COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

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ın	rne	viamer	OT.

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 _____ day of April, 2016

Notary Public

My Commission expires:

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

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*.

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*.

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.

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.

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

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

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.

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

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

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.

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

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.

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*.

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.

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.

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.

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.

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.

CERTIFICATE OF SERVICE

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

Douglas F. Brent

Exhibit 1



Date	2/11/2014_			
		Carrier Information		
C	Company Name	AIR VOICE WIRELESS, LLC		
Cor	mpany Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302		
Т	'elephone / Fax	248-345-3900/ 248-239-0182		
V	endor Number			
	fication Circle One	ILEC CLEC Cellular PCS		
		Monthly Access Line Data		
1.	Total Access L	ines in Service4,818		
2.	Surcharge Per	Access Line		
3.	Amount of Sur	charge Remitted to Kentucky USF\$385.44		
4.	Number of Acc	cess Lines Receiving Lifeline Support4,812		
5.	5. Amount of Reimbursement Requested from Kentucky USF\$16.842.00			
		Signature Block		
		aformation reported herein is true and accurate to the best of my knowledge.		
Compa	Company Official Jim 15 Attul Title 12 Title 12 Company Official (Signed)			
Maka	ahaale pauahla te	"V anturalis		

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



Date	3/11/2014_	Reporting Month2014-02			
		Carrier Information			
	Company Name	AIR VOICE WIRELESS, LLC			
C	ompany Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302			
8	Telephone / Fax	248-345-3900/ 248-239-0182			
	Vendor Number				
	sification se Circle One	ILEC CLEC Cellular PCS			
		Monthly Access Line Data			
1.	Total Access I	ines in Service3,773			
2.	Surcharge Per	Access Line			
3.	Amount of Sur	charge Remitted to Kentucky USF\$301.84			
4.	Number of Acc	cess Lines Receiving Lifeline Support3,518			
Amount of Reimbursement Requested from Kentucky USF					
Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company Official Jim SAHNI Title MemBon - CEO Company Official (Signed)					
Make	check payable to	o: "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:



Date6/3/2014_	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 Cellular PCS Pos
	Monthly Access Line Data
Total Access L	ines in Service
2. Surcharge Per	Access Line
3. Amount of Sur	charge Remitted to Kentucky USF
4. Number of Acc	ess Lines Receiving Lifeline Support
5. Amount of Rein	mbursement Requested from Kentucky USF
	Signature Block
I hereby attest that the in	formation reported herein is true and accurate to the best of my knowledge.
Company Official	(Printed) Title MomBon - (CO Company Official (Signed)

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



Date	6/3/2014	Reporting Month2014-04		
		Carrier Information		
(Company Name	AIR VOICE WIRELESS, LLC		
Co	mpany Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302		
1	Γelephone / Fax	248-345-3900/ 248-239-0182		
\	Vendor Number			
	fication Circle One	ILEC CLEC Cellular PCS		
		Monthly Access Line Data		
1.		ines in Service		
2.	Surcharge Per	Access Line		
3.	Amount of Sur	charge Remitted to Kentucky USF		
4.	Number of Acc	ess Lines Receiving Lifeline Support3.814		
5.	5. Amount of Reimbursement Requested from Kentucky USF			
		Ci Di I		
		Signature Block		
I hereby	_	formation reported herein is true and accurate to the best of my knowledge.		
Compai	ny Official	(Printed) Title Min 3 or - (co Company Official (Signed)		

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



Date6/11/2014	Reporting Month2014-05
	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 Cellular PCS
	Monthly Access Line Data
	Lines in Service4545
	Access Line
Amount of Sur	charge Remitted to Kentucky USF
4. Number of Acc	cess Lines Receiving Lifeline Support4533
5. Amount of Rei	mbursement Requested from Kentucky USFS15,865.50
	Signature Block
I hereby attest that the in	formation reported herein is true and accurate to the best of my knowledge.
Company Official	(Printed) (Signed)

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



Date7/11/2014		Repo	orting Month	2014-06
		Carrier Information	1	
Company Name	AIR VOIC	E WIRELESS, LLC		
Company Address	2425 FRA	NKLIN RD BLOOMFIELD,	MI 48302	
Telephone / Fax	248-345-3	900/ 248-239-0182		
Vendor Number				
Classification Please Circle One	ILEC	CLEC (cellular)	PCS	
		Monthly Access Line D	Data	
Total Access L	ines in Service.		6	072
2. Surcharge Per	Access Line			\$0.08
3. Amount of Sur	charge Remitted	I to Kentucky USF	s	485.76
4. Number of Acc	ess Lines Recei	ving Lifeline Support	60	65
5. Amount of Rein	mbursement Re	quested from Kentucky USF	S.	21,227.50
		Signature Block		
I hereby attest that the in	formation repoi	ted herein is true and accurate to the	best of my kno	wledge.
Company Official	(Printed)	Title Men ISom	Company	Official (Signed)
Make check payable to State Treasurer" and se	: "Kentucky and with this		Se	end a copy of this report to:
report to:		0014		entucky Public Service Commission
Finance and Administration Cabinet 211 Sower Blvd.				
702 Capital Ave. Capitol Annex, Room 48 Frankfort, KY 40601	8A	V	10 2000	ankfort, KY 40602



ate8/11/2014_	Reporting Month2014-07		
	Carrier Information		
Company Name	AIR VOICE WIRELESS, LLC		
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 48302		
Telephone / Fax	248-345-3900/ 248-239-0182		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular PCS		
	Monthly Access Line Data		
Total Access I	.ines in Service		
Surcharge Per	Access Line		
Amount of Surcharge Remitted to Kentucky USF			
4. Number of Ac	cess Lines Receiving Lifeline Support7928		
5. Amount of Rei	mbursement Requested from Kentucky USF\$27,748.00		
	Signature Block		
	information reported herein is true and accurate to the best of my knowledge.		
Company Official 11	(Printed) (Signed)		

Finance and Administration Cabinet

ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date9/9/2014_	Reporting Mon	th2014-08		
	Carrier Information			
Company Name	AIR VOICE WIRELESS, LLC			
Company Address	2425 FRANKLIN RD BLOOMFIELD, MI 4830	02		
Telephone / Fax	248-345-3900/ 248-239-0182			
Vendor Number				
Classification Please Circle One	ILEC CLEC Cellular PCS			
	Monthly Access Line Data			
Total Access L	Lines in Service	11,001		
2. Surcharge Per	Access Line	\$0.08		
3. Amount of Sur	3. Amount of Surcharge Remitted to Kentucky USF\$880.08			
4. Number of Acc	cess Lines Receiving Lifeline Support10	.983		
5. Amount of Reimbursement Requested from Kentucky USF\$38.440.50				
	Signature Block			
I hereby attest that the in	nformation reported herein is true and accurate to the best of my	y knowledge.		
Company Official In	(Printed) Title Mari3-r Comp	pany Official (Signed)		
Make check payable to	o: "Kentucky	Sand a game of 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:





Date10/10/2014	4	Reporting Month2014-09			
	Carrier I	Information			
Company Name	AIR VOICE WIRELESS, LLC				
Company Address	2425 FRANKLIN RD BLOOM	IFIELD, MI 48302			
Telephone / Fax	248-345-3900/ 248-239-0182				
Vendor Number		OF COLOR			
		and the second			
Classification Please Circle One	ILEC CLEC CE	llular PCS			
		1 11.00			
	Monthly Acc	cess Line Data			
Total Access L	Lines in Service	14,542			
2. Surcharge Per	Access Line	S0.08			
3. Amount of Sur	3. Amount of Surcharge Remitted to Kentucky USF				
4. Number of Acc	cess Lines Receiving Lifeline Support	14,526			
5. Amount of Rein	mbursement Requested from Kentucky US	SF			
	Signatur	re Block			
	nformation reported herein is true and accu				
Company Official	(Printed) Title Mans	Company Official (Signed)			
Make check payable to State Treasurer" and se report to: Finance and Administrati ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 48 Frankfort, KY 40601	ion Cabinet	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602			

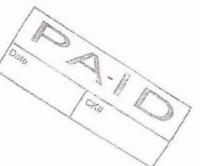


	Carrier Information			
Company Name	AIR VOICE WIRELESS, LLC			
Company Address 2425 FRANKLIN RD BLOOMFIELD, MI 48302				
Telephone / Fax	248-345-3900/ 248-239-0182			
Vendor Number				
Classification Please Circle One	ILEC CLEC Cellular	PCS		
	Monthly Access Line Da	ıta		
Total Access L	ines in Service	13.748		
2. Surcharge Per	Access Line	\$0.08		
S. Amount of Sur	charge Remitted to Kentucky USF	\$1.099.84		
4. Number of Acc	ess Lines Receiving Lifeline Support	12.838		
5. Amount of Rei	nbursement Requested from Kentucky USF	\$44,993.00		
	Signature Block			
	formation reported herein is true and accurate to the b			
Company Official	(Printed) Title MEMISIA - CCO	Company Official (Signed)		
Take check payable to tate Treasurer" and se	: "Kentucky	Send a copy of this report to:		

report to:

