

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

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

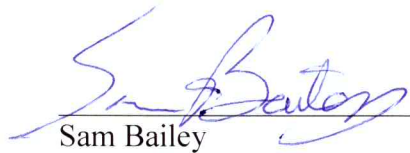
**I-WIRELESS LLC'S RESPONSES
TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION**

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

VERIFICATION

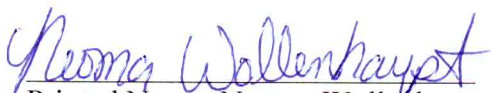
STATE OF KENTUCKY)
) ss.
County of Campbell)

I, Sam Bailey, being first duly sworn upon oath, depose and say that I am the Senior Compliance Manager of i-wireless, LLC and as such am authorized to make this verification on its behalf; that I have read the foregoing responses; that I know the contents thereof; and that the facts set forth in the foregoing responses are true and correct to the best of my knowledge, information and belief formed after a reasonable inquiry.



Sam Bailey

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


Printed Name: Neoma Wollenhaupt
Notary Public

My Commission expires: August 29, 2019

DATA RESPONSES

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

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

RESPONSE: See attached *Exhibit 1*.

RESPONSIBLE WITNESS: Sam Bailey.

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

RESPONSE: See attached *Exhibit 2*.

RESPONSIBLE WITNESS: Sam Bailey.

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:

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

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

Top-Up Options:

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

Historical Timeline of i-wireless Lifeline Rates in Kentucky:

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

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

12/2011 – Lifeline Service Offering at Market Launch:

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

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

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

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

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

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

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

RESPONSIBLE WITNESS: Sam Bailey.

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

RESPONSIBLE WITNESS: Sam Bailey.

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

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

RESPONSIBLE WITNESS: Sam Bailey.

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

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

RESPONSIBLE WITNESS: Sam Bailey.

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

RESPONSE:

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

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

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

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

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

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

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

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

RESPONSIBLE WITNESS: Sam Bailey.

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

RESPONSE:

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

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

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

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

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

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

- First, the NAL contains allegations rather than factual and legal determinations. Though it is more typical for the FCC to conduct a factual investigation prior to issuing a public

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

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

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

RESPONSIBLE WITNESS: Sam Bailey.

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: State marketing requirements mandate that “i-wireless shall advertise the availability of service and charges using media of general distribution.”

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

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

RESPONSIBLE WITNESS: Sam Bailey.

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 attached *Exhibit 1*.

RESPONSIBLE WITNESS: Sam Bailey.

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

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

RESPONSIBLE WITNESS: Sam Bailey.

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

RESPONSIBLE WITNESS: Sam Bailey.

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: The Company does not experience bad debts.

RESPONSIBLE WITNESS: Sam Bailey.

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

RESPONSIBLE WITNESS: Sam Bailey.


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

RESPONSIBLE WITNESS: Sam Bailey.

CERTIFICATE OF SERVICE

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



Douglas F. Brent

Exhibit 1



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 02/07/2014

Reporting Month January

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 20,523
5.	Amount of Reimbursement Requested from Kentucky USF..... 71,830.50

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 03/06/2014

Reporting Month February

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 20,949
5.	Amount of Reimbursement Requested from Kentucky USF..... 73,321.50

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 04/09/2014

Reporting Month March

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 21,163
5.	Amount of Reimbursement Requested from Kentucky USF..... 74,070.50

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 05/09/2014

Reporting Month April

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 21,384
5.	Amount of Reimbursement Requested from Kentucky USF..... 74,844.00

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 06/09/2014

Reporting Month May

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>20,679</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>72,376.50</u>

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 07/11/2014

Reporting Month June

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 21,384
5.	Amount of Reimbursement Requested from Kentucky USF..... 74,844.00

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 08/07/2014

Reporting Month July

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	I L E C	C L E C	<input checked="" type="checkbox"/> Cellular	P C S
-------------------------------------	---------	---------	----------------------------------------------	-------

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 19,544
5.	Amount of Reimbursement Requested from Kentucky USF..... 68,404.00

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 09/10/2014

Reporting Month August

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>20,984</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>73,444.00</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 10/10/2014

Reporting Month September

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>21,857</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>76,499.50</u>

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 11/11/2014

Reporting Month October

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

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

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 12/11/2014

Reporting Month November

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 22,041
5.	Amount of Reimbursement Requested from Kentucky USF..... 77,143.50

