COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

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

BOOMERANG WIRELESS, LLC'S RESPONSES TO COMMISSION STAFF'S FIRST REQUESTS FOR INFORMATION AND MOTION FOR EXTENSION OF TIME

Boomerang Wireless, LLC ("Boomerang" or "Company"), hereby serves its Responses to the Kentucky Public Service Commission Request for Information dated April 6, 2016. Boomerang requests a one day extension of time for filing this response. Additional time was necessary to complete redactions of an exhibit in order to be in compliance with 807 KAR 5:001 Section 4 (10), related to privacy protection for filings.

VERIFICATION

STATE OF IOWA County of LINN

)) ss.)

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

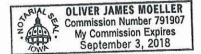
Vim Cehrman

Subscribed and sworn to before me this 25 day of April, 2016

Kul

Notary Public

My Commission expires: $\frac{\sqrt{9}}{\sqrt{32}}$



115351.141868/1331675.1

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: See *Exhibit A*.

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

RESPONSE: See *Exhibit B*.

<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>: a. Boomerang Wireless currently offers eligible customers two alternative Lifeline plans; (1) 125 Free Minute Plan that rolls over (new monthly minutes applied roll over for one month only) where 1 minute equals 1 unit and 1 text equals 1 unit, and (2) 250 Free Minute Plan without rollover where 1 minute equals 1 unit and 1 text equals 1 unit. (See Exhibit C for a complete description of the Lifeline plans.)

- b(1). Boomerang Wireless:
 - Modified name of the 125 unit plan into the 125 Free Minute Plan;
 - Modified name of the 250 unit plan into the 250 Free Minute Plan;
 - Added 10mb of data per month to each Lifeline plan;
 - Added clarification to the "Prohibited Network Use" language and named it the "Acceptable Use Policy".

b(2). Not Applicable.

c. Boomerang made changes to the plans (described above) to be more competitive in the market place and for clarification/description of the products for consumers.

<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>: Boomerang Wireless does not currently offer a voice only plan within the state of Kentucky. However, if the Commission decided to only allow voice only, Boomerang will create and implement a voice only Lifeline plan within the state.

<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> Boomerang believes existing FCC and USAC procedures can provide effective oversight.

<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>: Boomerang's product is built on a pre-paid platform; there are no monthly bills or invoices.

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

RESPONSE: Boomerang Wireless implements several eligibility verifications throughout the enrollment process, and post Lifeline enrollment. At "events" (in person enrollments), the field agents review the eligibility documentation to be provided prior to entering the applicant information and documentation into the CGM enrollment program. For enrollments submitted via a call-center enrollment platform, web enrollment platform, or paper applications via postal service, all program eligibility documentation is reviewed by the Lifeline Coordinators prior to entry into the CGM Enrollment Platform.

All applications, including pictures of the eligibility documentation, are entered into the CGM Enrollment platform, and then it is electronically transmitted to the Boomerang's team of evaluators to verify that the program eligibility documentation is consistent, up-to-date, and meeting Company, State and Federal standards, rules and regulations. If the eligibility documentation is not sufficient, then the order is denied and the order ceases.

Subsequently, after enrollment process is complete, the approved Lifeline orders, including the eligibility documentation provided, are subject to the audit process by our internal auditors for a third verification of program eligibility in the Lifeline program.

<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>: Boomerang Wireless has not been subject to any FCC investigations, actions, and/or penalties.

<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>: In addition to the marketing around events (in person distribution), Boomerang Wireless has used event (in person distribution), marketing, print, SMS campaign, on-line advertising, and our website (<u>www.enTouchwireless.com</u>).

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.

<u>RESPONSE:</u> See response to Request 1, above.

<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.

RESPONSE: The subscribers for the KUSF reimbursement are calculated in the same manner as those on the subscribers for the Federal Lifeline subsidy. New subscribers are submitted if their Activation Date (the date the subscriber first uses their phone following approval for the Lifeline program) occurs anytime during the month. All lines that are active any time during the month are counted.

<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.

RESPONSE: The subscribers for the KUSF reimbursement are calculated in the same manner as those on the subscribers for the Federal Lifeline subsidy. Boomerang submits for a KUSF reimbursement for the subscriber if the subscriber's disconnect date is *after* their monthly service date (monthly reload date). And Boomerang does NOT receive a KUSF reimbursement for a subscriber if the subscriber's disconnect date is *prior or equal to* their monthly service date.

