

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

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

TAG MOBILE LLC'S RESPONSES
TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION

TAG Mobile, LLC ("TAG") hereby serves its Responses to the Kentucky Public Service Commission Request for Information dated April 6, 2016.

VERIFICATION

STATE OF TEXAS)
) ss.
County of DENTON)

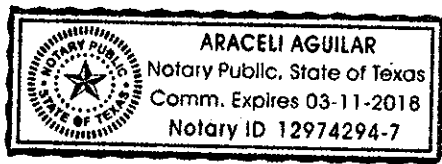
I, Mary Calderon, being first duly sworn upon oath, depose and say that I am the Vice President of Legal, Regulatory and Compliance of Tag Mobile, LLC, and as such am authorized to make this verification on its behalf; that I have read the foregoing responses; that I know the contents thereof; and that 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.

Mary Calderon

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

Araceli Aguilar

Notary Public



My Commission expires: 3-11-2018

DATA RESPONSES

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

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

RESPONSE: Please see “**Exhibit A**” (2014, 2015, 2016 – Kentucky Reimbursement Forms).

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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

RESPONSE: Please see "**Exhibit B**" (2014, 2015, 2016 – 497 Forms).

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: Please see “**Exhibit C**” (Kentucky Revised Plan, Effective December 15, 2015) for a copy of the lifeline plan currently offered to Kentucky subscribers.

When Tag Mobile, LLC was designated an ETC, “Under TAG Mobile’s current Wireless Lifeline plan, qualified Lifeline customers who reside in the State of Kentucky will be provided with sixty-eight (68) minutes of free anytime local and long distance minutes each month.”

On December 15, 2015, Tag Mobile, LLC notified the Commission via electronic mail and UPS Overnight Delivery that Tag Mobile, LLC will offer Kentucky Lifeline subscribers the Lifeline Base Plan. The plan includes 500 local voice minutes, \$1.50 calling credit for international calling, and unlimited global text messaging every 30 days from date of activation, and a free 911/E911 compliant feature handset (“new” or in “like new” condition will be provided based on availability).

The current Lifeline plan was not offered at the time Tag Mobile, LLC was designated as an ETC.

The Lifeline Base Plan was changed on December 15, 2015 to enhance the customer’s experience.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: Tag Mobile, LLC would continue to provide Lifeline voice only support.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: Ease in changing providers has created some incentives for abuse by Lifeline eligible subscribers. One procedure that might reduce the abuse could be a Commission requirement for a port freeze process.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: TAG Mobile does not issue bills.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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

RESPONSE: Tag Mobile, LLC eligibility requirements include proof of identity, proof of subsidy, and proof of income.

Proof of identity must be in the form of a state issued identification card. The following information submitted on our customer's Lifeline application must match the identification card:

- The customer's full name
- The customer's full residential address
- The customer's date of birth

If the customer wishes to subscribe for Lifeline by subsidy eligibility, the customer must provide proof. The customer's name on the proof of subsidy must match the application and state issued identification card.

If the customer wishes to subscribe for Lifeline by income eligibility, the customer must provide proof (i.e., income tax return, paystub). The customer's name on the proof of income must match the application and state issued identification card.

The information provided is then entered into the National Lifeline Accountability Database (NLAD) to prevent duplicate subscriber, confirm number in household, income, and identity.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: TAG Mobile has not been subjected to penalties related to participation in the Lifeline program. [BEGIN CONFIDENTIAL] [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED] [END CONFIDENTIAL]

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: Tag Mobile, LLC is currently marketing in Kentucky via its website, www.tagmobile.com.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: Please see “**Exhibit A**” (2014, 2015, 2016 – Kentucky Reimbursement Forms).

