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 County of DENTON

) ss.

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 Calduon

Subscribed and sworn to before me this $\underline{2U}$ day of April, 2016

haceli aquilar

ARACELI AGUILAR Notary Public, State of Texas Comm. Expires 03-11-2018 Notary ID 12974294-7

Notary Public

My Commission expires: <u>3-11-2018</u>

DATA RESPONSES

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

<u>REQUEST NO. 1.</u> 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).

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

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

<u>REQUEST NO. 3.</u> 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.

<u>RESPONSE</u>: 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.

<u>REQUEST NO. 4.</u> 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.

<u>RESPONSE:</u> Tag Mobile, LLC would continue to provide Lifeline voice only support.

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

<u>RESPONSE</u>: 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.

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

<u>RESPONSE</u>: TAG Mobile does not issue bills.

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

<u>RESPONSE</u>: 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.

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

<u>RESPONSE</u>: TAG Mobile has not been subjected to penalties related to participation in the Lifeline program. [BEGIN CONFIDENTIAL]

[END CONFIDENTIAL]

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

<u>RESPONSE</u>: Tag Mobile, LLC is currently marketing in Kentucky via its website, www.tagmobile.com.

REQUESTS FOR INFORMATION TO ALL PARTIES

<u>REQUEST NO. 1.</u> 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).

<u>REQUEST NO. 2.</u> 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.

<u>RESPONSE</u>: The line receives a full month subsidy.

<u>REQUEST NO. 3.</u> 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.

<u>RESPONSE</u>: 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

<u>REQUEST NO. 4.</u> 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.

<u>RESPONSE</u>: Tag Mobile, LLC is only pre-paid. The customer does not receive a bill. We would not experience a "bad debt."

<u>REQUEST NO. 5.</u> 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.

<u>RESPONSE</u>: FCC action appears imminent, so there appears to be little harm if the PSC chooses to wait.

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.

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

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



Date_	4/26/2016	Reporting Month2014-01
		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	

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

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



Date_	4/26/2016	Reporting Month2014-02
		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	

Please Circle One ILEC CLEC CEllular PCS	Please Circle One						
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	Monthly Access Line Data
1.	Total Access Lines in Service
2. 3.	Surcharge Per Access Line
4.	Number of Access Lines Receiving Lifeline Support6,559
5.	Amount of Reimbursement Requested from Kentucky USF

	Signature Block				
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Company Official(Printed)	Title	Company Official(Signed)			
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Date_	4/26/2016	Reporting Month2014-03
		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	

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

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Date_	4/26/2016	Reporting Month2014-04
		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			cellular		
Please Circle One	ILEC	CLEC	cellular	PCS	

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

Signature Block					
I hereby attest that the information report	I hereby attest that the information reported herein is true and Accurate to the best of my knowledge.				
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4/26/2016	Reporting Month2014-05
	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	
	Company Name Company Address Telephone / Fax

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

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Date_	4/26/2016	Reporting Month2014-06
		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			cellular		
Please Circle One	ILEC	CLEC	cellular	PCS	

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

Signature Block					
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Date_	4/26/2016	Reporting Month2014-07
		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	

Please Circle One ILEC CLEC PCS	Classification Please Circle One	ILEC	CLEC	cellular	PCS	
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Monthly Access Line Data
Total Access Lines in Service 4077 Surcharge Per Access Line \$0.08
Amount of Surcharge Remitted to Kentucky USF
Number of Access Lines Receiving Lifeline Support

Signature Block					
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Company Official(Printed)	Title	Company Official(Signed)			
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Date_	4/26/2016	Reporting Month2014-08
		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	

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	Monthly Access Line Data
1. 2.	Total Access Lines in Service
3.	Amount of Surcharge Remitted to Kentucky USF
4. 5.	Number of Access Lines Receiving Lifeline Support
5.	Amount of Reimbursement Requested from Kentucky USF

Signature Block					
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Company Official(Printed)	Title	Company Official(Signed)			
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Date_	4/26/2016	Reporting Month2014-09
		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	

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1. Total Access Lines in Service	
3. Amount of Surcharge Remitted to Kentucky USF	
 Number of Access Lines Receiving Lifeline Support	_

	Signature	e Block
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Company Official(Printed)	Title	Company Official(Signed)
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Date_	4/26/2016	Reporting Month2014-10
		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	

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	Monthly Access Line Data
1.	Total Access Lines in Service
2. 3.	Surcharge Per Access Line \$0.08 Amount of Surcharge Remitted to Kentucky USF \$261.04
4.	Number of Access Lines Receiving Lifeline Support
5.	Amount of Reimbursement Requested from Kentucky USF

	Signature	e Block	
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COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/26/2016	Reporting Month2014-11			
		Carrier Information			
	Company Name	TAG MOBILE, LLC			
C	Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006			
	Telephone / Fax 214-453-0640 / 469-574-7931				
	Vendor Number				
	sification	u ec cellular pers			

PCS

CLEC

ILEC

Please Circle One

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

Signature Block					
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Company OfficialTitle (Printed)		Company Official(Signed)			
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Date_	4/26/2016	Reporting Month2014-12
		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					
2.	Surcharge Per Access Line					
3.	Amount of Surcharge Remitted to Kentucky USF					
4.	Number of Access Lines Receiving Lifeline Support					
5.	Amount of Reimbursement Requested from Kentucky USF					

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4/26/2016	Reporting Month2015-01
	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	
	Company Name Company Address Telephone / Fax

Please Circle One ILEC CLEC PCS	Classification Please Circle One	ILEC	CLEC	cellular	PCS	
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	Monthly Access Line Data
1. 2.	Total Access Lines in Service
3.	Amount of Surcharge Remitted to Kentucky USF
4. 5.	Number of Access Lines Receiving Lifeline Support

Signature Block				
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Company OfficialTitle (Printed)		Company Official(Signed)		
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Date_	4/26/2016	Reporting Month2015-02
		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	

Please Circle One ILEC CLEC PCS	Classification Please Circle One	ILEC	CLEC	cellular	PCS	
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	Monthly Access Line Data
1. 2.	Total Access Lines in Service
3.	Amount of Surcharge Remitted to Kentucky USF
4. 5.	Number of Access Lines Receiving Lifeline Support

Signature Block					
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Date4/26/2016	Reporting Month2015-03
	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	

Please Circle One ILEC CLEC PCS	Classification Please Circle One	ILEC	CLEC	cellular	PCS		
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Monthly Access Line Data
Total Access Lines in Service 1799 Surcharge Per Access Line \$0.08
Amount of Surcharge Remitted to Kentucky USF
Number of Access Lines Receiving Lifeline Support