Finance and Administration Cabinet ATTN: KY USF

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



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



ate12/10/201-	, Ac	porting Month 2014-11		
	Carrier Informat	ion		
Company Name	Company Name AIR VOICE WIRELESS, LLC			
Company Address	2425 FRANKLIN RD BLOOMFIELD), MI 48302		
Telephone / Fax	248-345-3900/ 248-239-0182			
Vendor Number				
Classification Please Circle One	ILEC CLEC Cellular) PCS		
	Monthly Access Lin	e Data		
Total Access I	lines in Service	12.963		
Surcharge Per	Access Line	\$0.08		
 Amount of Sur 	charge Remitted to Kentucky USF	S1.037.04		
4. Number of Ac	cess Lines Receiving Lifeline Support	12,953		
5. Amount of Rei	mbursement Requested from Kentucky USF	S45,335,50		
	Signature Block	k		
0.50	nformation reported herein is true and accurate to			
Company Official	(Printed) Title (MICHO)	Company Official (Signed)		
Make check payable t State Treasurer" and s report to:		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens		

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



Date January 7,	2014		Reporting Month	December 2014
		Carrier Informatio	n	
Company Name		Wireless, LLC		
Company Address	242	Bloomfield Hills, MI 48302		
Telephone / Fax	272		00 / 248-239-0181	10002
Vendor Number		210 010 00	30 / 2 / 0 200 0 / 0 /	
Classification Please Circle One	ILEC CLEC	Cellular	PCS	
	A CONTRACTOR OF THE CONTRACTOR	Monthly Access Line	Data	
1. Total Access Li	ines in Service		11,221	
2. Surcharge Per A	Access Line		\$0.08	
 Amount of Sure 	charge Remitted to Kentuck	y USF	\$ 897.68	
4. Number of Acc			11,221	-
5. Amount of Reimbursement Requested from Kentucky USF		\$ 39,273.50		
		Signature Block		
M-4000-1-0-1	formation reported herein is			
Company Official S	usan Cockerham Title (Printed)	Attorney In Fa	ct Company Official &	(Signed)
Make check payable to State Treasurer" and se report to: Finance and Administrat ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 48 Frankfort, KY 40601	nd with this			Blvd. 5



tion		
ca Wireless II C		
co Wireless III		
Voice Wireless, LLC		
Bloomfield Hills, MI 48302		
00 / 248-239-0181		
PCS		
ne Data		
10,963		
\$ 877.04		
10,963 \$ 38,370.50		
k		
the best of my knowledge.		
Fact Company Official Sugar Cockerham (Signed)		
Send a copy of this report to:		
Kentucky Public Service Commission ATTN: Jim Stevens		
211 Sower Blvd.		
P.O. Box 615		
Frankfort, KY 40602		



Date March 9, 2015		Reporting Month	February 2015		
	Carrier Information				
Company Name	Air Voice Wireless, LLC				
Company Address	Company Address 2425 Franklin Road Bloomfield Hills, MI 48302				
Telephone / Fax			302		
Vendor Number	246-345-3900) / 248-239-0181			
Classification Please Circle One ILEC	CLEC Cellular	PCS			
	Manager Control of the Control of th				
	Monthly Access Line Da	ata			
Total Access Lines in Service		10,811	-		
2. Surcharge Per Access Line					
Amount of Surcharge Remitted to	Kentucky USF	40.044			
	ng Lifeline Support				
	ested from Kentucky USF	W 1000 100 2 100 2 1			
	Signature Block				
I hereby attest that the information reporte	d herein is true and accurate to the	best of my knowledge.			
Company Official Susan Cockerhar (Printed)	mTitle Attorney In Fact	Company Official&u	(Signed)		
Make check payable to: "Kentucky State Treasurer" and send with this		Send a copy of			
Finance and Administration Cabinet ATTN: KY USF		Kentucky Publi ATTN: Jim Ste 211 Sower Blvd P.O. Box 615			

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

Revised 03-13-2008

Frankfort, KY 40602



ate	April 9, 2015			Reporting Month	March 2015	
		1000	Carrier Information			
Com	pany Name		Air Voice	Wireless, LLC		
Compa	ny Address	2425 1		Bloomfield Hills, MI 48302		
Telep	ohone / Fax	2423 1	CAN THE REAL PROPERTY OF THE PARTY OF THE PA			
Vend	lor Number		240-345-390	0 / 248-239-0181		
Classificat Please Circ		CLEC	✓ Cellular	PCS		
	30000					
		М	onthly Access Line D	Pata		
1. T	otal Access Lines in Servi	ce		9,235	-	
2. Si	urcharge Per Access Line.			\$0.08	(F)	
Amount of Surcharge Remitted to Kentucky USF Number of Access Lines Receiving Lifeline Support Amount of Reimbursement Requested from Kentucky USF		JSF	\$ 738.80			
		upport	9,235			
		entucky USF				
			Signature Block			
I hereby at	test that the information re	ported herein is tru	ue and accurate to the	best of my knowledge.		
Company (Official Susan Cock (Printed)	erham Title	Attorney In Fac	tCompany Official_&	(Signed)	
State Treas report to:					vd.	

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



Date May 20, 2	015	Reporting Month	April 2015	
	Carrier Informat	tion		
Company Name Air Voice Wireless, LLC Company Address Telephone / Fax Vendor Number Air Voice Wireless, LLC 2425 Franklin Road Bloomfield Hills, MI 48302 248-345-3900 / 248-239-0181				
Classification Please Circle One	ILEC CLEC ✓ Cellular	PCS		
	Monthly Access Lin	ne Data		
Total Access Li	nes in Service	8,627		
	ccess Lineharge Remitted to Kentucky USF	\$ 690.16	Remittance Due Credit from Duplicate Return Amount Due This Month	
Number of Access Lines Receiving Lifeline Support Amount of Reimbursement Requested from Kentucky USF		8,627 \$ 30,194.50	Remittance Due Credit from Duplicate Return Amount Due This Month	
	Signature Block	k		
I hereby attest that the in	ormation reported herein is true and accurate to	the best of my knowledge.		
Company Official S	usan Cockerham Title Attorney In F (Printed)	act Company Official	(Signed)	

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



DateJune 10, 2015		-		Reporting Month	May 2015	
		C	arrier Information			
Company No.						
Company Nar	ne		Air Voice V	Vireless, LLC		
Company Addre	ess			37 37 37 37 37 37 37 37 37 37 37 37 37 3		
		2425 Franklin Road Bloomfield Hills, MI 48302				
Telephone / F	ax		248 345 3000	/ 248-239-0181		
Vendor Numb	per		240-343-3900	7 240-239-0101		
Classification						
Please Circle One	ILEC	CLEC	✓ Cellular	PCS		
		Mont	hly Access Line Da	ta		
1. Total Acce	ess Lines in Service	e		6,509		
	220 20 20 20 20 20 20 20 20 20 20 20 20					
Surcharge	Per Access Line			\$0.08 \$ 520.72	Remittance Due	
 Amount of 	Curaharaa Damitt	ed to Kentucky USF			Credit From Duplicate Rel	
5. Amount of	Surcharge Kemitte	ed to Kentucky USF	******************	\$ 333.36	Amount Due This Month	
 Number of 	Access Lines Rec	eiving Lifeline Supp	ort			
		and an entire supp		\$ 22,781.50	Remittance Due	
Amount of	Reimbursement R	equested from Kent	ucky USF	\$ 8,176.00	Credit From Duplicate Ret	
				\$ 14,605.50	Amount Due This Month	
		5	Signature Block			
I hereby attest that t	he information rep	orted herein is true a	and accurate to the	best of my knowledge.		
Company Official	Susan Cocker	rham Title	Attorney In Fact	Company Official		
Company Official _	(Printed)	i itie	,	Company Official	(Signed)	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3.00 4 00003	
		7				