<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>: Boomerang's product is built on a pre-paid platform. The KUSF surcharge remittance is paid on all customers.

<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>: The commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in the proceeding. A premature decision rendered by the KY PSC that is inconsistent with the FCC decision can cause confusion for subscribers and ETCs, wasting dollars and resources to modify and develop rules, policy, processes, marketing, just to then undo and redo development for implementation of rules, policies, processes, marketing, etc. for both regulatory entities.

<u>REQUEST NO. 6.</u> 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>: Boomerang's product is built on a pre-paid platform; there are no monthly bills or invoices.

CERTIFICATE OF SERVICE

In accordance with 807 KAR 5:001, Section 8, I certify that the April 28, 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 28, 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 28, 2016.

Douglas F. Brent

Exhibit A



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/19/2016	Reporting Month2014-01
		Carrier Information
		BOOMERANG WIRELESS
		955 Kacena Road SUITE A Hiawatha, IA 52233
	Vendor Number	319-743-4606/ 319-294-6081
	vendor Number	

Classification6			eellular		
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data					
1.	Total Access Lines in Service	388				
2.	Surcharge Per Access Line	\$0.08				
3.	Amount of Surcharge Remitted to Kentucky USF	\$31.04				
4.	Number of Access Lines Receiving Lifeline Support	383				
5. 5.	Amount of Reimbursement Requested from Kentucky USF	\$1,340.50	=			

Sign	ature Block
I hereby attest that the information reported herein is true and ac Company Official <u>Tames</u> <u>BalvanTitle</u> (FO (Printed)	ccurate to the best of my knowledge. Company Official
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

Exhibit A Page 1



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date3/10/2014	Reporting Month2014-02
<u> </u>	Carrier Information
Company Name	BOOMERANG WIRELESS
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233
Telephone / Fax	319-743-4606/ 319-294-6081
Vendor Number	-
4 1	
Classification6 Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data

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.
Compai	y Official Jawe Bal VMD_Title_CFOCompany Official X Bh

Total Access Lines in Service.....

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

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1.

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

Send a copy of this report to:

362

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date4/9/2014		Reporting Month 2014-03
	Carrier In	formation
Company Name	BOOMERANG WIRELESS	
Company Address	955 Kacena Road SUITE A Hi	awatha, IA 52233
Telephone / Fax	319-743-4606/ 319-294-6081	
Vendor Number		
Classification6 Please Circle One	ILEC CLEC Cellu	ular PCS
21 ×	v	
	Monthly Acce	ess Line Data
1. Total Access I	ines in Service	
2. Surcharge Per	Access Line	<u>\$0.08</u>
3. Amount of Sur	charge Remitted to Kentucky USF	\$28.32
	cess Lines Receiving Lifeline Support	2 <u>1</u>
5. Amount of Rei	mbursement Requested from Kentucky US	F\$1,232.00
2	Signature	Block
I hereby attest that the in	formation reported herein is true and accur	rate to the best of my knowledge.
Company Official	(Printed)	Company Official(Signed)
Make check payable to State Treasurer" and se		Send a copy of this report to:
report to:		Kentucky Public Service Commission ATTN: Jim Stevens
Finance and Administrat ATTN: KY USF	ion Cabinet	211 Sower Blvd.
702 Capital Ave.		P.O. Box 615 Frankfort, KY 40602

Capitol Annex, Room 488A Frankfort, KY 40601



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Exhibit A Page 4

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date5/12/2014	Reporting Me	onth2014-04
	Carrier Information	
Company Name	BOOMERANG WIRELESS	
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52	2233
Telephone / Fax	319-743-4606/ 319-294-6081	
Vendor Number		
		6
Classification6 Please Circle One	ILEC CLEC Cellular PO	CS
	Monthly Access Line Data	
1. Total Access	Lines in Service	361
2. Surcharge Pe	r Access Line	\$0.08
3. Amount of S	Ircharge Remitted to Kentucky USF	\$28.88
4. Number of A	ccess Lines Receiving Lifeline Support	354
5. Amount of R	eimbursement Requested from Kentucky USF	\$1,239.00
L		
	Signature Block	
	information reported herein is true and accurate to the best of	f my knowledge.
Company Official	(Printed) Title Cho Co	ompany Official Kills
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this ation Cabinet	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