Signature Block				
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Company OfficialTitle (Printed)		Company Official(Signed)		
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Date_	4/26/2016	Reporting Month2015-04
		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. 2.	Total Access Lines in Service 1634 Surcharge Per Access Line \$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF		
4.	Number of Access Lines Receiving Lifeline Support		
5.	Amount of Reimbursement Requested from Kentucky USF		

Signature Block			
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Date	4/26/2016	Reporting Month2015-05
		Carrier Information
	Company Name	TAG MOBILE, LLC
Company Address 1330 CAPITAL PARKWAY CARROLLTON, TX 75006		1330 CAPITAL PARKWAY CARROLLTON, TX 75006
	Telephone / Fax	214-453-0640 / 469-574-7931
	Vendor Number	

Classification Please Circle One ILEC CLEC CLEC PCS	
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Monthly Access Line Data			
1. 2.	Total Access Lines in Service		
3.	Amount of Surcharge Remitted to Kentucky USF		
4. 5.	Number of Access Lines Receiving Lifeline Support		

Signature Block			
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COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date_	4/26/2016	Reporting Month2015-06
		Carrier Information
	Company Name	TAG MOBILE, LLC
0	Company Address	1330 CAPITAL PARKWAY CARROLLTON, TX 75006
	Telephone / Fax	214-453-0640 / 469-574-7931
	Vendor Number	

Classification			cellular		
Please Circle One	ILEC	CLEC	ociliaiai	PCS	

	Monthly Access Line Data
1.	Total Access Lines in Service
2. 3.	Surcharge Per Access Line
4.	Number of Access Lines Receiving Lifeline Support
5.	Amount of Reimbursement Requested from Kentucky USF

	Block	
I hereby attest that the information reported herein is true and		rate 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

Revised 03-13-2008



Date_	4/26/2016	Reporting Month2015-07
		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	

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

	Monthly Access Line Data
1. 2.	Total Access Lines in Service
3.	Amount of Surcharge Remitted to Kentucky USF
4. 5.	Number of Access Lines Receiving Lifeline Support

Signature Block			
I hereby attest that the information reported	ed herein is true and Accu	urate 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	



Date_	4/26/2016	Reporting Month2015-08
		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	

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

	Monthly Access Line Data
1.	Total Access Lines in Service
2.	Surcharge Per Access Line
3.	Amount of Surcharge Remitted to Kentucky USF
4.	Number of Access Lines Receiving Lifeline Support1160
5.	Amount of Reimbursement Requested from Kentucky USF

	e Block	
I hereby attest that the information report	ed herein is true and Acc	urate 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



Date_	4/26/2016	Reporting Month2015-09
		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	

Please Circle One ILEC CLEC CEllular PCS	Please Circle One						
--	-------------------	--	--	--	--	--	--

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

	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			



Date_	4/26/2016	Reporting Month2015-10
		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	

Please Circle One ILEC CLEC CEllular PCS	Please Circle One						
--	-------------------	--	--	--	--	--	--

	Monthly Access Line Data
1. 2.	Total Access Lines in Service 1116 Surcharge Per Access Line \$0.08
3.	Amount of Surcharge Remitted to Kentucky USF
4. 5.	Number of Access Lines Receiving Lifeline Support

	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			



Date_	4/26/2016	Reporting Month2015-11
		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	

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

	Monthly Access Line Data
1. 2.	Total Access Lines in Service 1114 Surcharge Per Access Line \$0.08
3.	Amount of Surcharge Remitted to Kentucky USF
4. 5.	Number of Access Lines Receiving Lifeline Support

	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			



Date_	4/26/2016	Reporting Month2015-12
		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
2.	Surcharge Per Access Line
3. 4.	Amount of Surcharge Remitted to Kentucky USF \$68.00 Number of Access Lines Receiving Lifeline Support 823
4 . 5.	Amount of Reimbursement Requested from Kentucky USF

	Signature	e Block
I hereby attest that the information report	urate 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



Date_	4/27/2016	Reporting Month2016-01
		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. 2.	Total Access Lines in Service 195 Surcharge Per Access Line \$0.08
3.	Amount of Surcharge Remitted to Kentucky USF
4. 5.	Number of Access Lines Receiving Lifeline Support

Signature Block					
I hereby attest that the information report	urate 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			



Date_	4/26/2016	Reporting Month2016-02
		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	

Please Circle One ILEC CLEC CEllular PCS	Please Circle One						
--	-------------------	--	--	--	--	--	--

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

	Signature	Block
I hereby attest that the information reported	ed herein is true and Accu	arate 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: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 4/11/2016 2016-03

Reporting Month:

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	41				
2. Surcharge Per Acess 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	Title	Company Official			
(Printed) (Signed)					
Make check Payable to: "Kentucky		Send a copy of this report to:			
Treasurer" and send with this repo					
Finance and Administration Cabin	et	Kentucky Public Service Commission			
ATTN: KY USF		ATTN: Excutive Director			
702 Capital Ave.		211 Sower Blvd.			
Capitol Annex, Room 488A		P.O. Box 615			

Frankfort, KY 40601

P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 4/11/2016

2016-03

Reporting Month:

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 Acess 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				

	Sig	nature Block
I hereby attest that the informat	ion reported herein is true and accu	rate to the best of my knowledge.
Company Official	Title	Company Official
(Prin	ted)	(Signed)
		Send a copy of this report to:
Make check Payable to: "Kentu Treasurer" and send with this re	-	Send a copy of this report to.
Finance and Administration Ca	binet	Kentucky Public Service Commission
ATTN: KY USF		ATTN: Excutive Director
702 Capital Ave.		211 Sower Blvd.
Capitol Annex, Room 488A		P.O. Box 615
Frankfort, KY 40601		Frankfort, KY 40602

						Page 1
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approva
						3060-0819
				Avg. E	Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stud	y Area Code	269034
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wirelin	e 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifeling	e Only 🛄	High	Cost/Low Income	~	
(6) Organization Information	۱ ۲		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	02/07/20	14
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	January 2	2014
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				Č Ć	Driginal Revision	7
	Carrollton, TX 7	5006	d)		KENTUC	KY
Telephone Number:	678-389-6024			·		
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Supp Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub						♠ 65077
Receiving federal L	ifeline Support	(8) 7057		x \$ 9.25		= \$ 65277
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		_ x \$ <u>0.00</u>		= \$ 0
Receiving lederal L	inenne Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$			(10) \$ <u>65277</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u>	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
		()		Total TLS Suppo	ort Claimad	(12) ¢ ()
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippo		ort Claimed	(13) \$ <u>0</u>
		(14) 0				
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00		(for multiple rates,	use an averag	e amount)
5 P-		(not to exceed \$100))	(
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		7	Fotal	Tribal Link Up Supp	ort Claimed	(18) \$ 0
ETC Payment						
-	- - 0		-			
Total Lifeline \$ <u>65277</u>	I otal TLS \$ <u>_</u>		ı ota			
				Total	Dollars (19)	\$ 65277

