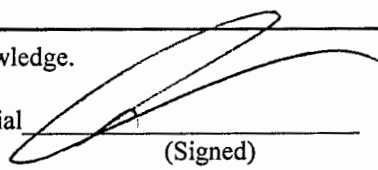
Date 2/12/2014

Reporting Month 2014-01

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2,260
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$180.80
4. Number of Access Lines Receiving Lifeline Support.....	1,993
5. Amount of Reimbursement Requested from Kentucky USF.....	\$6,975.50

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 3/10/2014

Reporting Month 2014-02

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	1933
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$154.64
1827	
4. Number of Access Lines Receiving Lifeline Support.....	1827
5. Amount of Reimbursement Requested from Kentucky USF.....	\$6,394.50

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

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

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

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/9/2014

Reporting Month 2014-03

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	1785
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$142.80
1827	
4. Number of Access Lines Receiving Lifeline Support.....	1725
5. Amount of Reimbursement Requested from Kentucky USF.....	\$6,037.50

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

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Capitol Annex, Room 488A  
Frankfort, KY 40601

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

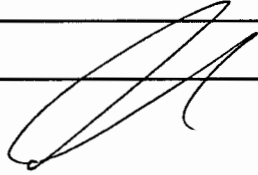
Date 5/12/2014

Reporting Month 2014-04

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>2083</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$166.64</u>
1827 4. Number of Access Lines Receiving Lifeline Support.....	<u>2013</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$7,045.50</u>

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

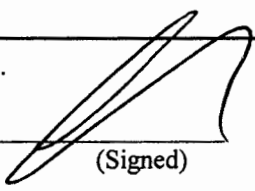
Date 6/11/2014

Reporting Month 2014-05

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2,428
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$194.24
4. Number of Access Lines Receiving Lifeline Support.....	2374
5. Amount of Reimbursement Requested from Kentucky USF.....	\$8,309.00

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

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

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

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 7/9/2014

Reporting Month 2014-06

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2,895
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$231.60
4. Number of Access Lines Receiving Lifeline Support.....	2838
5. Amount of Reimbursement Requested from Kentucky USF.....	\$9,933.00

Signature Block	
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Company Official <u>Joseph Fernandez</u> (Printed)	Title <u>President</u> Company Official (Signed)

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COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

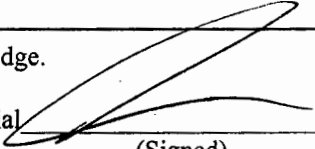
Date 8/11/2014

Reporting Month 2014-07

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3,650
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$292.00
4. Number of Access Lines Receiving Lifeline Support.....	3,565
5. Amount of Reimbursement Requested from Kentucky USF.....	\$12,477.50

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

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



**COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND**

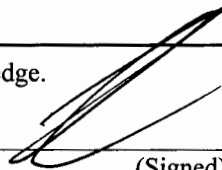
Date 9/9/2014

Reporting Month 2014-08

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>3,836</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$306.88</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>3,833</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$13,415.50</u>

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

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

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

Send a copy of this report to:

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND


Date 10/10/2014

Reporting Month 2014-09

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>4,304</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$344.32</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>4,298</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$15,043.00</u>

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

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Frankfort, KY 40601

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 11/10/2014

Reporting Month 2014-10

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

**POSTED**

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>4,507</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$360.56</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>4,504</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$15,764.00</u>

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

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Frankfort, KY 40601

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 12/9/2014

Reporting Month 2014-11

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>4,662</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$372.96</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>4,620</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$16,170.00</u>

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

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

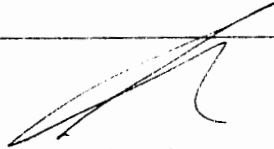
Date 1/12/2015

Reporting Month 2014-12

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

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

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

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Frankfort, KY 40601

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Frankfort, KY 40602



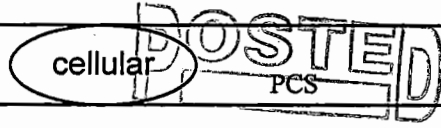
COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 2/13/2015

Reporting Month 2015-01

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	4,293
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$343.44
4. Number of Access Lines Receiving Lifeline Support.....	4,293
5. Amount of Reimbursement Requested from Kentucky USF.....	\$15,025.50

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 3/10/2015

Reporting Month 2015-02

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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**POSTED**  
Monthly Access Line Data

1.	Total Access Lines in Service.....	4,148
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$331.84
4.	Number of Access Lines Receiving Lifeline Support.....	4,148
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$14,518.00

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

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

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

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

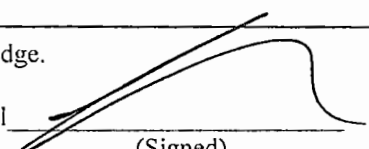
Date 4/8/2015

Reporting Month 2015-03

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	4,011
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$320.88
4. Number of Access Lines Receiving Lifeline Support.....	4,011
5. Amount of Reimbursement Requested from Kentucky USF.....	\$14,038.50