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Exhibit A Page 5

	Carrier Information
Company Name	BOOMERANG WIRELESS
Company Address	
company maaroos	955 Kacena Road SUITE A Hiawatha, IA 52233
Telephone / Fax	319-743-4606/ 319-294-6081
Vendor Number	

Classification6 Please Circle One	ILEC	CLEC	cellular	PCS	

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

Signatu	ire Block
I hereby attest that the information reported herein is true and acc Company Official <u>Tames Balvan2</u> Title <u>CFO</u> (Printed)	1 57 4
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	4/19/2016	Reporting Month2014-06						
	Carrier Information							
C	Company Name BOOMERANG WIRELESS							
Com	npany Address	955 Kacena Road SUITE A Hiawatha, IA 52233						
Te	elephone / Fax	319-743-4606/ 319-294-6081						
Ve	endor Number							
	ication6 Circle One	ILEC CLEC Cellular PCS						
		Monthly Access Line Data						
1.	Total Access I	Lines in Service						
2.	2. Surcharge Per Access Line							
3.	3. Amount of Surcharge Remitted to Kentucky USF							
4.	4. Number of Access Lines Receiving Lifeline Support							
5.	5. Amount of Reimbursement Requested from Kentucky USF							

Signat	ture Block
I hereby attest that the information reported herein is true and ac Company Official <u>James Bawanz</u> Title <u>CFC</u> (Printed)	
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



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Exhibit A Page 7

Date8/11/2014		Reporting Month2014-07
		Carrier Information
Company Name	BOOMERANG WIREL	LESS
Company Address	955 Kacena Road SU	IITE A Hiawatha, IA 52233
Telephone / Fax	319-743-4606/ 319-29	94-6081
Vendor Number	ner brei is second 5.544 actor-offen	
Classification6 Please Circle One	ILEC CLEC	cellular PCS
	2	
	Мо	onthly Access Line Data
1. Total Access L	ines in Service	
2. Surcharge Per	Access Line	\$0.08
3. Amount of Sur	charge Remitted to Kentucky U	JSF\$21.28
4. Number of Acc	cess Lines Receiving Lifeline Su	upport
5. Amount of Rei	mbursement Requested from Ke	entucky USF \$920.50
		Signature Block
I hereby attest that the in	formation reported herein is tru	ue and accurate to the best of my knowledge.
	(Printed)	7 7
Make check payable to	r "Kentucky	
State Treasurer" and se report to:		Send a copy of this report to:
Finance and Administrat ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 48 Frankfort, KY 40601		Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/19/2016	Reporting Month2014-08						
	Carrier Information							
	Company Name BOOMERANG WIRELESS							
Co	ompany Address	955 Kacena Road SUITE A Hiawatha, IA 52233						
9	Telephone / Fax	319-743-4606/ 319-294-6081						
	Vendor Number							
		*						
1400000000000	ification6 e Circle One	ILEC CLEC Cellular PCS						
		Monthly Access Line Data						
1.	Total Access I	Lines in Service						
2.	2. Surcharge Per Access Line							
3.	3. Amount of Surcharge Remitted to Kentucky USF							
4.	4. Number of Access Lines Receiving Lifeline Support							
5.	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 James Palanz Title CFO Com (Printed)

Company Official

Xent Bally

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

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

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date10/10/2014	Reporting Month2014-09			
	Carrier Information			
Company Name	BOOMERANG WIRELESS			
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233			
Telephone / Fax	319-743-4606/ 319-294-6081			
Vendor Number				
Classification6 Please Circle One	ILEC CLEC Cellular PCS			
	Monthly Access Line Data			
1. Total Access J	Lines in Service			
2. Surcharge Per Access Line				
3. Amount of Surcharge Remitted to Kentucky USF				
4. Number of Ac	cess Lines Receiving Lifeline Support179179			
5. Amount of Re	mbursement Requested from Kentucky USF			
	Signature Block			
I hereby attest that the i	nformation reported herein is true and accurate to the best of my knowledge.			
Company Official	DI DI			
Make check payable t State Treasurer" and s report to: Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4	end with this tion Cabinet Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY, 40602			