Exhibit B Page 2

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/07/2014

Charles L Schneider Jr

Charles L Schneider Jr

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

OFFICER NAME

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

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

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

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

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

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

						Page 3
FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
						3060-0819
				Avg	. Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	ıdy Area Coo	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	Гуре (check one) Wirel	ine 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄	High	Cost/Low Income		
(6) Organization Information	<u>ו</u>		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	С	a)	Submission Date	03/08/20)14
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	Februar	y 2014
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(encor enc)	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 6559				♠ 60671
Receiving federal L	ifeline Support			x \$ <u>9.2</u>	25	= \$ 60671
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		_ x \$ <u>0.00</u>	eed \$34.25)	= \$
Receiving lederal L	inenne Support	Total Feder		Federal Lifeline Su		ed (10) \$ <u>60671</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u>	00			
Υ.		, O				
Number of TLS Sub	oscribers	(12) <u>(</u>				0
Tribal Link Up (Availat	ble only to ETCs rece	eiving High Cost s	uppo	Total TLS Sup	port Claimed	(13) \$ <u>0</u>
		0				
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ 0.00		(for multiple rate	s use an avera	are amount)
3 P-		(not to exceed \$100			o, ace all areic	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total	Tribal Link Up Sup	poort Claime	d (18) \$ ⁽⁾
ETC Payment						
Total Lifeline \$ <u>60671</u>			T		า	
iotal Lifeline \$ 0007 1	I otal ILS \$ <u>_</u>		ı ota			
				Tota	al Dollars (19) \$

Exhibit B Page 4

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

03/08/2014

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

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

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

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

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

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

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

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

OFFICER NAME

Charles L. Schneider, Jr.

					Page 5
FCC Form 497 April 2012 Edition			KSHF	FT	OMB Approval
					3060-0819
				Avg. Burden E	est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Study Area (Code <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology 1	Гуре (check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifeling	e Only 🛄	High	Cost/Low Income	
(6) Organization Information	<u>ו</u>		(7)	Filing Information	
Company Legal Name:	TAG Mobile LL	С	a)	Submission Date 04/07	/2014
Contact Name:	Caitlyn Lumpkir	I	b)	Data Month March	n 2014
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)	
				Original	
	Carrollton, TX 7	5006	d)	Revision State Reporting KENT	UCKY
Telephone Number:	678-389-6024			·	
Fax Number:	770-594-3878				
E-mail Address:	caitlyn.lumpkin@	@cgminc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Sub					50004
Receiving federal L	ifeline Support	(8) 6292		x \$ <u>9.25</u>	= \$ 58201
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u>	= \$ 0
		То		(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ <u>5820</u>	
Toll Limitation Servio	ces (TLS)				
			~~		
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> in 2013)	00		
Number of TLS Sub	oscribers	(12) 0			
				Total TLS Support Clain	ned (13) \$ <u>0</u>
Tribal Link Up (Availat	ble only to ETCs rece	eiving High Cost s	uppol	rt)	
Number of Connect	tions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an av	verage amount)
		(not to exceed \$100))		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00			
			Total	Tribal Link Up Support Clai	med (18) \$ 0
ETC Payment					
Total Lifeline \$ <u>58201</u>			Total	Tribal Link Un ¢ ()	
	<u> </u>		rotal		
				Total Dollars	(19) \$_58201

Exhibit B Page 6

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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04/07/2014

Charles L. Schneider, Jr.

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

OFFICER NAME

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						Page 7
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET					OMB Approval	
				Ava	Purdon Eat	3060-0819 Der Respondent: 2.5 Hrs.
				C C		·
(1) USAC Service Provider lo	dentification Number	143035649		(2) Stu	dy Area Cod	e <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	01/28/20	15
Contact Name:	Caitlyn Lumpkir	۱	b)	Data Month	April 201	4
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				· ,	Original [Revision]	~
	Carrollton, TX 7	75006	d)	State Reporting	KENTUC	KY
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878		-			
E-mail Address:	caitlyn.lumpkin					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 5667		x \$ 9.2		_{= \$} 52420
Tribal Low-Income Subscrib		(e) <u>0</u>		x <u>\$</u> 0.00		= \$ 0
Receiving federal Lifeline Support		(/		(not to exce	ed \$34.25)	
		10	otal I	Federal Lifeline Sup	oport Claime	d (10)\$ <u>52420</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T	l 6 par Subsaribar	(11) 0.00000	00			
	al cost or \$3 in 2012 /\$2	(1)				
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippo			
Number of Connect	ione Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an averaç	ge amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		1	otal	Tribal Link Up Sup	port Claimed	i (18) \$ <u>∨</u>
ETC Payment						
Total Lifeline \$ 52420	Total TLS \$ <u>0</u>		Tota	l Tribal Link Up \$)	_
				Tota	l Dollars (19)	\$ <u>52420</u>
					• • •	

Exhibit B Page 8

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

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01/28/2015

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

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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.

Charles L. Schneider, Jr.

OFFICER NAME

						Page 9	
FCC Form 497 April 2012 Edition		LIFELINE WORK	KSHE	ET		OMB Approval	
				Ανα	Burden Est	3060-0819 per Respondent: 2.5 Hrs.	
<i></i>		142025640		·			
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	ldy Area Cod	le <u>209034</u>	
(3) Filer 499 ID <u>828932</u>		(4) Technology T	уре (check one) Wirel	ine 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifeling	e Only 📮	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information	1		
Company Legal Name:	TAG Mobile LL	С	a)	Submission Date	06/06/20)14	
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	May 201	4	
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)			
					Original Revision		
Telephone Number:	Carrollton, TX 7	5006	d)	State Reporting	KENTU	CKY	
Fax Number:	678-389-6024		_				
E-mail Address:	770-594-3878 caitlyn.lumpkin	and the second	_				
E-mail Address.	сашуплитркт						
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su <u>Subscriber Su</u>		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal L		(8) <u>5130</u>		x \$9.2	25	_{= \$} 47453	
Tribal Low-Income Subscribers		(9) 0		x \$ 0.00		= \$ 0	
Receiving federal L	ifeline Support		otal I	(not to exc Federal Lifeline Su	d (10) \$ 47453		
T- # 1 ' '/- / 0 '		•				(10) ¢ <u>11 100</u>	
Toll Limitation Servio	ces (1LS)						
Cost of Providing T	LS per Subscriber	(11) 0.0000	00				
(the lesser of increment	al cost or \$3 in 2012 /\$2	,					
Number of TLS Sub	oscribers	(12) <u>0</u>					
				Total TLS Sup	port Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost si	uppo	rt)			
Number of Connect	ions Waived	(14) <u>0</u>					
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$100	(for multiple rates, u		s, use an avera	use an average amount)	
		(/				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		-	Total	Tribal Link Up Su	poort Claime	d (18) \$ ⁽⁾	
						/ -	
ETC Payment	-				_		
Total Lifeline \$ <u>47453</u>	Total TLS \$ <u>0</u>		Tota	I Tribal Link Up \$	J		
				Tota	al Dollars (19) \$ _47453	

Exhibit B Page 10

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

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06/06/2014

Charles L. Schneider, Jr.

