

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

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

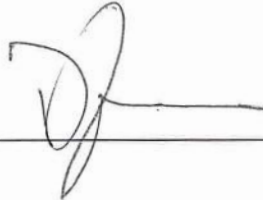
AIR VOICE WIRELESS LLC'S RESPONSES
TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION

Air Voice Wireless, LLC hereby serves its Responses to the Kentucky Public Service Commission Request for Information dated April 6, 2016.

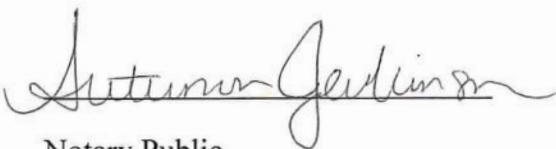
VERIFICATION

STATE OF MICHIGAN)
) ss.
County of Oakland)

I, Dennis Jaboro, being first duly sworn upon oath, depose and say that I am the Chief Operating Officer of Airvoice Wireless, and as such am authorized to make this verification on its behalf; that I have read the foregoing responses; that I know the contents thereof; and that the facts set forth in the foregoing responses are true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry.

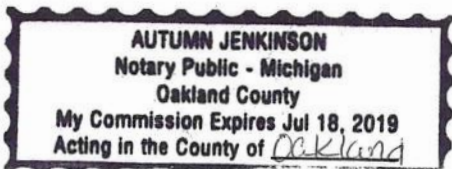


Subscribed and sworn to before me this 27 day of April, 2016



Notary Public

My Commission expires: July 18, 2019



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: See attachment labeled *Exhibit 1*.

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSE: See attachment labeled *Exhibit 2*.

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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:

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

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSE:

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

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

- A statement of benefits from a qualifying state, federal, or Tribal program;
- A notice letter of participation in a qualifying state, federal, or Tribal program;
- Program participation documents, such as a benefits card; or
- Another official document evidencing the consumer's participation in a qualifying state, federal, or Tribal program.

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

- Prior year's state, federal or tribal tax return;
- Current income statement from an employer or three consecutive months of paycheck stubs;
- A Social Security Statement of benefits;
- A Veterans Administration Statement of benefits;
- A retirement or pension statement of benefits;
- An unemployment or worker's compensation statement of benefits;
- Federal or Tribal notice letter of participation in General Assistance; or
- A divorce decree, child support award, or other official document containing income information

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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:

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

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

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

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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: See attachment labeled *Exhibit 1*.

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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: Air Voice Wireless does not bill its Lifeline customers.

RESPONSIBLE WITNESS: Dennis Jaboro, Chief Operating Officer

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.

A handwritten signature in black ink, appearing to read 'Douglas F. Brent', written over a horizontal line.

Douglas F. Brent

Exhibit 1



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 2/11/2014

Reporting Month 2014-01

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

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	4,818
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$385.44
4. Number of Access Lines Receiving Lifeline Support.....	4,812
5. Amount of Reimbursement Requested from Kentucky USF.....	\$16,842.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Jim Bahli</u> (Printed)	Title <u>Member - CEO</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 3/11/2014

Reporting Month 2014-02

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

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3,773
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$301.84
4. Number of Access Lines Receiving Lifeline Support.....	3,518
5. Amount of Reimbursement Requested from Kentucky USF.....	\$12,313.00

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

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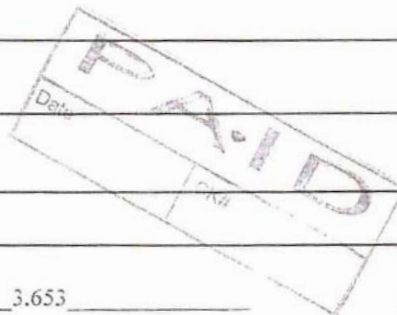
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 6/3/2014

Reporting Month 2014-03

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3,653
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$292.24
4. Number of Access Lines Receiving Lifeline Support.....	3,649
5. Amount of Reimbursement Requested from Kentucky USF.....	\$1,277.15