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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

RESPONSE: The line receives a full month subsidy.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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

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

- If line activates 1/15/2015 and disconnects 5/7/2015, line is NOT eligible for subsidy on the way out.
- If line activates 1/15/2015 and disconnects 5/27/2015, line IS eligible for lifeline subsidy on the way out

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: Tag Mobile, LLC is only pre-paid. The customer does not receive a bill. We would not experience a “bad debt.”

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: FCC action appears imminent, so there appears to be little harm if the PSC chooses to wait.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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: Tag Mobile, LLC treats the monthly customer charge as a business expense and reports it to the PSC. No customer is billed.

RESPONSIBLE WITNESS: Mary Calderon, Vice President of Legal Regulatory, & Compliance

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 A



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-01

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>8,404</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$672.32</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>7,057</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$24,699.50</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-02

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1.	Total Access Lines in Service..... <u>7,568</u>
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF..... <u>\$605.44</u>
4.	Number of Access Lines Receiving Lifeline Support..... <u>6,559</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>\$22,956.50</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____
	Company Official _____ (Signed)

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-03

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>6,353</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$508.24</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>6,292</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$22,022.00</u>

Signature Block	
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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-04

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>6313</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$505.04</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>5654</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$19,789.00</u>

Signature Block	
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Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-05

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	5483
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$438.64
4. Number of Access Lines Receiving Lifeline Support.....	5130
5. Amount of Reimbursement Requested from Kentucky USF.....	\$17,955.00

Signature Block	
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-06

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>4974</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$ 397.92</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>4,618</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$16,163.00</u>

Signature Block	
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-07

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>4077</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$326.16</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>3906</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$13,671.00</u>

Signature Block	
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-08

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	_____ 3784 _____
2. Surcharge Per Access Line.....	_____ \$0.08 _____
3. Amount of Surcharge Remitted to Kentucky USF.....	_____ \$302.72 _____
4. Number of Access Lines Receiving Lifeline Support.....	_____ 3600 _____
5. Amount of Reimbursement Requested from Kentucky USF.....	_____ \$12,600.00 _____

Signature Block	
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-09

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	_____ 3790 _____
2. Surcharge Per Access Line.....	_____ \$0.08 _____
3. Amount of Surcharge Remitted to Kentucky USF.....	_____ \$303.20 _____
4. Number of Access Lines Receiving Lifeline Support.....	_____ 3353 _____
5. Amount of Reimbursement Requested from Kentucky USF.....	_____ \$11,735.50 _____

Signature Block	
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-10

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	_____ 3263 _____
2. Surcharge Per Access Line.....	_____ \$0.08 _____
3. Amount of Surcharge Remitted to Kentucky USF.....	_____ \$261.04 _____
4. Number of Access Lines Receiving Lifeline Support.....	_____ 3121 _____
5. Amount of Reimbursement Requested from Kentucky USF.....	_____ \$10,923.50 _____

Signature Block	
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**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-11

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>3020</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$241.60</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>2817</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$9,859.50</u>

Signature Block	
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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2014-12

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>2790</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$223.20</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>2679</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$9,376.50</u>

Signature Block	
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Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-01

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	2684
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$214.72
4. Number of Access Lines Receiving Lifeline Support.....	1905
5. Amount of Reimbursement Requested from Kentucky USF.....	\$6,667.50

Signature Block	
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Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-02

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	1837
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$146.96
4. Number of Access Lines Receiving Lifeline Support.....	1807
5. Amount of Reimbursement Requested from Kentucky USF.....	\$6,324.50

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-03

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>1799</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$143.92</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>1743</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$6,100.50</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-04

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	----------	-----

Monthly Access Line Data	
1.	Total Access Lines in Service..... <u>1634</u>
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF..... <u>\$130.72</u>
4.	Number of Access Lines Receiving Lifeline Support..... <u>1523</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>\$5,330.50</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____
	Company Official _____ (Signed)

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

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P.O. Box 615
Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-05