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

OFFICER NAME

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						Page 11
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET					OMB Approval	
· • • · · · - • · • · · · · · · · ·					Durden Fet v	3060-0819
				Avg.	Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Cod	e <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifelin	e Only 📮	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	07/07/20	14
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	June 201	14
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
					Original [Revision	- -
	Carrollton, TX 7	/5006	d)	State Reporting	KENTUC	ХКY
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878		_			
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 4618		x \$ 9.2		= \$ <u>42717</u>
Tribal Low-Income Subscrib		(e) <u>0</u>		x \$ <u>0.00</u>	<u> </u>	= \$ 0
Receiving federal Lifeline Support		()		(not to exce	ed \$34.25)	
			otal i	Federal Lifeline Sup	sport Claime	a (10) \$ <u>427 17</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T		(11) <u>0.0000</u>	00			
Υ.	tal cost or \$3 in 2012 /\$2	, O				
Number of TLS Sub	oscribers	(12) <u>0</u>				0
Tribal Link Up (Availat	le only to ETCs rece	nivina Hiah Cost si	Inno	Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
			ippo			
Number of Connect		(14) $\frac{0}{0.00}$		(for multiple rates		
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an averaç	ge amount)
Total Connection Charges Waived		(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		٦	Fotal	Tribal Link Up Sup	port Claimed	I (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>42717</u>	Total TLS \$_0		Tota	Tribal Link Up \$ _()	
					l Dollars (19)	
				1018	1 Donai 5 (19)	Ψ

Exhibit B Page 12

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07/07/2014

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Charles L. Schneider, Jr.

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President & CEO

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						Page 13
FCC Form 497 April 2012 Edition		LIFELINE WORI	KSHE	ET		OMB Approval
						3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	ıdy Area Coo	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology 1	уре (check one) Wirel	ine 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔲	High	Cost/Low Income	\checkmark	
(6) Organization Information	<u>ו</u>		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	08/07/20	014
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	July 201	4
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(encon enc)	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 3906		x \$ 9.2		_{= \$} 36131
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x <u>\$</u> 0.00		= \$ 0
		(-)	otal F	- x	eed \$34.25)	
Toll Limitation Servio	ces (TLS)					() ¢ <u></u>
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Sup	port Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost s	uppo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe				(for multiple rates	s, use an avera	age amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	oport Claime	d (18) \$_0
ETC Payment				-F - - F		. ,
Total Lifeline \$ <u>36131</u>			Tata	Tribol Link Line (า	
Total Liteline \$_00101	10tal 1LS \$_0		rota			
				Tota	al Dollars (19)) \$ <u>36131</u>

Exhibit B Page 14

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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.

FCC Prom 437 April 2012 Edition OMB Approval 2000 0481 Arg. Burden Est, per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143035649 (2) Study Area Code 269034 (3) Filer 499 ID 328932 (4) Technology Type (check one) Wireline Wireless © (4) Filer 499 ID 328932 (4) Technology Type (check one) Wireline Wireless © (5) FTC Designation Type (Check one): Lifeline Only © High CostLow Income © (6) Organization Information (6) Organization Information Carrollton, TX 75006 9 Submission Date 09/04/2014 Connext Name: Cattlyn Lumpkin 9 Data Month August 2014 Mailing Address: 1330 Capital Parkway 9 Type of Filing (check one) Original Parkway (after 57.889-6024 (a) State Reporting KENTUCKY Fax Number: 678-389-6024 (b) Lifeline Support (c) Total Lifeline Subscribers Receiving federal Lifeline Support (a) State Reporting KENTUCKY (c) Total Lifeline Subscribers Non-Tribal Low-Income Subscribers (a) 3600 x \$ 9.925 = \$ 33300 Tribal Low-Income Subscribers (b) 3600 x \$ 9.020 = \$ \$ 0.0 Receiving federal Lifeline Support (c) Total Lifeline Support Claimed (tis) \$ \$ 33300							Page 15
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Exhibit B Page 16

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(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.

09/04/2014

Charles L Schneider Jr

Charles L Schneider Jr

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

OFFICER NAME

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

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						Page 17
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET						OMB Approval
						3060-0819
				Avg. E	Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stud	ly Area Code	269034
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wirelin	ie 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifeling	e Only 🛄	High	Cost/Low Income		
(6) Organization Information	۱ ۲		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	10/03/20	14
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	Septemb	er 2014
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
) í c	Driginal Revision	4
	Carrollton, TX 7	5006	d)	State Reporting	KENTUC	KY
Telephone Number:	678-389-6024			·		
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub						. 21015
Receiving federal L	ifeline Support	(8) 3353		x \$ <u>9.25</u>	5	= \$ 31015
Tribal Low-Income Subscribers		(9) <u>0</u>		_ x \$ <u>0.00</u>		= \$ _0
Receiving federal L	Ifeline Support	т	otal I	not to excee) Federal Lifeline Supj	i (10) \$ <u>31015</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber	(11) <u>0.00000</u>	00			
(the lesser of increment	tal cost or \$3 in 2012 /\$2	in 2013)				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00	(for multiple rates, use an a		use an averag	e amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Supp	ort Claimed	(18) \$ 0
ETC Dourmont			Jul		in Glanneu	() ¥
ETC Payment	-			-		
Total Lifeline \$ <u>31015</u>	Total TLS \$ <u>0</u>		Tota			
				Total	Dollars (19)	\$ <u>31015</u>

Exhibit B Page 18

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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10/03/2014

Charles L. Schneider, Jr.

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

OFFICER NAME

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						Page 19
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
						3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Cod	e <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireli	ine 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeline	e Only 📮	High	Cost/Low Income	~	
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	11/05/20	14
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	October	2014
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
					Original Revision	<u>Ч</u>
	Carrollton, TX 7	5006	d)	State Reporting	KENTUC	ХКҮ
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>3121</u>				A 20060
Receiving federal L	ifeline Support			x \$ <u>9.2</u>	25	= \$ 28869
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		_ x \$ <u>0.00</u>	eed \$34.25)	= \$
		Total Federal Lifeline Support Cla				d (10) \$ <u>28869</u>
Toll Limitation Servio	ces (TLS)					
Os et ef Dessidie e T		(11) 0.0000	າດ			
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11)				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed	(13) \$ ⁽¹
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippo			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	s, use an avera	ge amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		-	otal	Tribal Link Up Sup	port Claimed	1 (18) \$ ⁽⁾
ETC Payment					_	
Total Lifeline \$ <u>28869</u>	TC		-	Trails and the second second)	
iotal Lifeline \$ 20009	I otal ILS \$ <u>_</u>		ıota			
				Tota	al Dollars (19)\$_∠0009

Exhibit B Page 20

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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11/05/2014

Charles L. Schneider, Jr.