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

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Frankfort, KY 40601

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 5/12/2015

Reporting Month 2015-04

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

**POSTED**

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2705
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$216.40
4. Number of Access Lines Receiving Lifeline Support.....	2704
5. Amount of Reimbursement Requested from Kentucky USF.....	\$9,464.00

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

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

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

Send a copy of this report to:

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 6/9/2015

Reporting Month 2015-05

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

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 7/13/2015

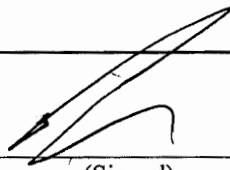
Reporting Month 2015-06

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	cellular
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**POSTED**

Monthly Access Line Data	
1. Total Access Lines in Service.....	2318
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$185.44
4. Number of Access Lines Receiving Lifeline Support.....	2310
5. Amount of Reimbursement Requested from Kentucky USF.....	\$8,085.00

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

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Capitol Annex, Room 488A  
Frankfort, KY 40601

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

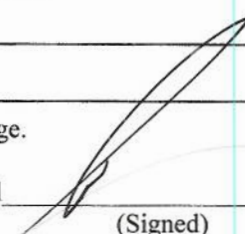
Date 8/17/2015

Reporting Month 2015-07

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2210
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$176.80
4. Number of Access Lines Receiving Lifeline Support.....	2207
5. Amount of Reimbursement Requested from Kentucky USF.....	\$7,724.50

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

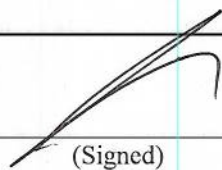
Date 9/9/2015

Reporting Month 2015-08

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>2018</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$161.44</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>2013</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$7,045.50</u>

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

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Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

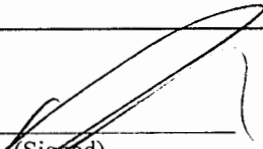
Date 11/2/2015

Reporting Month 2015-09

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	1824
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$145.92
4. Number of Access Lines Receiving Lifeline Support.....	1818
5. Amount of Reimbursement Requested from Kentucky USF.....	\$6,363.00

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

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 11/11/2015

Reporting Month 2015-10

Carrier Information

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

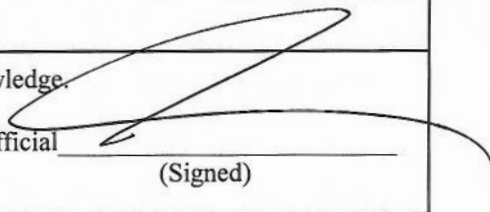
Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data

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

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Joseph Fernandez Title President Company Official   
(Printed) (Signed)

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COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

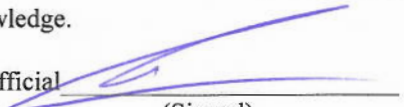
Date 12/9/2015

Reporting Month 2015-11

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	1654
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$132.32
4. Number of Access Lines Receiving Lifeline Support.....	1652
5. Amount of Reimbursement Requested from Kentucky USF.....	\$5,782.00

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

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COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

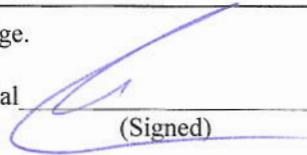
Date 1/12/2016

Reporting Month 2015-12

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
-------------------------------------	------	------	-----------------	-----

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

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

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

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

Send a copy of this report to:

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

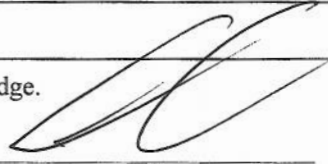
Date 4/13/2016

Reporting Month 2016-01

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
-------------------------------------	------	------	-----------------	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

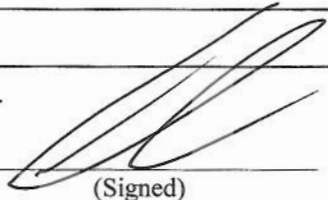
Date 4/13/2016

Reporting Month 2016-02

Carrier Information	
Company Name	EASY TELEPHONE SERVICE
Company Address	4352 SE 95 <sup>TH</sup> STREET OCALA, FL 34480
Telephone / Fax	352-433-2116 / 352-433-2161
Vendor Number	<span style="background-color: black; color: black;">XXXXXXXXXX</span>

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
-------------------------------------	------	------	-----------------	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/13/2016

Reporting Month 2016-03

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
-------------------------------------	------	------	-----------------	-----

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

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

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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

# **Exhibit 2**

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	02/07/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	January 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1993</u>	x \$ <u>9.25</u>	= \$ <u>18435</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18435</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 18435 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 18435**



**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.

02/07/2014

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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

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

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	03/07/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	February 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1827</u>	x \$ <u>9.25</u>	= \$ <u>16900</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16900</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 16900 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 16900**

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.

03/07/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

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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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	04/07/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	March 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1725</u>	x \$ <u>9.25</u>	= \$ <u>15956</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15956</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 15956 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 15956**

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.