Frankfort, KY 40601



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	11/10/2014_			Reporting	g Month	2014-10	
	: 		Carrier Ir	nformation			
-	Company Name	BOOMERANG	WIRELESS				
Co	ompany Address	955 Kacena R	oad SUITE A H	iawatha I/	A 52233		
,	Telephone / Fax	319-743-4606/					
	Vendor Number						
	ification6	ŝ	Cell	ular			
Please	e Circle One	ILEC	CLEC		PCS		
		3.10222		Q			
			Monthly Acc	ess Line Data	l		and a U United & Arrest
1.	Total Access L	ines in Service			*	_168	21
2.	Surcharge Per	Access Line				\$0.08_	
3. Amount of Surcharge Remitted to Kentucky USF \$13.44							
4.	Number of Acc	cess Lines Receiving	Lifeline Support		1	57	
5.	Amount of Rei	mbursement Request	ed from Kentucky U	SF		\$549.50	
					220 - C.		
r 1		nformation reported h		re Block	at of my la	oviladaa	
		(Printed)			Company	Official Kar	Bly Signed)
	1 1 1					A 14 14 14	
State report Finance ATTN 702 Ca Capito	check payable to Treasurer" and so to: te and Administrat KY USF apital Ave. of Annex, Room 48 fort, KY 40601	end with this ion Cabinet				Send a copy of this Kentucky Public S ATTN: Jim Steven 211 Sower Blvd. P.O. Box 615 Frankfort, KY 406	ervice Commission s



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Exhibit A Page 11

Date12/9/2014_	×	Reporting Month	2014-11				
	Carrier Information						
Company Name	Company Name BOOMERANG WIRELESS						
Company Address	955 Kacena Road SUITE	A Hiawatha, IA 52233					
Telephone / Fax	319-743-4606/ 319-294-6	081					
Vendor Number							
			2 				
Classification6 Please Circle One	ILEC CLEC	cellular PCS	<i></i>				
	Month	ly Access Line Data					
1. Total Access	Lines in Service	* *	144				
2. Surcharge Per	Access Line	······	\$0.08				
3. Amount of Su	3. Amount of Surcharge Remitted to Kentucky USF						
4. Number of Ac	4. Number of Access Lines Receiving Lifeline Support						
5. Amount of Re	imbursement Requested from Kentue	cky USF	\$500.50				
5							
	Si	gnature Block					
I hereby attest that the i	nformation reported herein is true ar	ad accurate to the best of my k	nowledge.				
Company Official	(Printed)	E Compan	y Official (Signed)				
Make check payable to: "Kentucky Send a copy of this report to: State Treasurer" and send with this Send a copy of this report to:							
			Kentucky Public Service Commission ATTN: Jim Stevens				
Finance and Administration Cabinet			211 Sower Blvd. P.O. Box 615				
702 Capital Ave. From Box 013 Capitol Annex, Room 488A Frankfort, KY 40601							



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Exhibit A Page 12

Date1/12/2015_	Reporting Mon	th2014-12				
	Carrier Information					
	Carrier mormation					
Company Name	Company Name BOOMERANG WIRELESS					
Company Address	955 Kacena Road SUITE A Hiawatha, IA 522	233				
Telephone / Fax	319-743-4606/ 319-294-6081					
Vendor Number						
Classification6 Please Circle One	ILEC CLEC Cellular PCS					
	Monthly Access Line Data					
1. Total Access	1. Total Access Lines in Service					
2. Surcharge Per	r Access Line	<u>\$0.08</u>				
3. Amount of Surcharge Remitted to Kentucky USF \$10.80						
4. Number of Access Lines Receiving Lifeline Support						
5. Amount of Re	imbursement Requested from Kentucky USF					
	Signature Block					
I hereby attest that the i	information reported herein is true and accurate to the best of m	y knowledge.				
Company Official Ja	(Printed)	pany Official (Signed)				
	······································					
Make check payable the State Treasurer" and streport to:		Send a copy of this report to:				
Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601		Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 2/11/2015	Reporting Month2015-01					
	Carrier Information					
Company Name	Company Name BOOMERANG WIRELESS					
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233					
Telephone / Fax	319-743-4606/ 319-294-6081					
Vendor Number	8					
	I					
Classification6	cellular					
Please Circle One	ILEC CLEC PCS					
	м.					
	Monthly Access Line Data					
1. Total Access I	Lines in Service					
2. Surcharge Per	Access Line					
3. Amount of Su	charge Remitted to Kentucky USF					
4. Number of Ac	cess Lines Receiving Lifeline Support					
5. Amount of Rei	mbursement Requested from Kentucky USF					
	Signature Block					
hereby attest that the is	orgination reported herein is true and accurate to the best of my knowledge					