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

OFFICER NAME

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					Page 21	
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET					OMB Approval	
			3060-0819			
				Avg. Burden Est.	per Respondent: 2.5 Hrs.	
(1) USAC Service Provider I	dentification Number	143035649		(2) Study Area Coc	le <u>269034</u>	
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireline 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifeline	e Only 📮	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	С	a)	Submission Date 12/04/20)14	
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month Novemb	er 2014	
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				Original Revision		
	Carrollton, TX 7	5006	d)	State Reporting KENTU(СКҮ	
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878	-	_			
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 2817			= \$ <u>26057</u>	
Receiving federal L				x \$ <u>9.25</u>		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		_ x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ 0	
-		те	otal F	Federal Lifeline Support Claime	ed (10) \$ <u>26057</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber	(11) <u>0.00000</u>	00			
	al cost or \$3 in 2012 /\$2					
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Support Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippo	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates, use an average amount)		
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		T	otal	Tribal Link Up Support Claime	d (18) \$ ⁰	
ETC Payment	-			-		
Total Lifeline \$ <u>26057</u>	Total TLS \$ <u>0</u>	······································	Tota	Tribal Link Up \$ <u>0</u>		
				Total Dollars (19) \$ _26057	

Exhibit B Page 22

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

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12/04/2014

Charles L. Schneider, Jr.

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

OFFICER NAME

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						Page 23	
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET					OMB Approval		
						3060-0819	
				Avg.	Burden Est. p	er Respondent: 2.5 Hrs.	
(1) USAC Service Provider I	dentification Number	143035649		(2) Stud	dy Area Code	269034	
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wirelin	ne 🔲	Wireless 🕑	
(5) ETC Designation Type (C	Check one): Lifeling	e Only 📮	High	Cost/Low Income	~		
(6) Organization Information	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>		(7)	Filing Information	1		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	01/07/20	15	
Contact Name:	Caitlyn Lumpkir	۱	b)	Data Month	Decembe	er 2014	
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)			
				Criginal ✓ Revision			
	Carrollton, TX 7	5006	d)	State Reporting	KENTUC	KY	
Telephone Number:	678-389-6024		_				
Fax Number:	770-594-3878	-	_				
E-mail Address:	caitlyn.lumpkin	@cgminc.com					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal L		(8) 2679		x \$ 9.2		= \$ <u>24781</u>	
-		•		0.00		= \$ <u>0</u>	
Tribal Low-Income Subscribers Receiving federal Lifeline Support				(not to exce	ed \$34.25)		
	Т	otal F	Federal Lifeline Sup	port Claimed	I (10) \$ <u>24781</u>		
Toll Limitation Servio	ces (TLS)						
Cost of Providing T	1 S par Subsaribar	(11) 0.00000	00				
-	tal cost or \$3 in 2012 /\$2	(11)					
Number of TLS Sub	oscribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippo				
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an averag	e amount)	
		(not to exceed \$100)	1				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
				 Tribal Link Up Sup	nort Claimad	(18) ¢ ()	
		I	oldi	innai Liink Op Sup		(10) \$ <u>-</u>	
ETC Payment							
Total Lifeline <u>\$</u> 24781	Total TLS \$ <u>0</u>	·	Tota	Tribal Link Up \$ <u>0</u>		_	
				Tota	l Dollars (19)	<u>\$ 24781</u>	

Exhibit B Page 24

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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01/07/2015

Charles L. Schneider, Jr.

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

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OFFICER NAME

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						Page 25
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
· · · · · · · · · · · · · · · · · · ·					Dundan Fat	3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143035649		(2) Stu	dy Area Cod	e <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄	High	Cost/Low Income		
(6) Organization Information) 		(7)	Filing Information	1	
Company Legal Name:	TAG Mobile LL	С	a)	Submission Date	02/09/20	15
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	January	2015
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				· · ·	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTUC	СКY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>1905</u>				▲ 17621
Receiving federal L	ifeline Support			x \$ <u>9.2</u>	5	= \$ <u>17621</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		_ x \$ <u>0.00</u>	ed \$34.25)	= \$ _0
		т	otal F	ederal Lifeline Su		d (10) \$ <u>17621</u>
Toll Limitation Servio	ces (TLS)					
		(11) 0.0000	\mathbf{n}			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	Ippol	rt)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an avera	ge amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		-	Fotal	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>17621</u>	Total TLS \$ 0		Total	Tribal Link Up \$ ()	
				-	l Dollars (19)	
					• •	•

Exhibit B Page 26

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(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.

02/09/2015

Charles L. Schneider, Jr.

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

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

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

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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.

						Page 27
FCC Form 497 April 2012 Edition		LIFELINE WORI	KSHE	ET		OMB Approval
· · · · · · · · · · · · · · · · · · ·					Duralan Est	3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Coo	de <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	Гуре (check one) Wirel	ine 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔲	High	Cost/Low Income		
(6) Organization Information	۱ _.		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	03/06/20	015
Contact Name:	Caitlyn Lumpkir	۱	b)	Data Month	Februar	y 2015
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(0.000, 0.00)	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	СКҮ
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 1807		x \$ 9.2		_{= \$} 16715
_		0		0.00		= \$ 0
Tribal Low-Income Subscribers Receiving federal Lifeline Support				(not to exc	eed \$34.25)	
		Т	otal F	Federal Lifeline Su	pport Claime	ed (10) \$ <u>16715</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	1 S par Subscribar	(11) <u>0.0000</u>	00			
	tal cost or \$3 in 2012 /\$2	(11)				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost s	uppo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe				(for multiple rates	s, use an avera	age amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Sup	nort Claime	d (18) \$ 0
			· •tul			α (·•) ψ
ETC Payment						
Total Lifeline \$ <u>16715</u>	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ _)	
				Tota	al Dollars (19)) \$ <u>16715</u>

Exhibit B Page 28

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(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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03/06/2015

Charles L. Schneider, Jr.