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	_____1501_____
2. Surcharge Per Access Line.....	_____ \$0.08 _____
3. Amount of Surcharge Remitted to Kentucky USF.....	_____ \$120.08 _____
4. Number of Access Lines Receiving Lifeline Support.....	_____ 1436 _____
5. Amount of Reimbursement Requested from Kentucky USF.....	_____ \$5,026.00 _____

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

Finance and Administration Cabinet
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P.O. Box 615
Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-06

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	1388
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$111.04
4. Number of Access Lines Receiving Lifeline Support.....	1364
5. Amount of Reimbursement Requested from Kentucky USF.....	\$4,774.00

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-07

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	_____1278_____
2. Surcharge Per Access Line.....	_____ \$0.08 _____
3. Amount of Surcharge Remitted to Kentucky USF.....	_____ \$102.24 _____
4. Number of Access Lines Receiving Lifeline Support.....	_____ 1228 _____
5. Amount of Reimbursement Requested from Kentucky USF.....	_____ \$4,298.00 _____

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-08

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	1162
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$92.96
4. Number of Access Lines Receiving Lifeline Support.....	1160
5. Amount of Reimbursement Requested from Kentucky USF.....	\$4,060.00

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-09

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	1105
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$88.40
4. Number of Access Lines Receiving Lifeline Support.....	1102
5. Amount of Reimbursement Requested from Kentucky USF.....	\$3,857.00

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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Frankfort, KY 40601

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P.O. Box 615
Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-10

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>1116</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$89.28</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>1092</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$3,822.00</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-11

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	----------	-----

Monthly Access Line Data	
1.	Total Access Lines in Service..... <u>1114</u>
2.	Surcharge Per Access Line..... <u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF..... <u>\$89.12</u>
4.	Number of Access Lines Receiving Lifeline Support..... <u>1083</u>
5.	Amount of Reimbursement Requested from Kentucky USF..... <u>\$3,790.50</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____
	Company Official _____ (Signed)

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

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Frankfort, KY 40601

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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2015-12

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>850</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$68.00</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>823</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$2880.50</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/27/2016

Reporting Month 2016-01

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>195</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$15.60</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>195</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$682.50</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/26/2016

Reporting Month 2016-02

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone / Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	cellular	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>178</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$14.24</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>176</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$616.00</u>

Signature Block	
I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 4/11/2016

Reporting Month: 2016-03

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone/ Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification	ILEC	CLEC	CELLULAR	PCS
Please Circle One				

Monthly Access Line Data	
1. Total Access Lines in Service.....	41
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$3.28
4. Number of Access Lines Receiving Lifeline Support.....	41
5. Amount of Reimbursement requested from Kentucky USF.....	\$143.50

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

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

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 4/11/2016

Reporting Month: 2016-03

Carrier Information	
Company Name	TAG MOBILE, LLC
Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
Telephone/ Fax	214-453-0640 / 469-574-7931
Vendor Number	

Classification Please Circle One	ILEC	CLEC	CELLULAR	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	122
2. Surcharge Per Access Line.....	\$0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	\$17.08
4. Number of Access Lines Receiving Lifeline Support.....	120
5. Amount of Reimbursement requested from Kentucky USF.....	\$420.00

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

Make check Payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
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Frankfort, KY 40601

Send a copy of this report to:

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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Exhibit B

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	02/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>7057</u>	x \$ <u>9.25</u>	= \$ <u>65277</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>65277</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 \$ 65277 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 65277

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/07/2014

Charles L Schneider Jr

DATE

OFFICER SIGNATURE

President & CEO

Charles L Schneider Jr

OFFICER TITLE

OFFICER NAME

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

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

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

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

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

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

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

LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	03/08/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>6559</u>	x \$ <u>9.25</u>	= \$ <u>60671</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>60671</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 \$ 60671 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 60671

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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03/08/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	04/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>6292</u>	x \$ <u>9.25</u>	= \$ <u>58201</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>58201</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 \$ 58201 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 58201