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04/07/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	05/08/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	April 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2013</u>	x \$ <u>9.25</u>	= \$ <u>18620</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18620</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 18620 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 18620**

**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.

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05/08/2014

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	06/09/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	May 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2374</u>	x \$ <u>9.25</u>	= \$ <u>21960</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>21960</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 21960 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 21960**

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.

06/09/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	07/08/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	June 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2838</u>	x \$ <u>9.25</u>	= \$ <u>26252</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>26252</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 26252 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 26252**



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.

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07/08/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	08/08/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	July 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>3565</u>	x \$ <u>9.25</u>	= \$ <u>32976</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>32976</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 32976 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 32976

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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08/08/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	09/08/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	August 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>3833</u>	x \$ <u>9.25</u>	= \$ <u>35455</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>35455</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 35455 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 35455**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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09/08/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	10/07/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	September 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>4298</u>	x \$ <u>9.25</u>	= \$ <u>39757</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>39757</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 39757 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 39757

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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10/07/2014

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	11/07/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	October 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>4504</u>	x \$ <u>9.25</u>	= \$ <u>41662</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>41662</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 41662 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 41662**



**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.

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11/07/2014

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	12/08/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	November 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>4620</u>	x \$ <u>9.25</u>	= \$ <u>42735</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>42735</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 42735 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 42735**

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.

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12/08/2014

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	01/08/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	December 2014
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>4572</u>	x \$ <u>9.25</u>	= \$ <u>42291</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>42291</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 42291 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 42291

LIFELINE WORKSHEET

**(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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01/08/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	02/06/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	January 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>4293</u>	x \$ <u>9.25</u>	= \$ <u>39710</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>39710</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 39710 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 39710

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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02/06/2015

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	03/05/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	February 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>4148</u>	x \$ <u>9.25</u>	= \$ <u>38369</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>38369</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 38369 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 38369**



LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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03/05/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	04/06/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	March 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>4011</u>	x \$ <u>9.25</u>	= \$ <u>37102</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>37102</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 37102 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 37102

**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.

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04/06/2015

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	05/07/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	April 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2704</u>	x \$ <u>9.25</u>	= \$ <u>25012</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>25012</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 25012 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 25012

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.

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05/07/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	06/05/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	May 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2580</u>	x \$ <u>9.25</u>	= \$ <u>23865</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>23865</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 23865 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 23865**

LIFELINE WORKSHEET

**(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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06/05/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	07/08/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	June 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2310</u>	x \$ <u>9.25</u>	= \$ <u>21368</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>21368</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 21368 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 21368



**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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07/08/2015

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

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(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	08/04/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	July 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2207</u>	x \$ <u>9.25</u>	= \$ <u>20415</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>20415</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 20415 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 20415

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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08/04/2015

Joseph Fernandez

DATE

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	09/03/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	August 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2013</u>	x \$ <u>9.25</u>	= \$ <u>18620</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18620</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 18620 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 18620

**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.

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09/03/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	10/05/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	September 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1818</u>	x \$ <u>9.25</u>	= \$ <u>16817</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16817</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 16817 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 16817

**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.

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10/05/2015

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	11/06/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	October 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1617</u>	x \$ <u>9.25</u>	= \$ <u>14957</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>14957</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 14957 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 14957



**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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11/06/2015

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	12/07/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	November 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1652</u>	x \$ <u>9.25</u>	= \$ <u>15281</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15281</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 15281 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 15281

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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12/07/2015

Joseph Fernandez

DATE

OFFICER SIGNATURE

President

Joseph Fernandez

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	01/06/2016
Contact Name:	CAITLYN LUMPKIN	b) Data Month	December 2015
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1504</u>	x \$ <u>9.25</u>	= \$ <u>13912</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>13912</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 13912 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 13912**

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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01/06/2016

Joseph Fernandez

**DATE**

**OFFICER SIGNATURE**

President

Joseph Fernandez

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	02/08/2016
Contact Name:	CAITLYN LUMPKIN	b) Data Month	January 2016
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1177</u>	x \$ <u>9.25</u>	= \$ <u>10887</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>10887</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 10887 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 10887**

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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02/08/2016

Tina C. Allen

**DATE**

**OFFICER SIGNATURE**

Compliance Manager

Tina C. Allen

**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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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032

(3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	03/04/2016
Contact Name:	CAITLYN LUMPKIN	b) Data Month	February 2016
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1164</u>	x \$ <u>9.25</u>	= \$ <u>10767</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>10767</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 10767 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 10767**

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.

03/04/2016

Tina C. Allen

DATE

OFFICER SIGNATURE

Secretary

Tina C. Allen

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143034376 (2) Study Area Code 269032  
 (3) Filer 499 ID 826954 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Easy Telephone Service Company Inc	a) Submission Date	04/07/2016
Contact Name:	CAITLYN LUMPKIN	b) Data Month	March 2016
Mailing Address:	4352 SE 95TH STREET	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BELLEVIEW, FL 34420		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1225</u>	x \$ <u>9.25</u>	= \$ <u>11331</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>11331</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
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 Number of TLS Subscribers (12) 0

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**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 11331 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 11331

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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04/07/2016

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# **Exhibit 3**

## Easy Wireless Rate Sheet KY April 2016

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