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

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						Page 29
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
				Ava	Purdon Est	3060-0819
				·		per Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143035649		(2) Stu	dy Area Coo	te <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔲	High	Cost/Low Income	~	
(6) Organization Information	I		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	04/07/20	015
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	March 2	015
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				. ,	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878	-	_			
E-mail Address:	caitlyn.lumpkin@	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1743</u>		x \$ 9.2		_{= \$} 16123
-		0		0.00	.5	
Tribal Low-Income Subscribers Receiving federal Lifeline Support				(not to exce	eed \$34.25)	= \$ 0
		т	otal F	ederal Lifeline Sup	oport Claime	ed (10)\$ <u>16123</u>
Toll Limitation Servic	es (TLS)					
		(11) 0.0000	00			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed	(13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost si	uppo			
Number of Connect	ions Waivod	(14) 0				
Charges Waived per				(for multiple rates	s, use an avera	age amount)
		(not to exceed \$100)			
Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	-	(17) \$ 0.00				
Defende interest						
			ı otal	Tribal Link Up Sup	port Claime	a (18) \$ <u>-</u>
ETC Payment						
Total Lifeline <u>\$</u> 16123	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ _)	
				Tota	l Dollars (19) \$ 16123

Exhibit B Page 30

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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

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

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04/07/2015

Charles L. Schneider, Jr.

DATE

OFFICER SIGNATURE

President & CEO

OFFICER TITLE

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Charles L. Schneider, Jr.

OFFICER NAME

						Page 31
FCC Form 497 April 2012 Edition			(SHE	ET		OMB Approval
						3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Cod	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wirel	ine 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄	High	Cost/Low Income	~	
(6) Organization Information	<u>ו</u>		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	05/07/20)15
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	April 201	15
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(,	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>1523</u>				↑ 1/088
Receiving federal L	ifeline Support			x \$ <u>9.2</u>	25	= \$ 14088
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		_ x \$ <u>0.00</u>	eed \$34.25)	= \$
		т	otal F	ederal Lifeline Su		d (10) \$ <u>14088</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	1 S per Subscriber	(11) <u>0.0000</u>	00			
-	tal cost or \$3 in 2012 /\$2	• •				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ble only to ETCs rece	eiving High Cost si	uppo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	s, use an avera	ge amount)
)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		-	Total	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>14088</u>			Toto	Tribal Link Un & ()	
	10tal 1L5 \$ <u>_</u>		rota			
				Tota	al Dollars (19)\$_14000

Exhibit B Page 32

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

(20) CERTIFICATIONS AND SIGNATURES

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

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05/0	07/2	015
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Chuck Schneider

D	A	Т	Е

CEO

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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						Page 33
FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	ET		OMB Approval
						3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	ıdy Area Cod	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	уре (check one) Wirel	ine 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifeling	e Only 📮	High	Cost/Low Income	~	
(6) Organization Information	<u>ו</u>		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	06/04/20	15
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	May 201	5
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
					Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024				-	
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub						. 10000
Receiving federal L	ifeline Support	(8) 1436		x \$ <u>9.2</u>	25	= \$ 13283
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		_ x \$ <u>0.00</u>		= \$
		т	otal I	ederal Lifeline Su	eed \$34.25) pport Claime	d (10) \$ <u>13283</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u>	00			
Number of TLS Sub		,				
	Scribers	(12) <u> </u>				0
Tribal Link Up (Availat	ble only to ETCs rece	eiving High Cost s	uppo	Total TLS Supp rt)	ort Claimed	(13) \$ <u>U</u>
		0				
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ 0.00		(for multiple rates	s use an avera	ge amount)
		(not to exceed \$100			, ace an avera	go amouny
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Sup	port Claime	1 (18) \$ ⁰
ETC Payment			2.01		r	
-	0		_		า	
Total Lifeline <u>\$ 13283</u>	Total TLS \$ <u>_</u>		Tota			
				Tota	al Dollars (19))\$_13283

Exhibit B Page 34

(20) CERTIFICATIONS AND SIGNATURES

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06/04/2015

OFFICER TITLE

Nicholas Metherd

DATE

OFFICER SIGNATURE

Nicholas Metherd

USAC Administrator

OFFICER NAME

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						Page 35
FCC Form 497 April 2012 Edition		LIFELINE WORI	KSHE	ET		OMB Approval
· • • · · · - • · • · · · · · · · ·					Durden Est	3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Coo	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	уре (check one) Wireli	ine 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 📮	High	Cost/Low Income	~	
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	07/03/20	015
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	June 20	15
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				()	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	СКҮ
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878	-				
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 1364		x \$ 9.2		_{= \$} 12617
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ 0.00		= \$ 0
		(-)	'atal [(not to exce Federal Lifeline Su		
		I	olai r	rederal Literine Su		a (10)\$ <u>12017</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u>	00			
Number of TLS Sub		,				
Number of TLS Suc	scribers	(12) <u> </u>				. 0
Tribal Link Up (Availab	ble onlv to ETCs rece	eivina Hiah Cost s	סממט	Total TLS Supp rt)	oort Claimed	l (13) \$ <u>∪</u>
	,	0				
Number of Connect Charges Waived pe		(14) 0		(for multiple rates		an amount)
Charges Walveu pe	Connection	(not to exceed \$100			s, use all avera	ge anount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
Deletted interest						
			rotal	Tribal Link Up Sup	port Claime	d (18) \$ <u> </u>
ETC Payment						
Total Lifeline \$_12617	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ _)	
				Tota	al Dollars (19) \$ <u>12617</u>

Exhibit B Page 36

(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.

07/03/2015

Stuart McCallum

DATE

OFFICER SIGNATURE

VP of Finance

OFFICER TITLE

OFFICER NAME

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						Page 37
FCC Form 497 April 2012 Edition		LIFELINE WORI	KSHE	ET		OMB Approval
		-	-	A	Durden Fet	3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143035649		(2) Stu	dy Area Coo	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	Гуре (check one) Wirel	ine 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🔲	High	Cost/Low Income	~	
(6) Organization Information	1		(7)	Filing Information	-	
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	08/07/20	015
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	July 201	5
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(0.000, 0.00)	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	СКҮ
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 1228		x \$ 9.2		_{= \$} 11359
Tribal Low-Income Subscrib		(e) <u>0</u>		x \$ 0.00		= \$ 0
Receiving federal Lifeline Support		(-)		(not to exceed \$34.25) Federal Lifeline Support Claime		
		I	otal F	ederal Lifeline Su	oport Claime	ed (10) \$ <u>11359</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber	(11) <u>0.0000</u>	00			
-	al cost or \$3 in 2012 /\$2	• •				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed	l (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppo	rt)		
Number of Connect	ions Waived	(14) <u>0</u>		(for multiple rates		
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$100		(for multiple rates	s, use an avera	age amount)
		(/			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>11359</u>			Total	Tribal Link Un ¢ ()	
			TUId			
				Tota	al Dollars (19) \$ _11359