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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04/07/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	01/28/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>5667</u>	x \$ <u>9.25</u>	= \$ <u>52420</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>52420</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 \$ 52420 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 52420

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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01/28/2015

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034
 (3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	06/06/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>5130</u>	x \$ <u>9.25</u>	= \$ <u>47453</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>47453</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 \$ 47453 Total TLS \$ 0 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 47453

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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06/06/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	07/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>4618</u>	x \$ <u>9.25</u>	= \$ <u>42717</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>42717</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 \$ 42717 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 42717

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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07/07/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	08/07/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>3906</u>	x \$ <u>9.25</u>	= \$ <u>36131</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>36131</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 \$ 36131 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 36131

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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08/07/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	09/04/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
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>3600</u>	x \$ <u>9.25</u>	= \$ <u>33300</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>33300</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 \$ 33300 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 33300

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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09/04/2014

Charles L Schneider Jr

DATE

OFFICER SIGNATURE

President & CEO

Charles L Schneider Jr

OFFICER TITLE

OFFICER NAME

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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:	TAG Mobile LLC	a) Submission Date	10/03/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
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>3353</u>	x \$ <u>9.25</u>	= \$ <u>31015</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>31015</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 \$ 31015 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 31015

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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10/03/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	11/05/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>3121</u>	x \$ <u>9.25</u>	= \$ <u>28869</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>28869</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 \$ 28869 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 28869

LIFELINE WORKSHEET

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11/05/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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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:	TAG Mobile LLC	a) Submission Date	12/04/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>2817</u>	x \$ <u>9.25</u>	= \$ <u>26057</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>26057</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 \$ 26057 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 26057

(20) CERTIFICATIONS AND SIGNATURES

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12/04/2014

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DATE

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President & CEO

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OFFICER NAME

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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:	TAG Mobile LLC	a) Submission Date	01/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2014
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>2679</u>	x \$ <u>9.25</u>	= \$ <u>24781</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>24781</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 \$ 24781 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 24781

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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01/07/2015

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	02/09/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
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>1905</u>	x \$ <u>9.25</u>	= \$ <u>17621</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>17621</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 \$ 17621 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 17621

(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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02/09/2015

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	03/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>1807</u>	x \$ <u>9.25</u>	= \$ <u>16715</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>16715</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 \$ 16715 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16715

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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03/06/2015

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	04/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>1743</u>	x \$ <u>9.25</u>	= \$ <u>16123</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>16123</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 \$ 16123 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16123

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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04/07/2015

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

Charles L. Schneider, Jr.

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	05/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
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>1523</u>	x \$ <u>9.25</u>	= \$ <u>14088</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>14088</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 \$ 14088 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 14088

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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05/07/2015

Chuck Schneider

DATE

OFFICER SIGNATURE

CEO

Chuck Schneider

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	06/04/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>1436</u>	x \$ <u>9.25</u>	= \$ <u>13283</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>13283</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 \$ 13283 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 13283

(20) CERTIFICATIONS AND SIGNATURES

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

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06/04/2015

Nicholas Metherd

DATE

OFFICER SIGNATURE

USAC Administrator

Nicholas Metherd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	07/03/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>1364</u>	x \$ <u>9.25</u>	= \$ <u>12617</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>12617</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 \$ 12617 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 12617

(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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07/03/2015

Stuart McCallum

DATE

OFFICER SIGNATURE

VP of Finance

Stuart McCallum

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	08/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
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>1228</u>	x \$ <u>9.25</u>	= \$ <u>11359</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>11359</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 \$ 11359 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 11359

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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08/07/2015

Stuart McCallum

DATE

OFFICER SIGNATURE

CFO

Stuart McCallum

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	09/03/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>1160</u>	x \$ <u>9.25</u>	= \$ <u>10730</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>10730</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 \$ 10730 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 10730

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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09/03/2015