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

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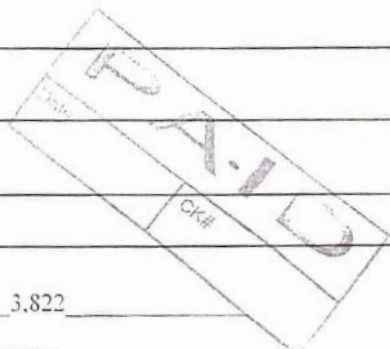
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 6/3/2014

Reporting Month 2014-04

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	3,822
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$305.76
4. Number of Access Lines Receiving Lifeline Support.....	3,814
5. Amount of Reimbursement Requested from Kentucky USF.....	\$13,349.00

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

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Finance and Administration Cabinet
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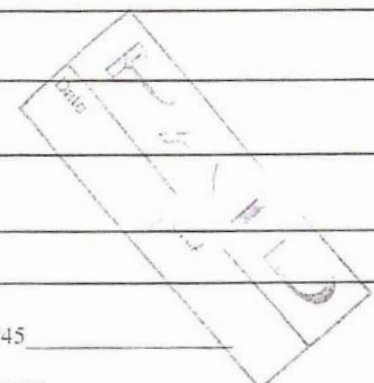
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 6/11/2014

Reporting Month 2014-05

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	4545
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$36.36- <u>363.60</u>
4. Number of Access Lines Receiving Lifeline Support.....	4533
5. Amount of Reimbursement Requested from Kentucky USF.....	\$15,865.50

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

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 7/11/2014

Reporting Month 2014-06

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	6072
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$485.76
4. Number of Access Lines Receiving Lifeline Support.....	6065
5. Amount of Reimbursement Requested from Kentucky USF.....	\$21,227.50

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

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

Finance and Administration Cabinet
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Frankfort, KY 40601

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Send a copy of this report to:

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 8/11/2014

Reporting Month 2014-07

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

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	7948
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$635.84
4. Number of Access Lines Receiving Lifeline Support.....	7928
5. Amount of Reimbursement Requested from Kentucky USF.....	\$27,748.00

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 9/9/2014

Reporting Month 2014-08

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	11,001
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$880.08
4. Number of Access Lines Receiving Lifeline Support.....	10,983
5. Amount of Reimbursement Requested from Kentucky USF.....	\$38,440.50

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 10/10/2014

Reporting Month 2014-09

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

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	14,542
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,163.36
4. Number of Access Lines Receiving Lifeline Support.....	14,526
5. Amount of Reimbursement Requested from Kentucky USF.....	\$50,641.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Jim Battali</u> (Printed)	Title <u>Member</u> Company Official <u>[Signature]</u> (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 11/10/2014

Reporting Month 2014-10

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

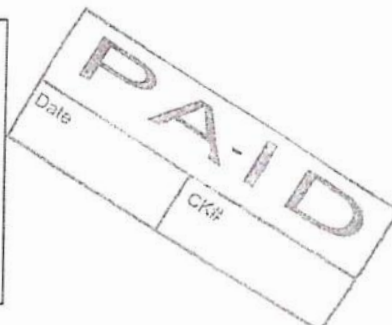
Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	13,748
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,099.84
4. Number of Access Lines Receiving Lifeline Support.....	12,838
5. Amount of Reimbursement Requested from Kentucky USF.....	\$44,993.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Jim Stahl</u> (Printed)	Title <u>MEMBER - CEO</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 12/10/2014

Reporting Month 2014-11

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

Classification Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	12,963
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,037.04
4. Number of Access Lines Receiving Lifeline Support.....	12,953
5. Amount of Reimbursement Requested from Kentucky USF.....	\$45,335.50

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

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 January 7, 2014

Reporting Month December 2014

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	11,221
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$ 897.68
4. Number of Access Lines Receiving Lifeline Support.....	11,221
5. Amount of Reimbursement Requested from Kentucky USF.....	\$ 39,273.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Susan Cockerham</u> (Printed)	Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</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 February 5, 2015

Reporting Month January 2015

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

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Susan Cockerham</u> (Printed)	Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date March 9, 2015

Reporting Month February 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	10,811
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$ 864.88
4. Number of Access Lines Receiving Lifeline Support.....	10,811
5. Amount of Reimbursement Requested from Kentucky USF.....	\$ 37,838.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Susan Cockerham</u> (Printed)	Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 9, 2015