Exhibit B Page 38

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

(20) CERTIFICATIONS AND SIGNATURES

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

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08/07/201	5
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OFFICER TITLE

Stuart McCallum

OFFICER SIGNATURE

Stuart McCallum

DATE	D	A	Т	Е
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CFO

OFFICER NAME

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						Page 39
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
· · · · · · · · · · · · · · · · · · ·					Duralan Est	3060-0819
				Avg.	Burden Est. j	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Cod	e <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype	check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔲	High	Cost/Low Income		
(6) Organization Information	ו		(7)	Filing Information		1
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	09/03/20	15
Contact Name:	Caitlyn Lumpkir	า	b)	Data Month	August 2	015
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				· · · ·	Original Revision	-
	Carrollton, TX 7	/5006	d)	State Reporting		
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub						▲ 10720
Receiving federal L	ifeline Support	(8) 1160		x \$ <u>9.2</u>	5	= \$ 10730
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)		= \$
		Total Federal Lifeline Support Claimed (10)			d (10)\$ <u>10730</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	1 C par Subcaribar	(11) <u>0.0000</u>	00			
	tal cost or \$3 in 2012 /\$2	(11)				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost su	ıppo			
Number of Connec	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an avera	ge amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Sup	nort Claimer	u (18) ¢ ()
			otal	inibai Link op Sup		ι (10) φ <u>-</u>
ETC Payment						
Total Lifeline \$_10730	Total TLS \$ <u>0</u>		Tota	l Tribal Link Up \$ _)	_
				Tota	l Dollars (19)	\$ <u>10730</u>

Exhibit B Page 40

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

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09/03/20	15
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OFFICER TITLE

Stuart McCallum

OFFICER SIGNATURE

Stuart McCallum

DATE	D	A	Т	Е
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CFO

OFFICER NAME

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FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
· · · · · · · · · · · · · · · · · · ·)	3060-0819
				Avg. B	surden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Study	y Area Code	269034
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype	check one) Wireline	e 🔲	Wireless 🕑
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔲	High	Cost/Low Income	-	
(6) Organization Information	ו		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	10/08/20	15
Contact Name:	Nicholas Methe	rd	b)	Data Month	Septemb	er 2015
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				`´´O	riginal evision	2
	Carrollton, TX 7	/5006	d)		KENTUC	KY
Telephone Number:	214-390-7982					
Fax Number:	770-594-3878					
E-mail Address:	nicholas.metherd	l@tagmobile.con	า			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Supp <u>Subscriber Supp</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>1102</u>				= \$ 10194
Receiving federal L		0		x \$ <u>9.25</u>		
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to excee	d \$34.25)	= \$ 0
J		т	otal I	Federal Lifeline Supp	oort Claimed	I (10) \$ <u>10194</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	1 C par Subsaribar	(11) 0.0000	00			
	tal cost or \$3 in 2012 /\$2	(11)				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost si	uppo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates, t	use an averag	e amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Supp	ort Claimod	(18) ¢ ()
			otal			(10) ⊅
ETC Payment						
Total Lifeline \$ <u>10194</u>	Total TLS \$ <u>0</u>		Tota	l Tribal Link Up \$ <u>0</u>		_
				Total	Dollars (19)	<u>\$ 10194</u>

Exhibit B Page 42

(20) CERTIFICATIONS AND SIGNATURES

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10/08/2015

OFFICER TITLE

Nicholas Metherd

DATE

OFFICER SIGNATURE

Nicholas Metherd

USAC Administrator

OFFICER NAME

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FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
·					Durales Fet	3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Coc	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄	High	Cost/Low Income	~	
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	С	a)	Submission Date	11/05/20	015
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	October	2015
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(,	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>1092</u>				▲ 10101
Receiving federal L	ifeline Support			x \$ <u>9.2</u>	25	= \$ 10101
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		_ x \$ <u>0.00</u>	eed \$34.25)	= \$
		т	otal F	ederal Lifeline Su		ed (10)\$ <u>10101</u>
Toll Limitation Servio	ces (TLS)					
		(11) 0.0000	00			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	uppo	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe				(for multiple rates	s, use an avera	ige amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Sup	nort Claime	d (18) ¢ ()
			. Jiai	i noai Eink op oup		α (10) ψ
ETC Payment						
Total Lifeline \$_10101	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ <u>(</u>)	_
				Tota	l Dollars (19) \$ _10101

Exhibit B Page 44

(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.

11/05/2015

OFFICER TITLE

Nicholas Metherd

DATE

OFFICER SIGNATURE

Nicholas Metherd

USAC Administrator

OFFICER NAME

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

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

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						Page 45
FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
· • • · · · · · · · · · · · · · · · · ·					Durden Est	3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	ıdy Area Cod	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wirel	ine 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🔲	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	12/03/20)15
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	Novemb	er 2015
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(0.000, 0.00)	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	СКҮ
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878	-				
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 1083		x \$ 9.2		= \$ 10018
Tribal Low-Income Subscrib	pers	(9) 0		x <u>\$</u> 0.00		= \$ 0
Receiving federal L	ifeline Support		otal F		eed \$34.25)	
Tell Limitation Comi			otari			(10) © <u>10010</u>
Toll Limitation Servio	ces (1L3)					
Cost of Providing T (the lesser of increment	'LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Sup	port Claimed	(13) \$ ⁽¹
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppo			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	s, use an avera	ige amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		-	Total	Tribal Link Up Sup	oport Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>10018</u>	Total TI S ¢ 0		Total	Tribal Link LIn ¢ (C	
	<u> </u>		i ota		al Dollars (19	
				Iota	ai Dollars (19	ηφφ

Exhibit B Page 46

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

(20) CERTIFICATIONS AND SIGNATURES

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

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12/03/201	5
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OFFICER TITLE

Stuart McCallum

OFFICER SIGNATURE

DATE	D	A	Т	Е
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CFO

Stuart McCallum

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

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					Page 47
FCC Form 497 April 2012 Edition			KSHE	ET	OMB Approval
					3060-0819
				Avg. Burden	Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Study Area	Code <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype	check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔲	High	Cost/Low Income	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date 03/03	3/2016
Contact Name:	Nicholas Methe	rd	b)	Data Month Dece	mber 2015
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)	
				Original Revision	
	Carrollton, TX 7	5006	d)		ГИСКҮ
Telephone Number:	214-390-7982		_		
Fax Number:	770-594-3878				
E-mail Address:	nicholas.metherd	@tagmobile.con	n		
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Sub					♦ 9271
Receiving federal L	ifeline Support	(8) 905		x \$ <u>9.25</u>	
Tribal Low-Income Subscrib Receiving federal L		(9) 0		_ x \$ <u>0.00</u> (not to exceed \$34.2)	= 0
		т	otal I	Federal Lifeline Support Cla	
Toll Limitation Servio	ces (TLS)				
		0.0000	~~		
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> in 2013)	00		
Number of TLS Sub	scribers	(12) 0			
		. ,		Total TLS Support Clair	$mod (13) \notin 0$
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost si	uppo		med (13) \$ <u>-</u>
		(14) 0			
Number of Connect Charges Waived pe		(14) 0 (15) 0.00		(for multiple rates, use an a	average amount)
j p-		(not to exceed \$100)	(
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
	na goo na oa				
Deferred Interest		(17) \$ 0.00			0
		-	Total	Tribal Link Up Support Cla	imed (18) \$ <u>0</u>
ETC Payment					
Total Lifeline \$ <u>8371</u>	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ <u>0</u>	
					s (19) \$ <u>8371</u>
					φ (19) φ ———