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



July 10, 2015	Reporting Month June 2015				
	Carrier Information				
Company Name	A: \/ : \A! \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
Company Address	Air Voice Wireless, LLC				
Telephone / Fax	2425 Franklin Road Bloomfield Hills, MI 48302				
Vendor Number	248-345-3900 / 248-239-0181				
Classification					
Please Circle One ILEC CI	LEC ✓ Cellular PCS				
	Monthly Access Line Data				
Total Access Lines in Service	6,816				
Surcharge Per Access Line	\$0.08				
Amount of Surcharge Remitted to Ken	tucky USF \$ 545.28				
Number of Access Lines Receiving Lin	feline Support6,816				
5. Amount of Reimbursement Requested	from Kentucky USF \$ 23,856.00				
	Signature Block				
hereby attest that the information reported here	ein is true and accurate to the best of my knowledge.				
Company Official Susan Cockerham (Printed)	Title Attorney In Fact Company Official Susan (Exterior (Signed)				
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:				
report to:	Kentucky Public Service Commission				
Finance and Administration Cabinet	ATTN: Jim Stevens 211 Sower Blvd.				
ATTN: KY USF 702 Capital Ave.	P.O. Box 615				
oz Capitai Ave.	Frankfort, KY 40602				

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008



DateAugust 10, 2	2015		Reporting Month	July 2015
		Carrier Informatio	n	
Company Name		Air Voice	Wireless, LLC	
Company Address	2425		Bloomfield Hills, MI 48	3302
Telephone / Fax		S. Dis Westerners	00 / 248-239-0181	3002
Vendor Number		275 070 00	70, 210 200 0101	
Classification Please Circle One	ILEC CLEC	✓ Cellular	PCS	
	1	Monthly Access Line	Data	
Total Access Lin	es in Service		4,946	-
2. Surcharge Per Ac	ccess Line		\$0.08	
3. Amount of Surch	arge Remitted to Kentucky	USF	\$ 395.68	
4. Number of Acces	ss Lines Receiving Lifeline	Support	4,946	
5. Amount of Reim	bursement Requested from	Kentucky USF	\$ 17,311.00	
		Simple Dist		
I hamber attact that the info	ormation reported herein is	Signature Block	a hast of my knowledge	
	san CockerhamTitle_ (Printed)	Attorney In Fac		san Corkenham (Signed)
Make check payable to: State Treasurer" and send report to: Finance and Administratio ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488. Frankfort, KY 40601	d with this			′d.



Date September 9, 2	015	R	eporting Month	August 2015
	Carrie	er Information		
Company Name		Air Voice Wire	eless, LLC	
Company Address	2425 Frank	lin Road Bloo	omfield Hills, MI 48	3302
Telephone / Fax	24	8-345-3900 / 2	248-239-0181	
Vendor Number				
Classification Please Circle One	LEC CLEC	Cellular	PCS	
	Monthly .	Access Line Data		
Total Access Lines	in Service		4,423	
2. Surcharge Per Acc	ess Line		\$0.08_	
Amount of Surchar	rge Remitted to Kentucky USF		\$ 353.84	
4. Number of Access	Lines Receiving Lifeline Support.		4,423	-
 Amount of Reimbu 	arsement Requested from Kentuck	y USF	\$ 15,480.50	
		ature Block		
I hereby attest that the infor-	mation reported herein is true and			
company official	an Cockerham Title Att Printed)	orney In Fact	Company Official &	(Signed)
Make check payable to: "State Treasurer" and send report to: Finance and Administration ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A	with this Cabinet		100	vd.
Capitol Annex, Room 488A Frankfort, KY 40601				



DateOctober 9, 20	015		Reporting Month	September 2015
		Carrier Information		Control of the Contro
Company Name		Air Voice V	Vireless, LLC	
Company Address	2425	Bloomfield Hills, MI	18302	
Telephone / Fax	2120		/ 248-239-0181	10002
Vendor Number		240-343-3300		
Classification Please Circle One	ILEC CLEC	✓ Cellular	PCS	
	М	onthly Access Line Da	nta	
Total Access Line	s in Service		3,961	
2. Surcharge Per Acc	cess Line		\$0.08	
3. Amount of Surcha	arge Remitted to Kentucky U	JSF	\$ 316.88	
4. Number of Access	Lines Receiving Lifeline S	upport	3,961	
5. Amount of Reimb	ursement Requested from K	entucky USF	\$ 13,863.50	
		Signature Block		
I hereby attest that the information Company Official Sus	mation reported herein is tr an Cockerham Title	and accurate to the Attorney In Fact		usan Cockerham
Company Cineral	(Printed)		Company Official	(Signed)
Make check payable to: 'State Treasurer' and send			Send a copy	of this report to:
report to:			Kentucky Pu	blic Service Commission
Finance and Administration ATTN: KY USF	Cabinet		211 Sower B	lvd.
702 Capital Ave.			P.O. Box 61: Frankfort, K	
Capitol Annex, Room 488A Frankfort, KY 40601	`			



DateNovember 6	, 2015		Reporting Month	October 2015				
		Carrier Informati	on					
Company Name		Air Voice Wireless, LLC						
Company Address		2425 Franklin Road	Bloomfield Hills, MI 48	8302				
Telephone / Fax			900 / 248-239-0181					
Vendor Number		210 010 00	700 / 210 200 010 !					
Classification Please Circle One	ILEC (CLEC Cellular	PCS					
		készd						
		Monthly Access Line	Data Data					
Total Access L	nes in Service		3,585					
2. Surcharge Per	Access Line		\$0.08					
Amount of Sure	charge Remitted to Ke	entucky USF	\$ 286.80					
4. Number of Acc	ess Lines Receiving I	Lifeline Support	3,585					
5. Amount of Rein	nbursement Requeste	ed from Kentucky USF	\$ 12,547.50					
		Signature Block	•					
	usan Cockerham	erein is true and accurate to Title Attorney In F		usen Cockerhan				
	(Printed)			(Signed)				
Make check payable to State Treasurer" and se report to:			Kentucky Pub	of this report to:				
Finance and Administrat ATTN: KY USF 702 Capital Ave.	ion Cabinet		ATTN: Jim Si 211 Sower Bl P.O. Box 615 Frankfort, KY	vd.				

Capitol Annex, Room 488A Frankfort, KY 40601

Revised 03-13-2008



Date December	7, 2015			Reporting Mont	hNo	ovember 2015
			Carrier Information	1		
Company Name			Air Voice	Wireless, LLC		
Company Address	2425 Franklin Road Bloomfield Hills, MI 48302					2
Telephone / Fax			248-345-390	0 / 248-239-01	81	
Vendor Number						
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Mor	nthly Access Line I	Data		
Total Access I	ines in Service			3,	145	
Surcharge Per	Access Line			\$0.0	08	
 Amount of Sur 	charge Remitted	o Kentucky US	SF	\$ 25	51.60	
4. Number of Ac	cess Lines Receiv	ing Lifeline Su	pport	3,	145	
5. Amount of Rei	mbursement Requ	nested from Ke	ntucky USF	\$ 11,0	007.50	
•						
			Signature Block			
I hereby attest that the i	nformation reporte Susan Cockerha (Printed)		and accurate to the Attorney In Fac			Cockerham.
Make check payable t	o: "Kentucky			Sand	a conv of this	report to:

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



DateJanu	ary 8, 2016	Repo	orting Month	December 2015
	(Carrier Information		
Company N	ame	Air Voice Wirele	ess IIC	
Company Add	2425 Fr	anklin Road Bloom	500 0000 0000 0000 0000 0000 0000 0000	18302
Telephone /		248-345-3900 / 24		
Vendor Nun	nber			
Classification Please Circle One	: ILEC CLEC	✓ Cellular PC	CS	
	Mon	thly Access Line Data		
1. Total Ac	ccess Lines in Service		2,690	
Surcharg	ge Per Access Line	······	\$0.08	
Amount	of Surcharge Remitted to Kentucky US	F	\$ 215.20	
4. Number	of Access Lines Receiving Lifeline Sup	port	2,690	
5. Amount	of Reimbursement Requested from Ker	tucky USF	\$ 9,415.00	name of the same o
		Signature Block		
I hereby attest tha	t the information reported herein is true	and accurate to the best of	f my knowledge.	
Company Officia	Susan Cockerham Title (Printed)	Attorney In Fact Co	ompany Official &	(Signed)
State Treasurer" report to:			1	Blvd. 5



DateFebruary 8	, 2016	Reporting MonthJanuary 2016				
	Carrier Informa	ation				
Company Name	Air Voi	ice Wireless, LLC				
Company Address	2425 Franklin Roa	d Bloomfield Hills, MI 48302				
Telephone / Fax	Telephone / Fax 248-345-3900 / 248-239-0181					
Vendor Number						
Classification Please Circle One	ILEC CLEC ✓ Cellular	PCS				
	Monthly Access Li	ne Data				
Total Access L	ines in Service	1,939				
 Surcharge Per 	Access Line	<u>\$0.08</u>				
 Amount of Sur 	charge Remitted to Kentucky USF	\$ 155.12				
4. Number of Acc	cess Lines Receiving Lifeline Support	1,939				
5. Amount of Rei	mbursement Requested from Kentucky USF	\$ 6,786.50				
	Signature Blo					
I hereby attest that the in	Jennifer Rabig Title Attorney In (Printed)	(2/X7)/				
	The second of th					
Make check payable to State Treasurer" and so report to: Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	end with this	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				