Reporting Month March 2015

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

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 20, 2015

Reporting Month April 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 10, 2015

Reporting Month May 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 10, 2015

Reporting Month June 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	6,816
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$ 545.28
4. Number of Access Lines Receiving Lifeline Support.....	6,816
5. Amount of Reimbursement Requested from Kentucky USF.....	\$ 23,856.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date August 10, 2015

Reporting Month July 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date September 9, 2015

Reporting Month August 2015

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

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Susan Cockerham</u> (Printed)	Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 9, 2015

Reporting Month September 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Susan Cockerham</u> (Printed)	Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date November 6, 2015

Reporting Month October 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Susan Cockerham</u> (Printed)	Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed)

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date December 7, 2015

Reporting Month November 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Susan Cockerham</u> (Printed)	Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date January 8, 2016

Reporting Month December 2015

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

Classification Please Circle One	I L E C	C L E C	<input checked="" type="checkbox"/> Cellular	P C S
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Monthly Access Line Data	
1. Total Access Lines in Service.....	2,690
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$ 215.20
4. Number of Access Lines Receiving Lifeline Support.....	2,690
5. Amount of Reimbursement Requested from Kentucky USF.....	\$ 9,415.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Susan Cockerham</u> (Printed)	Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 8, 2016

Reporting Month January 2016

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Jennifer Rabig</u> (Printed)	Title <u>Attorney In Fact</u> Company Official (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date March 9, 2016

Reporting Month February 2016

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	---	---------------------------

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Jennifer Rabig</u> (Printed)	Title <u>Attorney In Fact</u> Company Official (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 7, 2016

Reporting Month March 2016

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	1,655
2. Surcharge Per Access Line.....	\$0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	\$ 231.70
4. Number of Access Lines Receiving Lifeline Support.....	1,655
5. Amount of Reimbursement Requested from Kentucky USF.....	\$ 5,792.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Jennifer Rabig</u> (Printed)	Title <u>Attorney In Fact</u> Company Official (Signed)

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Exhibit 2

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	03/26/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>4224</u>	x \$ <u>9.25</u>	= \$ <u>39072</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>39072</u>

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 \$ 39072 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 39072

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

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

03/26/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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

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

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

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

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FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	03/26/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>3795</u>	x \$ <u>9.25</u>	= \$ <u>35104</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>35104</u>

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 \$ 35104 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 35104

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

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

03/26/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	04/04/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>3649</u>	x \$ <u>9.25</u>	= \$ <u>33753</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>33753</u>

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 \$ 33753 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 33753

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FCC Form 497
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LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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04/04/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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FCC Form 497
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LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	05/05/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>3814</u>	x \$ <u>9.25</u>	= \$ <u>35280</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>35280</u>

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 \$ 35280 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 35280

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LIFELINE WORKSHEET

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3060-0819

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(20) CERTIFICATIONS AND SIGNATURES

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05/05/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	06/06/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>4533</u>	x \$ <u>9.25</u>	= \$ <u>41930</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>41930</u>

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 \$ 41930 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 41930

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LIFELINE WORKSHEET

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(20) CERTIFICATIONS AND SIGNATURES

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06/06/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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3060-0819

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(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	07/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>6065</u>	x \$ <u>9.25</u>	= \$ <u>56101</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>56101</u>

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 \$ 56101 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 56101

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LIFELINE WORKSHEET

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(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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07/07/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	08/05/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>7928</u>	x \$ <u>9.25</u>	= \$ <u>73334</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>73334</u>

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 \$ 73334 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 73334

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

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

08/05/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	09/05/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>10983</u>	x \$ <u>9.25</u>	= \$ <u>101593</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>101593</u>

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 \$ 101593 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 101593

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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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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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09/05/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

OMB Approval
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Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	10/03/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>14526</u>	x \$ <u>9.25</u>	= \$ <u>134366</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>134366</u>

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 \$ 134366 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 134366

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10/03/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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 (3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	11/06/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>12838</u>	x \$ <u>9.25</u>	= \$ <u>118752</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>118752</u>

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 \$ 118752 Total TLS \$ 0 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 118752

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11/06/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	12/05/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>12953</u>	x \$ <u>9.25</u>	= \$ <u>119815</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>119815</u>