Stuart McCallum

DATE

OFFICER SIGNATURE

CFO

Stuart McCallum

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	10/08/2015
Contact Name:	Nicholas Metherd	b) Data Month	September 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
Telephone Number:	214-390-7982		
Fax Number:	770-594-3878		
E-mail Address:	nicholas.metherd@tagmobile.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1102</u>	x \$ <u>9.25</u>	= \$ <u>10194</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>10194</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 \$ 10194 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 10194

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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10/08/2015

Nicholas Metherd

DATE

OFFICER SIGNATURE

USAC Administrator

Nicholas Metherd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	11/05/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
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>1092</u>	x \$ <u>9.25</u>	= \$ <u>10101</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>10101</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 \$ 10101 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 10101

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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11/05/2015

Nicholas Metherd

DATE

OFFICER SIGNATURE

USAC Administrator

Nicholas Metherd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	12/03/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
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>1083</u>	x \$ <u>9.25</u>	= \$ <u>10018</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>10018</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 \$ 10018 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 10018

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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12/03/2015

Stuart McCallum

DATE

OFFICER SIGNATURE

CFO

Stuart McCallum

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	03/03/2016
Contact Name:	Nicholas Metherd	b) Data Month	December 2015
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	Carrollton, TX 75006		
Telephone Number:	214-390-7982		
Fax Number:	770-594-3878		
E-mail Address:	nicholas.metherd@tagmobile.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>905</u>	x \$ <u>9.25</u>	= \$ <u>8371</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>8371</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 \$ 8371 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 8371

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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03/03/2016

Stuart McCallum

DATE

OFFICER SIGNATURE

CFO

Stuart McCallum

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	02/11/2016
Contact Name:	Nicholas Metherd	b) Data Month	January 2016
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	Carrollton, TX 75006		
Telephone Number:	214-390-7982	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	nicholas.metherd@tagmobile.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>211</u>	x \$ <u>9.25</u>	= \$ <u>1952</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>1952</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 \$ 1952 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1952

(20) CERTIFICATIONS AND SIGNATURES

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

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02/11/2016

Stuart McCallum

DATE

OFFICER SIGNATURE

CFO

Stuart McCallum

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034

(3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	03/03/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2016
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
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>176</u>	x \$ <u>9.25</u>	= \$ <u>1628</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>1628</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 \$ 1628 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1628

(20) CERTIFICATIONS AND SIGNATURES

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03/03/2016

Stuart McCallum

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034
 (3) Filer 499 ID 828932 (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:	TAG Mobile LLC	a) Submission Date	04/05/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2016
Mailing Address:	1330 Capital Parkway	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Carrollton, TX 75006		
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>161</u>	x \$ <u>9.25</u>	= \$ <u>1489</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>1489</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 \$ 1489 Total TLS \$ 0 Total Tribal Link Up \$ 0
 Total Dollars (19) \$ 1489

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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04/05/2016

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DATE

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Exhibit C



Via Electronic Mail and UPS Overnight Delivery

Date: December 15, 2015

To: Public Utilities Commission of Kentucky
C/O: Jeff Derouen

From: Araceli Aguilar, Compliance & Regulatory Affairs Supervisor

TAG Mobile, LLC
1330 Capital Pkwy.
Carrollton, Texas 75006

RE: LIFELINE WIRELESS PLAN

As per Docket No. 2011-00312 TAG Mobile is hereby notifying you of its intent to revise the Lifeline Wireless Plan offered today in the State of Kentucky. Attached you will find a description and summary of the Lifeline wireless service plan that will be effective immediately. If there are any questions you may reach me at 214-390-5344 or araceli.aguilar@tagmobile.com. You may also direct any questions to the Director of Compliance & Regulatory Affairs, Mary Calderon at 214-390-9280 or mary.calderon@tagmobile.com.

Sincerely,

A handwritten signature in black ink that reads 'Araceli Aguilar'.