DateMarch 9, 2	2016		Reporting Month	February 2016			
		Carrier Information					
Company Name	Air Voice Wireless, LLC						
Company Address	24	2425 Franklin Road Bloomfield Hills, MI 48302					
Telephone / Fax		248-345-3900 / 248-239-0181					
Vendor Number							
Classification Please Circle One	ILEC CLEC	Cellular	PCS				
	М	onthly Access Line Da	ata				
Total Access L	ines in Service		1,785				
2. Surcharge Per	Access Line		\$0.08_				
Amount of Sur	charge Remitted to Kentucky	USF	\$ 142.80				
4. Number of Acc	cess Lines Receiving Lifeline S	Support	1,785				
5. Amount of Rei	mbursement Requested from K	Centucky USF	\$ 6,247.50				
		Signature Block					
I hereby attest that the ir	nformation reported herein is tr	rue and accurate to the	best of my knowledge.	0			
Company Official	Jennifer Rabig Title (Printed)	Attorney In Fact	Company Official	(Signed)			
Make check payable to State Treasurer" and so report to: Finance and Administrat ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 46 Frankfort, KY 40601	end with this			vd.			

Revised 02-15-2016



DateApril 7, 2	2016		Reporting Month	March 2016			
	Carrie	r Information					
Company Name	Air Voice Wireless, LLC						
Company Address	2425 Franklin Road Bloomfield H	5 Franklin Road Bloomfield Hills, MI 48302					
Telephone / Fax	248-345-3900 / 248-239-0181						
Vendor Number							
Classification Please Circle One	ILEC CLEC	Cellular	PCS				
	Monthly A	Access Line Data	1				
Total Access I	Lines in Service		1,655				
2. Surcharge Per	Access Line		S0.14				
Amount of Su	reharge Remitted to Kentucky USF		\$ 231.70				
4. Number of Ac	cess Lines Receiving Lifeline Support.		1,655				
5. Amount of Re	imbursement Requested from Kentucky	USF	\$ 5,792.50				
	Signa	ture Block					
I hereby attest that the i	nformation reported herein is true and a	eccurate to the be	est of my knowledge.	\sim /			
Company Official	Jennifer Rabig Title Attor (Printed)	ney In Fact	Company Official	(Signed)			
Make check payable to State Treasurer" and s			Send a copy of	this report to:			
report to:				ic Service Commission			
Finance and Administra	tion Cabinet		ATTN: Execut 211 Sower Blv				
702 Capital Avc.			P.O. Box 615 Frankfort, KY	40602			
Capitol Annex, Room 4 Frankfort, KY 40601	88A						

Exhibit 2

LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	lentification Number	14303	37108		(2) Stud	dy Area Coo	le 269042
(3) Filer 499 ID 828760		(4) Ted	chnology Ty	/pe (check one) Wirelin	ne 🔲	Wireless 🖸
(5) ETC Designation Type (C	heck one): Lifeline	Only	Ø H	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	s LLC		a)	Submission Date	03/26/20	014
Contact Name:	Caitlyn Lumpkin	ı		b)	Data Month	January	2014
Mailing Address:	2425 FRANKLIN	N RD		c)	Type of Filing (check one)		
					•	Original Revision	Di l
	BLOOMFIELD,	MI 483	302	d)	State Reporting	KENTU	The second secon
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	nc.com	1				
Lifeline							
Litelitie		(a) # L	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
New Telbal I am Income Subscriber		Subsc	ribers		Subscriber Sup	port	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 4224			x \$9.25		=\$ 39072
Tribal Low-Income Subscribers		(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support	To		tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 3		d (10) \$ 39072
	Particular Secretar		10	lai F	ederar Ellenne Sup	port Glainle	d (10) \$ <u>00012</u>
Toll Limitation Service	es (TLS)						
Cost of Providing TI	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	0.00000	0	_		
•			0				
Number of TLS Sub	scribers	(12)	0	_	_		0
Tribal Link Un (Augilah	la anti ta ETCa raca	ivina Ui	iah Cost su	222	Total TLS Supp	ort Claimed	(13) \$ <u>U</u>
Tribal Link Up (Available	e only to ETOS rece	ivirig mi	gri Cost su	opor	<i>'</i>)		
Number of Connecti	ons Waived	(14)	0				
Charges Waived per	Connection	(15) \$	0.00 exceed \$100)		(for multiple rates,	use an avera	ge amount)
		(1101.10	0,0000 \$ 100)				
Total Connection Ch	narges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		<u>- </u>		
			To	otal 7	ribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Boums of							
ETC Payment	N-3				-		
Total Lifeline \$ 39072	Total TLS \$_0		1	otal	Tribal Link Up \$ $\frac{0}{}$		_
					Total	Dollars (19	39072

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

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

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

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

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

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

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

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

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 **Submission Date** 03/26/2014 **Contact Name: Data Month** February 2014 Caitlyn Lumpkin Mailing Address: Type of Filing c) 2425 FRANKLIN RD (check one) Original Revision BLOOMFIELD, MI 48302 State Reporting KENTUCKY Telephone Number: 678-389-6024 Fax Number: 770-594-3878 E-mail Address: cmmurp@cgminc.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers =\$ 35104 (8) 3795 9.25 Receiving federal Lifeline Support 0.00 **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 35104 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) **Number of TLS Subscribers** (12)Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) **Number of Connections Waived** (15) \$ 0.00 **Charges Waived per Connection** (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0**Total Connection Charges Waived** (17)\$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Tribal Link Up \$ 0 Total Lifeline \$ 35104 Total TLS \$ 0

Total Dollars (19) \$ 35104

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME				
CEO	Jim Bahri				
DATE	OFFICER SIGNATURE				
03/26/2014	Jim Bahri				
02/26/2014	lius Dahui				

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

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

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

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

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

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

LIFELINE WORKSHEET

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

(1) USAC Service Provider I	dentification Number	(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042					
	dentification Number	25247574 20 4020 Aug					
(3) Filer 499 ID <u>828760</u>		(4) Technology Ty	ype (check one) Wirelin	ne 🛄	Wireless 🔽	
(5) ETC Designation Type (C	theck one): Lifeline	e Only 🔟 🔝	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	04/04/2	2014	
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	March 2	2014	
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)			
					Original Revision	A	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	ICKY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
Litelitie		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li		(8) 3649		x \$9.2	5	=\$ 33753	
Tribal Low-Income Subscrib	ers	(9) <u>O</u>		x \$ 0.00		= \$ 0	
Receiving federal Li	ifeline Support	Te	stal F	(not to exce		ned (10) \$ 33753	
			lai r	ederal Liteline Sup	port Claim	leu (10) \$ <u>007 00</u>	
Toll Limitation Service	es (TLS)						
Cost of Providing T	I C ner Cubeeriber	(11) 0.00000	00				
Cost of Providing T (the lesser of increment	al cost or \$3 in 2012 /\$2 i	(11)		_			
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claime	d (13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ррог		ort Olumno	u (10) v	
		(14) 0					
Number of Connect Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates	use an ave	race amount)	
Charges Walved per	Connection	(not to exceed \$100)		(for multiple rates,	use an ave	age amounty	
		0.0					
Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ 0.00					
		Т	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>	
ETC Payment							
ETC Payment				_			
Total Lifeline \$ 33753	Total TLS \$ 0		Γotal	Tribal Link Up \$ 0			
				Total	Dollars /4	33753	

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042					
(3) Filer 499 ID 828760		(4) Technology Ty	pe (check one) Wireli		Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeline	_		Cost/Low Income		_
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	05/05/2	014
Contact Name:	Caitlyn Lumpkin		b)	Data Month	April 20	114
Mailing Address:	2425 FRANKLIN	N RD	c)	Type of Filing (check one)	-	
					Original Revision	A
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline
		Subscribers		Subscriber Sup	port	(c) Total Ellellie
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 3814		x \$9.2	5	= \$ 35280
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal Li	ifeline Support		tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 35280		
Toll Limitation Service	es (TLS)	10	tai i	ederar Ellenne oup	port Giaini	ed (10) \$ <u>50255</u>
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013) 0.00000	0	_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Available	le only to ETCs rece	iving High Cost su	opor	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived per	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an aver	rage amount)
		2.2				
Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
		To	otal 7	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 35280	Total TLS \$ 0	т	otal	Tribal Link Up \$ 0	M	_
•						9) \$ 35280