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 \$ 119815 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 119815

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12/05/2014

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042
 (3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	01/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2014
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>11221</u>	x \$ <u>9.25</u>	= \$ <u>103794</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>103794</u>

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 \$ 103794 Total TLS \$ 0 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 103794

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

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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01/06/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042
 (3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	02/05/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>10963</u>	x \$ <u>9.25</u>	= \$ <u>101408</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>101408</u>

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 \$ 101408 Total TLS \$ 0 Total Tribal Link Up \$ 0
 Total Dollars (19) \$ 101408

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FCC Form 497
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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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02/05/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	03/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>10811</u>	x \$ <u>9.25</u>	= \$ <u>100002</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>100002</u>

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 \$ 100002 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 100002

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LIFELINE WORKSHEET

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03/06/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	04/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>9235</u>	x \$ <u>9.25</u>	= \$ <u>85424</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>85424</u>

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 \$ 85424 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 85424

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04/07/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

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 (3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	05/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>8627</u>	x \$ <u>9.25</u>	= \$ <u>79800</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>79800</u>

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 \$ 79800 Total TLS \$ 0 Total Tribal Link Up \$ 0
 Total Dollars (19) \$ 79800

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Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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05/07/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042
 (3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	06/05/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>6509</u>	x \$ <u>9.25</u>	= \$ <u>60208</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>60208</u>

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 \$ 60208 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 60208

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

FCC Form 497
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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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06/05/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	07/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>6816</u>	x \$ <u>9.25</u>	= \$ <u>63048</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>63048</u>

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 \$ 63048 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 63048

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LIFELINE WORKSHEET

OMB Approval
3060-0819
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07/07/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	08/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>4946</u>	x \$ <u>9.25</u>	= \$ <u>45751</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>45751</u>

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 \$ 45751 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 45751

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08/06/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	Airvoice Wireless LLC	a) Submission Date	09/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>4423</u>	x \$ <u>9.25</u>	= \$ <u>40913</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>40913</u>

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 \$ 40913 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 40913

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09/08/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

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(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	10/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>3961</u>	x \$ <u>9.25</u>	= \$ <u>36639</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>36639</u>

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 \$ 36639 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 36639

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

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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10/06/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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FCC Form 497
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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	11/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>3585</u>	x \$ <u>9.25</u>	= \$ <u>33161</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>33161</u>

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 \$ 33161 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 33161

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FCC Form 497
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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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11/06/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	12/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>3145</u>	x \$ <u>9.25</u>	= \$ <u>29091</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>29091</u>

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 \$ 29091 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 29091

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FCC Form 497
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LIFELINE WORKSHEET

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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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12/07/2015

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	01/06/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2015
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>2690</u>	x \$ <u>9.25</u>	= \$ <u>24883</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>24883</u>

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 \$ 24883 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 24883

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LIFELINE WORKSHEET

OMB Approval
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01/06/2016

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	02/05/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2016
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>1939</u>	x \$ <u>9.25</u>	= \$ <u>17936</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>17936</u>

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 \$ 17936 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 17936

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02/05/2016

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	03/07/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2016
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>1785</u>	x \$ <u>9.25</u>	= \$ <u>16511</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>
Total Federal Lifeline Support Claimed (10)			\$ <u>16511</u>

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 \$ 16511 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16511

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

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

03/07/2016

Jim Bahri

DATE

OFFICER SIGNATURE

CEO

Jim Bahri

OFFICER TITLE

OFFICER NAME

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

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

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

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

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

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

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

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LIFELINE WORKSHEET

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Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042

(3) Filer 499 ID 828760 (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:	Airvoice Wireless LLC	a) Submission Date	04/06/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2016
Mailing Address:	2425 FRANKLIN RD	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	BLOOMFIELD, MI 48302		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@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>1655</u>	x \$ <u>9.25</u>	= \$ <u>15309</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u>	= \$ <u>0</u>
		(not to exceed \$34.25)	
		Total Federal Lifeline Support Claimed (10)	\$ <u>15309</u>

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

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(not to exceed \$100)

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ETC Payment

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Total Dollars (19) \$ 15309

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04/06/2016

Jim Bahri

DATE

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