Araceli Aguilar
Compliance & Regulatory Affairs



TAG MOBILE, LLC KENTUCKY WIRELESS LIFELINE PLAN

TAG Mobile will offer its Kentucky Lifeline subscribers the Lifeline Base Plan. The Plan includes 500 local voice minutes, \$1.50 calling credit for international calling, and unlimited global text messaging every 30 days from date of activation, and a free 911/E911 compliant feature handset (“new” or in “like new” condition will be provided based on availability).

While the Lifeline Plus plans offer Unlimited minutes and texts, this does not mean unreasonable use. Once a customer reaches a certain threshold he or she will be connected to our Customer Service Department to determine whether high usage is due to commercial use or technical problems. After discussion with the customer, the Customer Service Department will complete its review and will return the customer to normal status. The customer will never be cut off during a billing cycle for excessive use. TAG Mobile reserves the right to notify and disconnect any account for excessive or abusive use at the end of their billing cycle.

TAG Mobile’s plans will also have “top-ups” available for all consumers for adding additional airtime and high speed data. Data “top-ups” are available in \$3, \$12, and \$20 increments. Minutes are available in \$5 and \$10 increments, and will be decremented at various rates depending on the destination country to which calls are placed. TAG Mobile will also offer International Long Distance (ILD) Add-on plans for \$5 or \$10.

Network	Plan	Minutes	Messaging	Data	Retail Price	Cost to LL Customer
Pre-Paid Lifeline and Lifeline Plus Plans						
T-Mobile / Sprint / Verizon	Lifeline Base	500 Domestic + \$1.50 ILD Credit	Unlimited	Not Included	Not Available	FREE
T-Mobile / Sprint	Unlimited/\$20	Unlimited Domestic + \$1.50 ILD Credit	Unlimited	1GB LTE + Unlimited 2G	\$30.00	\$20.00
T-Mobile / Sprint	Unlimited/\$30	Unlimited Domestic + \$1.50 ILD Credit	Unlimited	2.5GB LTE + Unlimited 2G	\$40.00	\$30.00
Verizon	Unlimited/\$25	Unlimited Domestic + \$1.50 ILD Credit	Unlimited	1GB 3G + Unlimited 2G	\$35.00	\$25.00
Verizon	Unlimited/\$35	Unlimited Domestic + \$1.50 ILD Credit	Unlimited	2.5GB 3G + Unlimited 2G	\$45.00	\$35.00
Verizon	Unlimited/\$30	Unlimited Domestic + \$1.50 ILD Credit	Unlimited	1GB LTE + Unlimited 2G	\$40.00	\$30.00
Verizon	Unlimited/\$40	Unlimited Domestic + \$1.50 ILD Credit	Unlimited	2.5GB LTE + Unlimited 2G	\$50.00	\$40.00



TAG MOBILE, LLC KENTUCKY
WIRELESS LIFELINE PLAN

Network	Plan	Minutes	Messaging	Data	Retail Price	Cost to LL Customer
Top-Ups / Add-Ons						
T-Mobile / Sprint / Verizon	LTE Top-Up 100	N/A	N/A	100 MB	N/A	\$3.00
T-Mobile / Sprint / Verizon	LTE Top-Up 500	N/A	N/A	500 MB	N/A	\$12.00
T-Mobile / Sprint / Verizon	LTE Top-Up 1000	N/A	N/A	1000 MB	N/A	\$20.00
T-Mobile / Sprint / Verizon	Airtime \$5	Varied, depending on destination country.	N/A	N/A	N/A	\$5.00
T-Mobile / Sprint / Verizon	Airtime \$10	Varied, depending on destination country.	N/A	N/A	N/A	\$10.00
T-Mobile / Sprint / Verizon	ILD \$5	Unlimited to Mexico Landlines Plus 100 to Mexico Cellular	N/A	N/A	N/A	\$5.00
T-Mobile / Sprint / Verizon	ILD \$10	Unlimited to 80 Countries	N/A	N/A	N/A	\$10.00