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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OFFICER TITLE	OFFICER NAME
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
03/03/2014	Jim Bann
05/05/2014	Jim Bahri

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LIFELINE WORKSHEET

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

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(1) USAC Service Provider Id	dentification Number	143037108		(2) Stu	dy Area Co	de_269042
(3) Filer 499 ID 828760		(4) Technology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🔟
(5) ETC Designation Type (C	check one): Lifeline	Only 🔟 🛚 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	06/06/2	014
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	May 20	14
Mailing Address:	2425 FRANKLIN	N RD	c)	Type of Filing (check one)		
					Original Revision	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		1			
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Sup	port	
		(8) 4533		x \$9.2	5	= \$ 41930
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal Li	feline Support	To	tal F	(not to exce		ed (10) \$ 41930
T. 11.1. 11. 11. 12. 11. 12. 11.	(71.0)			ouorai Eiloillo oup	port oranii	(10) 4 11000
Toll Limitation Service	es (ILS)					
Cost of Providing TI	LS per Subscriber	(11) 0.00000	0	_		
	al cost or \$3 in 2012 /\$2 in	n 2013)				
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Available	le only to ETCs rece	iving High Cost su	opor	t)		
Number of Connecti	ions Waived	(14) 0		_		
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	use an aver	age amount)
		(1101 to 020000 \$100)				
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		Т	otal	Tribal Link Up Sup	ort Claime	d (18) \$ 0
ETC Payment				•		
5	- 0					
Total Lifeline \$ 41930	Total TLS \$ <u>0</u>	т	otal	Tribal Link Up \$ <u>0</u>		
				Total	Dollars (19	41930

LIFELINE WORKSHEET

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

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OFFICER TITLE	OFFICER NAME				
CEO	Jim Bahri				
DATE	OFFICER SIGNATURE				
06/06/2014	Jim Bahri				

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LIFELINE WORKSHEET

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

						t. per Respondent. 2.5 His
(1) USAC Service Provider I	dentification Number	143037108		(2) Stud	dy Area Co	ode 269042
(3) Filer 499 ID 828760		(4) Technology Ty	ype (check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	check one): Lifeling	e Only 🔟 🛚 H	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	07/07/2	.014
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	June 20	014
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		200.00
					Original Revision	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	ICKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline		(a) # I :fal!a.a		/h) I ifalina Cum		(c) Total Lifeline
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 6065		x \$9.2	5	=\$ 56101
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal L	ifeline Support	20.2	tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 56101		
	(7.0)	10	rtai i	ederal Ellellile Oup	port Glain	100 (10) ¢ <u>55.15.</u>
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013) 0.00000	00	_		
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claime	d (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)	_	(for multiple rates	use an aver	rage amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>	_	_		
Deferred Interest		(17) \$ 0.00				
		T	otal	Tribal Link Up Sup	port Claim	ed (18) \$ 0
ETC Payment						
0 F 7 G 2 (100 M 100 M 1	Total TLS \$_0	1	Γotal	Tribal Link Up \$ 0		
rotal Ellellie 9			otai			56101
				Total	Dollars (1	9) \$ 56101

LIFELINE WORKSHEET

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OFFICER TITLE	OFFICER NAME		
CEO	Jim Bahri		
DATE	OFFICER SIGNATURE		
07/07/2014	Jim Bahri		

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		4.400074.00		_		200042
(1) USAC Service Provider I	dentification Number	143037108		(2) Stu	dy Area Co	de 269042
(3) Filer 499 ID 828760		(4) Technology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🖸
(5) ETC Designation Type (C	check one): Lifelin	e Only 🖸 💮 l	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	08/05/2	014
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	July 20	14
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
					Original Revision	A
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Lifeline Support		(8) 7928		x \$9.2	5	= \$ 73334
Tribal Low-Income Subscrib	35 150 March 10	(9) 0		x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support	То	tal F	(not to exce ederal Lifeline Sup		ed (10) \$ 73334
Tall Limitation Commis	(T/ C)				,	
Toll Limitation Service	es (ILS)					
Cost of Providing T		(11) 0.00000	0	_		
(the lesser of increment	al cost or \$3 in 2012 /\$2	in 2013)				
Number of TLS Sub	scribers	(12) <u>U</u>		_		
* .46 - 1.1 (-1.11 - 1.1 - 1.1 - 1.1 - 1.1				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14) 0		_		
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an aver	rage amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ 0.0		_		
Deferred Interest		(17) \$ 0.00				
		T	otal '	 Tribal Link Up Sup _l	oort Claime	ed (18) \$ 0
			Jiai	The Link op out	port oranine	
ETC Payment						
Total Lifeline \$ 73334	Total TLS \$ 0	Т	otal	Tribal Link Up \$ 0		_
				Total	Dollars (1	9) \$ 73334

LIFELINE WORKSHEET

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

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OMB Approval 3060-0819 andent: 2.5 Hrs.

				Avg.	burden Est.	per Respondent. 2.5 mis
(1) USAC Service Provider Id	dentification Number	143037108		(2) Stud	dy Area Coo	de 269042
(3) Filer 499 ID 828760		(4) Technology Ty	/pe (check one) Wirelin	ne 🔲	Wireless 🖸
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗹 🕒	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	09/05/20	014
Contact Name:	Caitlyn Lumpkin	i	b)	Data Month	August 2	2014
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
				` ′	Original Revision	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		1			
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	101700
Receiving federal Lifeline Support		(8) 10983	_	x \$ 9.25	5	=\$ 101593
Tribal Low-Income Subscrib		(9) <u>0</u>		x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support	То	tal F	(not to exceed ederal Lifeline Sup	ed \$34.25) port Claime	ed (10) \$ 101593
T-	(TI 0)					
Toll Limitation Service	es (ILS)					
Cost of Providing Ti (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013) 0.00000	0	_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed	(13) \$ ⁰
Tribal Link Up (Available	le only to ETCs rece	iving High Cost su	opor			
Number of Connecti	ions Waived	(14) 0				
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
		(not to exceed \$100)				
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		T	otal '	Tribal Link Up Supp	ort Claimer	d (18) \$ 0
			Cui	ar Ellik op oapp	ort Glamilet	- (· - / ·
ETC Payment						
Total Lifeline \$_101593	Total TLS \$ 0	т	otal	Tribal Link Up \$ 0		_
				Total	Dollars (19	\$ 101593

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

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

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

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

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LIFELINE WORKSHEET

OMB Approval 3060-0819

				Avg.	Burden Est	t. per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143037108		(2) Stud	dy Area Co	de 269042	_
(3) Filer 499 ID 828760		(4) Technology Ty	ype (check one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🗹 🛚 I	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	s LLC	a)	Submission Date	10/03/2	2014	
Contact Name:	Caitlyn Lumpkin	i .	b)	Data Month September 2014			
Mailing Address:	2425 FRANKLIN	N RD	c)	Type of Filing (check one)			
				,	Original Revision	4	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	ICKY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Sup	роп		
Receiving federal Li	feline Support	(8) 14526		x \$ 9.25	5	=\$ <u>13436</u>	66
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0	
Receiving federal Li	feline Support	To	tal F	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 13436			
		10	rtai i	ederal Ellellile Sup	port Giain	100 (10) © 10 1	
Toll Limitation Service	es (TLS)						
Cost of Providing TI	S per Subscriber	(11) 0.00000	00	_			
	al cost or \$3 in 2012 /\$2 in						
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Suppo	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Available	le only to ETCs rece	iving High Cost su	ppor	<i>t</i>)			
Number of Connecti	ons Waived	(14) 0		_			
Charges Waived per	Connection	(15) \$ <u>0.00</u>		(for multiple rates,	use an aver	rage amount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ 0.00					
		т	otal '	Tribal Link Up Supp	ort Claim	ed (18) \$ 0	
ETC Payment							
Total Lifeline \$ 134366	Total TI S & O		Cotal	Tribal Link Up \$ 0			
Total Ellellile \$_101000	TOTAL 123 \$	1	otal	, and a second		134366	
				Total	Dollars (1	9) \$ 134366	

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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OFFICER TITLE	OFFICER NAME				
CEO	Jim Bahri				
DATE	OFFICER SIGNATURE				
10/00/2014	JIII Ballii				
10/03/2014	Jim Bahri				

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LIFELINE WORKSHEET

OMB Approval 3060-0819 andent: 2.5 Hrs.