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 01/13/2015

Reporting Month December

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>24,066</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>84,231.00</u>

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 02/16/2015

Reporting Month January

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>22,522</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>78,827.00</u>

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

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P.O. Box 615
Frankfort, KY 40602

AMENDED RETURN



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 03/11/2015

Reporting Month February

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>22,861</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>80,013.50</u>

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 04/09/2015

Reporting Month March

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 23,571
5.	Amount of Reimbursement Requested from Kentucky USF..... 82,498.50

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 05/13/2015

Reporting Month April

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>22,371</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>78,298.50</u>

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 06/10/2015

Reporting Month May

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>20,910</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>73,185.00</u>

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

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Frankfort, KY 40602



AMENDED RETURN

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 07/13/2015

Reporting Month June

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>18,759</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>65,656.50</u>

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 08/11/2015

Reporting Month July

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>17,889</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>62,611.50</u>

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

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Frankfort, KY 40601

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 09/15/2015

Reporting Month August

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

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

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

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 10/10/2015

Reporting Month September

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

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

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

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 11/10/2015

Reporting Month October

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

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

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 12/09/2015

Reporting Month November

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>16,688</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>58,408.00</u>

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 01/13/2016

Reporting Month December

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... \$0.08
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... 16,180
5.	Amount of Reimbursement Requested from Kentucky USF..... 56,630.00

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 02/12/2016

Reporting Month January

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>15,236</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>53,326.00</u>

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 03/12/2016

Reporting Month February

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>15,155</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>53,042.50</u>

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 04/14/2016

Reporting Month March

Carrier Information	
Company Name	i-wireless
Company Address	1 Levee Way Suite 3104 Newport, KY 41071
Telephone / Fax	[REDACTED]
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1.	[REDACTED]
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	[REDACTED]
4.	Number of Access Lines Receiving Lifeline Support..... <u>14,263</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>49,920.50</u>

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

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Exhibit 2

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031
 (3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	05/06/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>21342</u>	x \$ <u>9.25</u>	= \$ <u>197414</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>197414</u>

Toll Limitation Services (TLS)

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

Total TLS Support Claimed (13) \$ 0

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

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

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

ETC Payment

Total Lifeline \$ 197414 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 197414

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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05/06/2014

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	05/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>22422</u>	x \$ <u>9.25</u>	= \$ <u>207404</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>207404</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 207404 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 207404

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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05/07/2015

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	09/08/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	Newport, KY 41071		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>20984</u>	x \$ <u>9.25</u>	= \$ <u>194102</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u>	= \$ <u>0</u>
		(not to exceed \$34.25)	
		Total Federal Lifeline Support Claimed (10)	\$ <u>194102</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 194102 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 194102

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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09/08/2014

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	09/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>18033</u>	x \$ <u>9.25</u>	= \$ <u>166805</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>166805</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 166805 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 166805

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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09/08/2015

Paul McAleese

DATE

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CEO

Paul McAleese

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	01/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>24066</u>	x \$ <u>9.25</u>	= \$ <u>222611</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>222611</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 222611 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 222611

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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01/08/2015

Paul McAleese

DATE

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LIFELINE WORKSHEET

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	01/07/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>16180</u>	x \$ <u>9.25</u>	= \$ <u>149665</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>149665</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 149665 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 149665

LIFELINE WORKSHEET

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01/07/2016

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	12/30/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>20871</u>	x \$ <u>9.25</u>	= \$ <u>193057</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>193057</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 193057 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 193057

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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12/30/2014

Paul McAleese

DATE

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	01/18/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>22793</u>	x \$ <u>9.25</u>	= \$ <u>210835</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>210835</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 210835 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 210835

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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01/18/2016

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031
 (3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	03/08/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2016
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>15155</u>	x \$ <u>9.25</u>	= \$ <u>140184</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>140184</u>

Toll Limitation Services (TLS)

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

Total TLS Support Claimed (13) \$ 0

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

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

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

ETC Payment

Total Lifeline \$ 140184 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 140184

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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03/08/2016

Paul McAleese

DATE

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CEO

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LIFELINE WORKSHEET

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(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	12/30/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>20442</u>	x \$ <u>9.25</u>	= \$ <u>189089</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>189089</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 189089 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 189089

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	03/26/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>22544</u>	x \$ <u>9.25</u>	= \$ <u>208532</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u>	= \$ <u>0</u>
			(not to exceed \$34.25)
			Total Federal Lifeline Support Claimed (10) \$ <u>208532</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 208532 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 208532