Exhibit B Page 48

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

(20) CERTIFICATIONS AND SIGNATURES

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

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03/03	3/201	6
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OFFICER TITLE

Stuart McCallum

OFFICER SIGNATURE

Stuart McCallum

DATE	D	A	Т	Е
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CFO

OFFICER NAME

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

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						Page 49
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
						3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Cod	e <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wirel	ine 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifelin	e Only 📮	High	Cost/Low Income		
(6) Organization Information	<u>ו</u>		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	.C	a)	Submission Date	02/11/20	16
Contact Name:	Nicholas Methe	rd	b)	Data Month	January	2016
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(encon enc)	Original Revision	
	Carrollton, TX 7	75006	d)	State Reporting	KENTUC	
Telephone Number:	214-390-7982					
Fax Number:	770-594-3878					
E-mail Address:	nicholas.metherd	@tagmobile.com	۱			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub						• 1052
Receiving federal L	ifeline Support	(8) 211		x \$ <u>9.2</u>	25	= \$ <u>1952</u>
Tribal Low-Income Subscrib		(9) <u>0</u>		_ x \$ <u>0.00</u>		= \$ 0
Receiving federal L	inenne Support	т	otal I	Federal Lifeline Su	eed \$34.25) oport Claime	d (10)\$ <u>1952</u>
Toll Limitation Servio	ces (TLS)					
		0.0000	~~			
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost si	uppo	rt)		
Number of Connect	tions Waived	(14) <u>0</u>				
Charges Waived pe		(15) \$ <u>0.00</u>	<u></u>	(for multiple rates	s, use an avera	ge amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Sup	port Claimed	1 (18) \$ ⁰
ETC Payment						
-	0)	
Total Lifeline <u>\$</u> 1952	I otal TLS \$ <u></u>		l ota			
				Tota	al Dollars (19))\$_ <u>1952</u>

Exhibit B Page 50

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

(20) CERTIFICATIONS AND SIGNATURES

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02/11/2016	02/1	1/2	2016
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OFFICER TITLE

Stuart McCallum

OFFICER SIGNATURE

Stuart McCallum

DATE	
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CFO

OFFICER NAME

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						Page 51
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
						3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035649		(2) Stu	dy Area Cod	le <u>269034</u>
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄	High	Cost/Low Income	~	
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	TAG Mobile LL	C	a)	Submission Date	03/03/20	016
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	February	y 2016
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
				(encert enc)	Original Revision	
	Carrollton, TX 7	5006	d)	State Reporting	KENTU	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	caitlyn.lumpkin	@cgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub						4000
Receiving federal L	ifeline Support	(8) 176		x \$ <u>9.2</u>	25	= \$ 1628
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u> ×		x \$ <u></u>		= \$ 0
Receiving federal L	ifeline Support	т	otal F	ederal Lifeline Su	eed \$34.25) oport Claime	ed (10) \$ <u>1628</u>
Toll Limitation Servio	ces (TLS)					
		(11) 0.0000	00			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11)	00			
Number of TLS Sub	oscribers	(12) 0				
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	uppo	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe				(for multiple rates	s, use an avera	ige amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Sup	port Claime	d (18) \$ ⁰
ETC Payment						
-	^			,	`	
Total Lifeline \$ <u>1628</u>	Total TLS \$ <u>_0</u>		Tota	-		
				Tota	al Dollars (19) \$_1628

Exhibit B Page 52

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

(20) CERTIFICATIONS AND SIGNATURES

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03/0	3/20	16
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OFFICER TITLE

Stuart McCallum

OFFICER SIGNATURE

Stuart McCallum

DATE

CFO

OFFICER NAME

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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.

					Page	53
FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	ET	OM	B Approval
·				Ανα Βι	urden Est. per Responde	3060-0819
		4 400050 40		C C		111. 2.0 1113.
(1) USAC Service Provider le	dentification Number	143035649		(2) Study	Area Code <u>269034</u>	
(3) Filer 499 ID <u>828932</u>		(4) Technology T	ype (check one) Wireline	U Wireless	~
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🔲	High	Cost/Low Income	1	
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	TAG Mobile LL	С	a)	Submission Date (04/05/2016	
Contact Name:	Caitlyn Lumpkir	١	b)	Data Month	March 2016	
Mailing Address:	1330 Capital Pa	arkway	c)	Type of Filing (check one)		
					iginal 🖌 evision	
	Carrollton, TX 7	5006	d)		KENTUCKY	
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878		_			
E-mail Address:	caitlyn.lumpkin@	ecgminc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Suppo Subscriber Supp		eline
Non-Tribal Low-Income Sub Receiving federal L		(8) 161		x \$ 9.25	 \$ 1489	
-		•		0.00	= \$ <u>0</u>	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		()		(not to exceed	\$34.25)	
		т	otal F	ederal Lifeline Supp	ort Claimed (10) \$ <u>148</u>	9
Toll Limitation Servio	ces (TLS)					
On all of Drawidians T		(11) 0.0000	00			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Suppor	t Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost si	uppol		· • • • • • • • • • • • • • • • • • • •	
		(14) 0				
Number of Connect Charges Waived pe				(for multiple rates, u	se an average amount)	
- · ·		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	J	(17) \$ 0.00				
Deferred interest					0	
		-	Total	Tribal Link Up Suppo	rt Claimed (18) \$ <u>∪</u>	
ETC Payment						
Total Lifeline \$ <u>1489</u>	Total TLS \$_0		Total	Tribal Link Up \$ 0		
					ollars (19) \$ _1489	

Exhibit B Page 54

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

04/05/2016

Stuart McCallum

OFFICER SIGNATURE

DATE

CFO

Stuart McCallum

OFFICER TITLE

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

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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 <u>araceli.aguilar@tagmobile.com</u>. You may also direct any questions to the Director of Compliance & Regulatory Affairs, Mary Calderon at 214-390-9280 or <u>mary.calderon@tagmobile.com</u>.

Sincerely,

Tracele 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		