				Avg.	burden Est.	per Respondent. 2.5 His
(1) USAC Service Provider I	dentification Number	143037108		(2) Stud	dy Area Co	de 269042
(3) Filer 499 ID 828760		(4) Technology Ty	уре (check one) Wirelin	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifeling	e Only 🔟 🛚 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	11/06/2	014
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	October	2014
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
					Original Revision	A
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal L		(8) 12838		x \$9.25	5	=\$ 118752
Tribal Low-Income Subscrib	ers	(9) 0		x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support	To	otal F	(not to exce	ed \$34.25)	ed (10) \$ 118752
Tall Limitation Commis	(T/ C)					
Toll Limitation Service	es (ILS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) on 2013) 0.00000	00	_		
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppoi			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates,	use an avera	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
			otal	— Tribal Link Up Supp	nort Claime	d (18) \$ 0
		,	oldi	mai Link op supp	Joil Gianne	(10) \$
ETC Payment						
Total Lifeline \$ 118752	Total TLS \$ 0		Γotal	Tribal Link Up \$ 0		
				Total	Dollars (19	118752

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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11/06/2014	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.

		4.400074.00		Avg.		200042
(1) USAC Service Provider I	dentification Number	143037108		(2) Stu	dy Area Co	de 269042
(3) Filer 499 ID 828760		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	12/05/2	014
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	Novem	ber 2014
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
					Original Revision	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	pport	
Receiving federal L		(8) 12953	_	x \$9.2	5	=\$ 119815
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00		= \$ 0
Receiving federal L	ifeline Support	To	otal F	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 115		
T-1111-14-41 01	(T/ O)				,	(-,-
Toll Limitation Service	es (ILS)					
Cost of Providing T	LS per Subscriber	(11) 0.00000	00			
	al cost or \$3 in 2012 /\$2 i			_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14) 0		_		
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	, use an aver	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
			otal	Tribal Link Up Sup	port Claime	ed (18) \$ 0
ETC Devenue						,
ETC Payment	1,000				. 1	
Total Lifeline \$ 119815	Total TLS \$_0		Γotal	Tribal Link Up \$ 0		_
				Tota	l Dollars (1	9) \$ 119815

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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OFFICER TITLE	OFFICER NAME				
CEO	Jim Bahri				
DATE	OFFICER SIGNATURE				
12/00/2014	JIII Bailii				
12/05/2014	Jim Bahri				

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LIFELINE WORKSHEET

ON	IB Approval
	3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

				Avg.	Duiden Est	. per Nespondent. 2.5 mg	
(1) USAC Service Provider I	dentification Number	143037108		(2) Stu	dy Area Co	de 269042	
(3) Filer 499 ID 828760		(4) Technology Ty	уре (check one) Wireli	ne 🔲	Wireless 🖸	
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🔟 🔰	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	01/06/2	015	
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	Decem	per 2014	
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)			
					Original Revision		
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmii	nc.com					
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
		Subscribers		Subscriber Sur		The state of the s	
Non-Tribal Low-Income Sub Receiving federal L		(8) 11221		x \$9.2	5	= \$ 103794	
Tribal Low-Income Subscrib	pers	(9) 0		x \$ 0.00		= \$ 0	
Receiving federal L	ifeline Support		tal E	(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 103794			
		10	nai r	ederai Lileline Sup	port Claim	ed (10) \$ 100704	
Toll Limitation Service	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00	_			
Number of TLS Sub	scribers	(12) <u>0</u>		_			
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	ole only to ETCs rece	iving High Cost su	ppor	t)			
Number of Connect	tions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an aver	age amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_103794	Total TI S & O	-	Foto!	Triballink IIa & O	ř.		
Total Lifeline \$ 100704			otal			103704	
				Tota	Dollars (1	9) \$ 103794	

LIFELINE WORKSHEET

OMB Approval 3060-0819

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OFFICER TITLE	OFFICED NAME	
CEO	Jim Bahri	
DATE	OFFICER SIGNATURE	
01/06/2015	Jim Bahri	_
04/00/0045	W. B. W. A	

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LIFELINE WORKSHEET

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

				_		per Respondent. 2.5 ms
(1) USAC Service Provider	dentification Number	143037108		(2) Stud	dy Area Co	de 269042
(3) Filer 499 ID 828760		(4) Technology Ty	/pe (check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (Check one): Lifeline	e Only 🔟 🔒	ligh	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	02/05/20	015
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	January	2015
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
					Original Revision	A
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	роп	101100
Receiving federal L	ifeline Support	(8) 10963		x \$9.25	5	= \$ 101408
Tribal Low-Income Subscril		(9) 0		x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support	То	tal F	(not to excelederal Lifeline Sup		ed (10) \$ 101408
Tall I imitation Cami	/T/ C)			•		
Toll Limitation Servi	ces (ILS)					
Cost of Providing 1 (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0	_		
Number of TLS Sub	oscribers	(12) 0		_		
				Total TLS Supp	ort Claimed	1 (13) \$ 0
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ррог			(17,1
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	age amount)
		(10110 011000 0100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
		To	otal	Tribal Link Up Supp	ort Claime	d (18) \$ 0
ETC Payment						
9.00000000 4000000	T-1-1-1-0	_	. , .			
Total Lifeline \$ 101408	Total TLS \$_O_		otal			101409
				Total	Dollars (19	101408

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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OFFICER TITLE	OFFICER NAME
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
02/05/2015	Jim Bahri

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LIFELINE WORKSHEET

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

(4) USAC Camina Bravidas I	dansifiaasian Noorbaan	143037108		(2) 84		de 269042
(1) USAC Service Provider I	dentification Number				E	
(3) Filer 499 ID <u>828760</u>		_	1000	check one) Wireli		Wireless 🔽
(5) ETC Designation Type (C	theck one): Lifelin	e Only 🖆 💮 l	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	03/06/2	015
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	Februar	y 2015
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
					Original Revision	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
Lifelifie		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers	Subscriber Support			
Receiving federal L		(8) 10811	x \$9.5		5	= \$ 100002
Tribal Low-Income Subscrib	ers	(9) <u>O</u>	x \$ 0.00			= \$ 0
Receiving federal L	ifeline Support	To	(not to exceed \$34.25) stal Federal Lifeline Support Claimed (10) \$ 1000			ed (10) \$ 100002
T-1111-11-11-11-01	(7.0)			ouora: z.io.iiio oup	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Toll Limitation Service	es (ILS)					
Cost of Providing T	LS per Subscriber	(11) 0.00000	00			
	al cost or \$3 in 2012 /\$2			_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
		AZ SOAL DE LE	-4-L	— Tribal Link Up Sup _l	nort Claire	d (18) ¢ 0
		1	otai	i ribai Link Up Sup	port Claime	:u (10) \$
ETC Payment						
Total Lifeline \$ 100002	Total TLS \$_0		Γotal	Tribal Link Up \$ 0		_
				Total	Dollars (19	9) \$ 100002

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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OFFICER TITLE	OFFICER NAME	
CEO	Jim Bahri	
DATE	OFFICER SIGNATURE	
03/06/2015	Jim Bahri	_
00/00/00/0	W. Elsey	

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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 04/07/2015 **Submission Date** March 2015 **Contact Name:** Caitlyn Lumpkin **Data Month** Mailing Address: Type of Filing 2425 FRANKLIN RD (check one) Original Revision BLOOMFIELD, MI 48302 State Reporting KENTUCKY Telephone Number: 678-389-6024 Fax Number: 770-594-3878 E-mail Address: cmmurp@cgminc.com Lifeline (c) Total Lifeline (a) # Lifeline (b) Lifeline Support/ Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 9235 = \$ 85424 9.25 Receiving federal Lifeline Support 0.00 **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 85424 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) **Number of TLS Subscribers** (12)Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived (15) \$ 0.00 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0.0**Total Connection Charges Waived** (17)\$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment

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

Total Dollars (19) \$ 85424

LIFELINE WORKSHEET

OMB Approval 3060-0819

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OFFICER TITLE	OFFICER NAME
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
04/07/2015	Jim Bahri

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				Avg.	Burden Est.	. per Respondent: 2.5 Hrs
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(3) Filer 499 ID 828760		(4) Technology Ty	ype (check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🖸	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	05/07/2	015
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	April 20	15
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
					Original Revision	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		1			
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub						70000
Receiving federal L	ifeline Support	(8) 8627		x \$9.2	5	= \$ 79800
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ <u>0.00</u>	od \$34.25)	= \$ 0
Receiving lederal L	neine Support	To	otal F	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 79800		
Toll Limitation Service	es (TLS)					
	,					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	00	_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppoi	t)		
Number of Connect	ions Waived	(14) 0		_		
Charges Waived pe		(15) \$ 0.00		(for multiple rates,	, use an avera	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_79800	Total TLS \$_0		Γotal	Tribal Link Up \$ 0		
						9) \$ 79800
				Tota	Dollars (19	a) a