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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03/26/2015

Paul McAleese

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	02/08/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2016
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>15236</u>	x \$ <u>9.25</u>	= \$ <u>140933</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>140933</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 140933 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 140933

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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02/08/2016

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

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(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	08/08/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Newport, KY 41071		d) State Reporting
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>21346</u>	x \$ <u>9.25</u>	= \$ <u>197451</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>197451</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 197451 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 197451

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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08/08/2014

Paul McAleese

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	08/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>17889</u>	x \$ <u>9.25</u>	= \$ <u>165473</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>165473</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 165473 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 165473

LIFELINE WORKSHEET

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LIFELINE WORKSHEET

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	07/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>20923</u>	x \$ <u>9.25</u>	= \$ <u>193538</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>193538</u>

Toll Limitation Services (TLS)

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

Total TLS Support Claimed (13) \$ 0

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

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

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

ETC Payment

Total Lifeline \$ 193538 Total TLS \$ 0 Total Tribal Link Up \$ 0
 Total Dollars (19) \$ 193538

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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LIFELINE WORKSHEET

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	07/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

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Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>20923</u>	x \$ <u>9.25</u>	= \$ <u>193538</u>
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Total Federal Lifeline Support Claimed (10)			\$ <u>193538</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 193538 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 193538

LIFELINE WORKSHEET

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	07/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>18759</u>	x \$ <u>9.25</u>	= \$ <u>173521</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>173521</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 173521 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 173521

LIFELINE WORKSHEET

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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07/08/2015

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031
 (3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	12/30/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>21038</u>	x \$ <u>9.25</u>	= \$ <u>194602</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>194602</u>

Toll Limitation Services (TLS)

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

Total TLS Support Claimed (13) \$ 0

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

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 194602 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 194602

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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12/30/2014

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	04/27/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>23560</u>	x \$ <u>9.25</u>	= \$ <u>217930</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>217930</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 217930 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 217930

(20) CERTIFICATIONS AND SIGNATURES

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04/27/2015

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	04/07/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2016
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>14263</u>	x \$ <u>9.25</u>	= \$ <u>131933</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>131933</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 131933 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 131933

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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04/07/2016

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	06/09/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>20942</u>	x \$ <u>9.25</u>	= \$ <u>193714</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>193714</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 193714 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 193714

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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06/09/2014

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	06/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>20910</u>	x \$ <u>9.25</u>	= \$ <u>193418</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>193418</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 193418 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 193418

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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06/08/2015

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	12/05/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>22041</u>	x \$ <u>9.25</u>	= \$ <u>203879</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>203879</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 203879 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 203879

(20) CERTIFICATIONS AND SIGNATURES

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

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

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12/05/2014

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	12/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>16688</u>	x \$ <u>9.25</u>	= \$ <u>154364</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>154364</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 154364 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 154364

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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12/08/2015

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031

(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	11/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>22189</u>	x \$ <u>9.25</u>	= \$ <u>205248</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>205248</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 205248 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 205248

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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11/07/2014

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

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LIFELINE WORKSHEET

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(3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	11/09/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	Newport, KY 41071		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>17442</u>	x \$ <u>9.25</u>	= \$ <u>161339</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>161339</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 161339 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 161339

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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11/09/2015

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035427 (2) Study Area Code 269031
 (3) Filer 499 ID 826264 (4) Technology Type (check one) Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) Organization Information

(7) Filing Information

Company Legal Name:	I-Wireless LLC	a) Submission Date	10/06/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2014
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Newport, KY 41071		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>21857</u>	x \$ <u>9.25</u>	= \$ <u>202177</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>202177</u>

Toll Limitation Services (TLS)

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

Total TLS Support Claimed (13) \$ 0

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

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

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

ETC Payment

Total Lifeline \$ 202177 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 202177

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/06/2014

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

Paul McAleese

OFFICER TITLE

OFFICER NAME

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

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

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

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

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

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

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

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

(6) Organization Information

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Company Legal Name:	I-Wireless LLC	a) Submission Date	10/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2015
Mailing Address:	1 Levee Way Suite 3104	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
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Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	caitlyn.lumpkin@cgminc.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>18068</u>	x \$ <u>9.25</u>	= \$ <u>167129</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>167129</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)
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Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 167129 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 167129

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10/08/2015

Paul McAleese

DATE

OFFICER SIGNATURE

CEO

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