LIFELINE WORKSHEET

OMB Approval 3060-0819

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

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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 **Submission Date** 06/05/2015 May 2015 **Contact Name:** Caitlyn Lumpkin **Data Month** Type of Filing Mailing Address: 2425 FRANKLIN RD (check one) Original Revision BLOOMFIELD, MI 48302 State Reporting KENTUCKY Telephone Number: 678-389-6024 Fax Number: 770-594-3878 E-mail Address: cmmurp@cgminc.com Lifeline (c) Total Lifeline (b) Lifeline Support/ (a) # Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers 6509 = \$ 60208 Receiving federal Lifeline Support = \$ 0 0.00 0 **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 60208 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) **Number of TLS Subscribers** (12)Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) **Number of Connections Waived** (15) \$ 0.00 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0.0**Total Connection Charges Waived** (17)\$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0ETC Payment Total Lifeline \$ 60208 Total Tribal Link Up \$ 0 Total TLS \$ 0

Total Dollars (19) \$ 60208

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs. (2) Study Area Code 269042 (1) USAC Service Provider Identification Number 143037108 (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 **Submission Date** 07/07/2015 June 2015 **Contact Name: Data Month** Caitlyn Lumpkin Mailing Address: Type of Filing 2425 FRANKLIN RD (check one) Original Revision KENTUCKY BLOOMFIELD, MI 48302 State Reporting Telephone Number: 678-389-6024 Fax Number: 770-594-3878 E-mail Address: cmmurp@cgminc.com Lifeline (c) Total Lifeline (a) # Lifeline (b) Lifeline Support/ Subscriber Support Subscribers Non-Tribal Low-Income Subscribers 6816 = \$ 63048 Receiving federal Lifeline Support 9.25 \$ 0.00 = \$ 0 **Tribal Low-Income Subscribers** (not to exceed \$34.25) Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 63048 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) **Number of TLS Subscribers** (12)Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) **Number of Connections Waived** (15) \$ 0.00(for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0.0**Total Connection Charges Waived** (17)\$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 63048 Total Tribal Link Up \$ 0 Total TLS \$ 0 Total Dollars (19) \$ 63048

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

OFFICER TITLE	OFFICER NAME	
CEO	Jim Bahri	
DATE	OFFICER SIGNATURE	
07/07/2015	Jim Bahri	

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	dentification Number	14303	37108		(2) Stu	dv Area Co	de_269042
(3) Filer 499 ID 828760	acitanication Number			/			Wireless 🗸
					check one) Wireli	_	Wireless [-]
(5) ETC Designation Type (C		Only	Ľ I	·	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	s LLC		a)	Submission Date	08/06/2	015
Contact Name:	Caitlyn Lumpkin			b)	Data Month	July 20	15
Mailing Address:	2425 FRANKLIN	N RD		c)	Type of Filing (check one)		
						Original Revision	
	BLOOMFIELD,	MI 483	302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	nc.com	ı				
Lifeline							
Liteline			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribare	Subsc	ribers		Subscriber Sup	pport	
Receiving federal Li		(8) <u>4946</u> x		x \$9.2	5	=\$ 45751	
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li	feline Support	T		4-15	(not to exceed \$34.25) tal Federal Lifeline Support Claim		od (10) \$ 45751
			10	otal F	ederai Liteline Sup	port Claim	ed (10) \$ 43731
Toll Limitation Service	es (TLS)						
2007 3720 3700 2			0.00000	00			
Cost of Providing TI (the lesser of incremental	L S per Subscriber al cost or \$3 in 2012 /\$2 iı	(11) n 2013)	0.00000		_		
Number of TLS Sub	scribers	(12)	0				
		,,			Total TLS Supp	ort Claima	4 (43) € 0
Tribal Link Up (Availabl	le only to ETCs rece	ivina Hi	iah Cost su	חסממ		ort Claimet	1 (13) \$
					•		
Number of Connecti			0		_		
Charges Waived per	Connection		0.00 exceed \$100)	V	(for multiple rates	, use an aver	age amount)
Total Connection Ch	narges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			T	otal 7	ribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment					,		
(50) NACE AND (50)			0.002			i.	
Total Lifeline \$ 45751	Total TLS \$_U_		1	otal	Tribal Link Up \$ $\frac{0}{2}$		
					Tota	l Dollars (19	a) \$ <u>45751</u>

OFFICER TITLE

LIFELINE WORKSHEET

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

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

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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					de 269042	
(3) Filer 499 ID 828760		(4) Technology Ty	уре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔟	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	09/08/2	015
Contact Name:	Caitlyn Lumpkin	1	b)	Data Month	August	2015
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
					Original	
	BLOOMFIELD,	MI 48302	d)	State Reporting	Revision KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 4423		x \$ 9.25		= \$ 40913
Tribal Low-Income Subscrib	ers	(e) <u>0</u>		x \$ 0.00		= \$ 0
Receiving federal Li	feline Support	To	tal F	(not to exceed \$34.25) tal Federal Lifeline Support Clair		ed (10) \$ 40913
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0	_		
Number of TLS Subs	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claime	1 (13) \$ 0
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost su	ppor			(1.5) +
Number of Connecti Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an aver	age amount)
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		Te	otal 1	Γribal Link Up Sup	port Claime	ed (18) \$ 0
ETC Payment						
Total Lifeline \$ 40913	Total TLS \$_0	т	otal	Tribal Link Up \$ 0		
				Total	Dollars (19	9) \$ 40913

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

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(3) Filer 499 ID 828760		(4) Technology Ty	pe (check one) Wireli		Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifeling	8 S	Ø 188	Cost/Low Income	_	
(6) Organization Information			-	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	10/06/2	015
Contact Name:	Caitlyn Lumpkir		b)	Data Month	8,000,000,000	ber 2015
Mailing Address:	2425 FRANKLII		c)	Type of Filing	- Copion	
	24201101111	TILD		(check one)	Original	A
	BLOOMFIELD,	MI 48302	d)	State Reporting	Revision KENTU	
Telephone Number:	678-389-6024	WII 40302	-,		INLINIO	OKI
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline		(a) # Lifeline Subscribers	ı	(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		2004				* 36630
Receiving federal L	ifeline Support	(8) 3961	-	x \$9.2	5	= \$ 36639
Tribal Low-Income Subscrib Receiving federal L		(9) 0		x \$ 0.00 (not to exce	and \$34 25)	= \$ 0
Receiving lederal L	пенне опррот	То	tal F	ederal Lifeline Sup		ed (10) \$ 36639
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0	_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sup	opor	THE THE PROPERTY OF THE PARTY O		
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	, use an aver	age amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00		_		
		To	otal 7	Tribal Link Up Supp	port Claime	ed (18) \$ 0
ETC Payment						
20 4 × 20 5 × 2	T-4-1 T- 0 0 0	<u></u>		-		
Total Lifeline \$ 36639	Total TLS \$_0_	Т	otal	Tribal Link Up \$ <u>0</u>		26630
				Total	Dollars (1	9) \$ 36639

OFFICER TITLE

LIFELINE WORKSHEET

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

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// J. Dallon 254 ps. / deposition 254 ps. / deposit						
(1) USAC Service Provider I	dentification Number	143037108		(2) Stu	dy Area Co	ode 269042
(3) Filer 499 ID 828760		(4) Technology T	уре (check one) Wireli	ne 🔲	Wireless 🖸
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🖸 📗	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	11/06/2	.015
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	Octobe	r 2015
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
					Original Revision	A
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTU	ICKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup	pport	22424
Receiving federal L	ifeline Support	(8) 3585		x \$9.25		=\$ 33161
Tribal Low-Income Subscrib		(9) <u>0</u>		_ x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support	To	tal F	not to exce ederal Lifeline Sup		ed (10) \$ 33161
Toll Limitation Service	os (TI S)			•		
Ton Linnation Service	es (TLS)					
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	00	_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppoi			,
Number of Connect	ions Waived	(14) 0		_		
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>		(for multiple rates	, use an aver	rage amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00		_		
		т	otal '	Tribal Link Up Sup	port Claime	ed (18) \$ 0
ETO D			J	= op oup		
ETC Payment						
Total Lifeline \$_33161	Total TLS \$_0		Total	Tribal Link Up \$ 0		
				Tota	l Dollars (1	9) \$ 33161

LIFELINE WORKSHEET

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0004-00000			
Bahri			
ER SIGNATURE			
Jim Bahri			

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(3) Filer 499 ID 828760

(6) Organization Information

Company Legal Name:

Contact Name:

Mailing Address:

Telephone Number:

Fax Number:

LIFELINE WORKSHEET

(4) Technology Type (check on

High Cost/Lov

OMB Approval 3060 0810

	Avg.	Burden Es	st. per Respondent: 2.5 Hrs
	(2) Stud	dy Area C	ode 269042
oe (e	check one) Wirelin	ne 🔲	Wireless 🔽
igh	Cost/Low Income		
(7)	Filing Information		
a)	Submission Date	12/07/2	2015
b)	Data Month	Novem	nber 2015
c)		Original Revision	
d)	State Reporting	KENT	JCKY
	(b) Lifeline Sup Subscriber Sup	- 1200 CONTRO	(c) Total Lifeline
	x \$ 9.25		= \$ 29091

E-mail Address: cmmurp@cgminc.com Lifeline (a) # Lifeline (b) Lif Subscribers Subse Non-Tribal Low-Income Subscribers (8) 3145 Receiving federal Lifeline Support 0.00 Tribal Low-Income Subscribers Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 29091 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

(12)

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

Number of TLS Subscribers

(1) USAC Service Provider Identification Number 143037108

Airvoice Wireless LLC

2425 FRANKLIN RD

BLOOMFIELD, MI 48302

Caitlyn Lumpkin

678-389-6024

770-594-3878

(5) ETC Designation Type (Check one): Lifeline Only

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

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

Total TLS Support Claimed (13) \$ 0

ETC	Payment
-----	---------

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

Total Dollars (19) \$ 29091

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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OFFICER TITLE	OFFICER NAME			
CEO	Jim Bahri			
DATE	OFFICER SIGNATURE			
12/07/2015	Jim Bahri			

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LIFELINE WORKSHEET

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

				Avg.	burden Est.	per Respondent. 2
(1) USAC Service Provider I	dentification Number	143037108		(2) Stud	dy Area Coo	le 269042
(3) Filer 499 ID 828760		(4) Technology Ty	уре (check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	check one): Lifelin	e Only 🔟 🛚 l	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	01/06/20)16
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	Decemb	er 2015
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filing (check one)		
				,	Original Revision	A
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878]			
E-mail Address:	cmmurp@cgmi	nc.com]			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 2690		To any section of		= \$ 24883
Receiving federal L		.,		x \$ 9.25		01
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ 0.00 (not to exceed \$34.25)		= \$ 0
		То	tal F	ederal Lifeline Sup	port Claime	d (10) \$ 24883
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor			
Number of Connect		(14) 0		_		
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
		•				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00		_		
		To	otal '	Tribal Link Up Supp	oort Claimed	d (18) \$ 0
			Juli	z op oup!		
ETC Payment						
Total Lifeline \$ 24883	Total TLS \$ 0		Total	Tribal Link Up \$ 0		
				Total	Dollars (19) \$ <u>24883</u>

LIFELINE WORKSHEET

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

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OFFICER TITLE	OFFICER NAME
CEO	Jim Bahri
DATE	OFFICER SIGNATURE
01/06/2016	Jim Bahri
01/00/00/0	

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LIFELINE WORKSHEET

OMB Approval 3060-0819

						per Respondent. 2.5 Hr
(1) USAC Service Provider I	dentification Number	143037108		(2) Stud	dy Area Cod	le 269042
(3) Filer 499 ID 828760		(4) Technology Ty	уре (check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🖸 💮 l	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission Date	02/05/20	016
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	January	2016
Mailing Address:	2425 FRANKLI	N RD	c)	Type of Filing (check one)		
					Original Revision	
	BLOOMFIELD,	MI 48302	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup	роп	.=000
Receiving federal L	ifeline Support	(8) 1939		x \$ 9.25 = \$		= \$ 17936
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support	То	(not to exceed \$34.25) tal Federal Lifeline Support Claimed (10) \$ 17936			
Tall Limitation Commit	(TI C)				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(0)
Toll Limitation Service	es (ILS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013) 0.00000	0	_		
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor			
Number of Connect		(14) 0				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	ge amount)
		0.0				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00		_		
		Te	otal '	Tribal Link Up Supp	ort Claimed	i (18) \$ <u>0</u>
ETC Payment						
	Total TLS \$ 0	т	'a4-1	Tribal Link Up \$ 0		
Total Elleline \$_17000	10tal 1L5 \$_0_		otal	45.0		17026
				Total	Dollars (19)	\$ 17930

LIFELINE WORKSHEET

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DATE OFFICER SIGNATURE CEO Jim Bahri	OFFICER TITLE	OFFICER NAME	
	CEO	Jim Bahri	
JIM Banri	DATE	OFFICER SIGNATURE	
02/05/2016 Line Dobri	02/05/2016	Jim Bahri	

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(1) USAC Service Provider Identification Number 143037108 (2) Study Area Code 269042							
(3) Filer 499 ID 828760		(4) Te	chnology Ty	pe (d	check one) Wirelin	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	Only	Д Н	ligh	Cost/Low Income		
(6) Organization Information				(7) F	Filing Information		
Company Legal Name:	Airvoice Wireles	s LLC		a)	Submission Date	03/07/20	016
Contact Name:	Caitlyn Lumpkin			b)	Data Month	Februar	y 2016
Mailing Address:	2425 FRANKLIN	N RD		c)	Type of Filing (check one)		
					,	Original Revision	
	BLOOMFIELD,	MI 483	302	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	ic.com	ı				
Lifeline		(0) #1	ifalina		(b) Lifeline Sup	no#/	(c) Total Lifeline
			ifeline ribers		Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 1785			x \$ 9.25		= \$ 16511
Tribal Low-Income Subscribe	ers	(9) 0			x \$ 0.00		= \$ 0
Receiving federal Li	feline Support			tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 1		ed (10) \$ 16511
Toll Limitation Service	es (TLS)			ui i	odorai ziioiiio oap	port oranic	
Cost of Providing TI (the lesser of incrementa	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Available	le only to ETCs rece	iving Hi	gh Cost sup	port			
Number of Connecti	ons Waived	(14)	0		_		
Charges Waived per	Connection	(15) \$	0.00 exceed \$100)		(for multiple rates,	use an avera	ige amount)
		(not to t	5x0000 \$100)				
Total Connection Ch	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			To	otal 1	ribal Link Up Supp	oort Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 16511	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0		
					Total	Dollars (19	16511

LIFELINE WORKSHEET

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Jim Bahri
OFFICER SIGNATURE
Jim Bahri

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burde	en Est. pe	er Respondent:	2.5 Hrs.
------------	------------	----------------	----------

					Avg.	Burden Es	t. per Responde	nt: 2.5 Hrs
(1) USAC Service Provider I	dentification Number	143037108			(2) Stu	dy Area Co	269042	_
(3) Filer 499 ID 828760		(4) Technology Ty	ype (check one)	Wirelin	ne 🔲	Wireless	V
(5) ETC Designation Type (C	theck one): Lifelin	e Only 🖸 💮	High	Cost/Low In	come			
(6) Organization Information	Č		(7)	Filing Inform	nation			
Company Legal Name:	Airvoice Wireles	ss LLC	a)	Submission	Date	04/06/2	2016	
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month		March :	2016	
Mailing Address:	2425 FRANKLII	N RD	c)	Type of Filir (check one)				
				,		Original Revision		
	BLOOMFIELD,	MI 48302	d)	State Repor		KENTL		
Telephone Number:	678-389-6024							
Fax Number:	770-594-3878							
E-mail Address:	cmmurp@cgmii	nc.com						
Lifeline								
		(a) # Lifeline		(b) Lifeli			(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscrib	oer Sup	port	No.	
Receiving federal Li	feline Support	(8) 1655	_	× \$	9.25	5	= \$ 1530	9
Tribal Low-Income Subscrib		(9) 0		x \$ 0	.00		= \$ 0	
Receiving federal Li	feline Support	To	tal F			ed \$34.25)	ned (10) \$ 153	09
	227727	10	rui i	Cuciai Elicii	ne oup	port Giain	100 (10) 0 100	
Toll Limitation Service	es (TLS)							
Cost of Providing Ti (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0	_				
Number of TLS Sub	scribers	(12) <u>0</u>						
				Total TLS	S Supp	ort Claime	d (13) \$ 0	
Tribal Link Up (Available	le only to ETCs rece	iving High Cost su	ppor				, , , , , , , , , , , , , , , , , , , ,	
Number of Connect	ions Waived	(14) 0						
Charges Waived per	Connection	(15) \$ <u>0.00</u>		(for multip	ole rates,	use an aver	rage amount)	
		(not to exceed \$100)						
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>		_				
Deferred Interest		(17) \$ 0.00						
			otal '	Tribal Link U	ln Sunr	ort Claim	ed (18) \$ 0	
ETC Payment			Jul	I III U	P Oup	Jore Glaim	(10) \$	
The state of the s								
Total Lifeline \$ 15309 Total TLS \$ 0 Total Tribal Link Up \$ 0								
					Total	Dollars (1	9) \$ 15309	

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

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

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

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

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

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

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

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