Company Official Jaw Balvan (Printed) Make check payable to: "Kentucky Send a copy of this report to: State Treasurer" and send with this report to: Kentucky Public Service Commission ATTN: Jim Stevens Finance and Administration Cabinet 211 Sower Blvd. ATTN: KY USF P.O. Box 615 702 Capital Ave. Frankfort, KY 40602 Capitol Annex, Room 488A Frankfort, KY 40601

Cfo

Title

Revised 03-13-2008

Company Official



5.

Exhibit A Page 14

Date3/11/2015_		Reporting Month2015-02	
		Carrier Information	
Company Name	BOOMERANG WIREL	ESS	
Company Address	955 Kacena Road SUI	TE A Hiawatha, IA 52233	
Telephone / Fax	319-743-4606/ 319-294	4-6081	
Vendor Number	1		
r is	8		
Classification6 Please Circle One	ILEC CLEC	cellular PCS	
	Mor	nthly Access Line Data	
1. Total Access	Lines in Service		
2. Surcharge Pe	· Access Line	<u>\$0.08</u>	
3. Amount of Su	rcharge Remitted to Kentucky US	SF\$5.76	
4. Number of A	ccess Lines Receiving Lifeline Su	pport	
5. Amount of Ro	imbursement Requested from Ke	ntucky USF	
		Signature Block	
I hereby attest that the	information reported herein is true	e and accurate to the best of my knowledge.	
Company Official	Title (Printed)	Company Official Signed)	Ing
Make check payable State Treasurer" and		Send a copy of this report to:	
report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601		Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/19/2016	Reporting Month2015-03				
[Carrier Information				
	Company Name BOOMERANG WIRELESS					
C	ompany Address	955 Kacena Road SUITE A Hiawatha, IA 52233				
	Telephone / Fax	319-743-4606/ 319-294-6081				
	Vendor Number					
	sification6 se Circle One	ILEC CLEC Cellular PCS				
		Monthly Access Line Data				
1.	Total Access I	Lines in Service				
2.						
3.	3. Amount of Surcharge Remitted to Kentucky USF					
4.	4. Number of Access Lines Receiving Lifeline Support					
5.	5. Amount of Reimbursement Requested from Kentucky USF					
		Signature Block				

I hereby attest that the information reported herein is t	rue and accurate to th	ne best of my knowledge.	
Company Official James balvanz_Title_ (Printed)	CFO	Company Official	(Signed)

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

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

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	4/19/2016	Reporting Month2015-04					
	Carrier Information						
	Company Name BOOMERANG WIRELESS						
C	Company Address 955 Kacena Road SUITE A Hiawatha, IA 52233						
Telephone / Fax 3		319-743-4606/ 319-294-6081					
Vendor Number							
19 4210/04/17/9/11/200	Classification6 Please Circle One ILEC CLEC Cellular PCS						
		Monthly Access Line Data					
1.	1. Total Access Lines in Service						
2.	2. Surcharge Per Access Line						
3.	3. Amount of Surcharge Remitted to Kentucky USF						
4. Number of Access Lines Receiving Lifeline Support							
5.	5. Amount of Reimbursement Requested from Kentucky USF						
L							
Signature Block							

I hereby attest that the information reported herein is the	ue and accurate t	o the best of my knowledge.
Company Official <u>Aimes Palvanz</u> Title_ (Printed)	CFO	Company Official(Signed)

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

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

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





COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 6/9/2015

•

Reporting Month 2015-05

Carrier Information Company Name **BOOMERANG WIRELESS** Company Address 955 Kacena Road SUITE A Hiawatha, IA 52233 Telephone / Fax 319-743-4606/ 319-294-6081 1 Vendor Number

Classification6		ï	Callular		
Please Circle One	ILEC	CLEC	cellular	PCS	a

	Monthly Access Line Data				
1. ,	Total Access Lines in Service	38			
2.	Surcharge Per Access Line	\$0.08_			
3.	Amount of Surcharge Remitted to Kentucky USF	\$3.04			
4.	Number of Access Lines Receiving Lifeline Support	38			
5.	Amount of Reimbursement Requested from Kentucky USF	\$133.00	1111111	·	

	Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Jawer Balvarz Title (Friend) Company Official Kigned)				
Make check payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to: Kentucky Public Service Commission			

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

ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602 19



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date_____

7/9/2015____

Frankfort, KY 40601

Reporting Month_____

2015-06

	Carrier Information	
Company Name	BOOMERANG WIRELESS	
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233	
Telephone / Fax	319-743-4606/ 319-294-6081	
Vendor Number		

Classification6					,
Please Circle One	ILEC	CLEC	(cellular)	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	36	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$2.88	
4.	Number of Access Lines Receiving Lifeline Support	33	8
5.	Amount of Reimbursement Requested from Kentucky USF	\$115.50	

Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Jawas T. Balvanz Title CFo Company Official Katter (Printed)					
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	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				

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COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	8/11/2015		Reporting N	Month2015-07
	2	50-11-14-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Carrier Information	
	Company Name	BOOMERANG WI	RELESS	
Co	ompany Address	955 Kacena Road	SUITE A Hiawatha, IA	52233
	Telephone / Fax	319-743-4606/ 319	-294-6081	
n.	Vendor Number			
1 (p. a. (a. (a. (a. (a. (a. (a. (a. (a. (a.	ification6 e Circle One	ILEC CLEO	cellular	PCS
		3. x		
			Monthly Access Line Data	
1.	Total Access I	Lines in Service		34
2.	Surcharge Per	Access Line		<u>\$0.08</u>
3.	Amount of Su	rcharge Remitted to Kentuc	ky USF	\$2.72
4.	Number of Ac	cess Lines Receiving Lifeli	ne Support	33
5.	Amount of Re	imbursement Requested fro	m Kentucky USF	\$115.50
			Signature Block	
	ē.	Ì	is true and accurate to the best	t of my knowledge.
Comp	pany Official	(Printed)	le_CFv	Company Official (Signed)
	e check payable Treasurer" and s			Send a copy of this report to:
repor	report to:			Kentucky Public Service Commission
	ice and Administra	ation Cabinet		ATTN: Jim Stevens 211 Sower Blvd.
1.11.21.21.21.21.21.21.21	N: KY USF Capital Ave.			P.O. Box 615 Frankfort, KY 40602
Capit	ol Annex, Room 4 cfort, KY 40601	188A		1100Ktort, IX1 40002



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

9/9/2015	Reporting Month2015-08
	Carrier Information
Company Name	BOOMERANG WIRELESS
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233
Telephone / Fax	319-743-4606/ 319-294-6081
Vendor Number	

Classification6 Please Circle One	ILEC	CLEC	cellular	PCS	
ALCORNER CONSISTER DOVERS	the second s	and the second			and the second secon

	Monthly Access Line Data	
1.	Total Access Lines in Service	33
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$2.64
4.	Number of Access Lines Receiving Lifeline Support	30
5.	Amount of Reimbursement Requested from Kentucky USF	\$105.00

	Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official $\underline{Jiw Ba vaw z}$ Title \underline{CFo} Company Official \underbrace{XFW} (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			

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COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	10/12/2015_		Reporting Month	2015-09
			Carrier Information	
	Company Name	BOOMERANG	WIRELESS	
C	ompany Address	955 Kacena Roa	ad SUITE A Hiawatha, IA 5223	33
	Telephone / Fax	319-743-4606/ 3	319-294-6081	
	Vendor Number			
	sification6 se Circle One	ILEC C	LEC Cellular PCS	
			Monthly Access Line Data	
1.	Total Access I	lines in Service		30
2.	Surcharge Per	Access Line		\$0.08_
3.	Amount of Sur	charge Remitted to Ker	ntucky USF	\$2.40
4.	Number of Ac	cess Lines Receiving Li	feline Support	29
5.	Amount of Rei	mbursement Requested	from Kentucky USF	\$101.50
		· · · · · · · · · · · · · · · · · · ·	Signature Block	
		nformation reported her <u>Lives BalVan</u> (Printed)	rein is true and accurate to the best of my	y knowledge. pany Official Kry (Signed)
	check payable t Treasurer" and s t to:			Send a copy of this report to:

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

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date1	ate1/15/2016Reporting Month2015-10							
	Carrier Information							
Compa	Company Name BOOMERANG WIRELESS							
Company	y Address	955 Kacena Road SUITE A Hiawatha, IA 52233						
Teleph	ione / Fax	319-743-4606/ 319-294-6081						
Vendo	r Number							
 Market Construction States of the States and States 	Classification6 Please Circle One ILEC CLEC Cellular PCS							
	a koreta	Monthly Access Line Data						
1. Tot	1. Total Access Lines in Service							
2. Sur								
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 Jauge TBallah 2 Title Cfo Company Official Kitter (Signed)				

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

1 10

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

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date12/8/2015_		Reporting Month2015-11				
	Carı	rier Information				
Company Name	Company Name BOOMERANG WIRELESS					
Company Address 955 Kacena Road SUITE A Hiawatha, IA 52233						
Telephone / Fax	Telephone / Fax 319-743-4606/ 319-294-6081					
Vendor Number	Vendor Number					
Classification6 Please Circle One	ILEC CLEC	cellular PCS				
F			0			
	Monthly	y Access Line Data				
1. Total Access	1. Total Access Lines in Service					
2. Surcharge Per	2. Surcharge Per Access Line					
3. Amount of Su	3. Amount of Surcharge Remitted to Kentucky USF					
4. Number of Ac	4. Number of Access Lines Receiving Lifeline Support					
5. Amount of Re	5. Amount of Reimbursement Requested from Kentucky USF					
	Sig	gnature Block				
I hereby attest that the i	-	d accurate to the best of my knowledge.				
	(Printed)	FrCompany Official(Signed)				
Make check payable of State Treasurer" and s report to: Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	end with this tion Cabinet	Send a copy of this report to: Kentucky Public Service Comm ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	iission			



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	1/11	1/2016	
Date	1/1	1/2010	

4

Reporting Month_

2015-12____

	Carrier Information	
Company Name	BOOMERANG WIRELESS	
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233	
Telephone / Fax	319-743-4606/ 319-294-6081	20 50 0000-00000000000000000000000000000
Vendor Number		

Classification6			cellular		
Please Circle One	ILEC	CLEC	cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	38	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$3.04	
4.	Number of Access Lines Receiving Lifeline Support	38	
5.	Amount of Reimbursement Requested from Kentucky USF	\$133.00	

Signature Block					
I hereby attest that the information reported herein is tru Company Official <u>JAMENT BAWAN</u> Title (Printed)					
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 				



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Exhibit A Page 25

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

	Carrier Information
·.	
Company Name	BOOMERANG WIRELESS
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233
Telephone / Fax	319-743-4606/ 319-294-6081
Vendor Number	

Classification6 Please Circle One	ILEC	CLEC (cellular	PCS	
				and the second sec	

	Monthly Access Line Data		
1.	Total Access Lines in Service	37	
2.	Surcharge Per Access Line	\$0.08	A
3.	Amount of Surcharge Remitted to Kentucky USF	\$2.97	
4.	Number of Access Lines Receiving Lifeline Support	37	
5.	Amount of Reimbursement Requested from Kentucky USF	\$129.50	

Signature Block					
I hereby attest that the information reported herein is true and ac Company Official <u>Sames T Balvanz</u> Title <u>CFO</u> (Printed)	ccurate to the best of my knowledge. Company Official				
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date3/8/2016	Reporting Month2016-02
	Carrier Information
Company Name	BOOMERANG WIRELESS
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233
Telephone / Fax	319-743-4606/ 319-294-6081
Vendor Number	
5	
Classification6 Please Circle One	ILEC CLEC Cellular PCS

	Monthly Access Line Data	
1.	Total Access Lines in Service	44
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$3.52
4.	Number of Access Lines Receiving Lifeline Support	
5.	Amount of Reimbursement Requested from Kentucky USF	\$154.00

	Signature Block	
I hereby attest that the information reported herein is Company Official James T. Son WAY2_Title_ (Printed)	rue and accurate to the best of my knowledge.	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 Kentucky Public Se ATTN: Executive I 211 Sower Blvd. P.O. Box 615 Frankfort, KY 4060	ervice Commission Director

Revised 02-15-2016



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 4/11/20	110	Reporting Month:	2016-03
	Carrier Information	а. Т	
Company Name	BOOMERANG WIRELESS		-
Company Address	955 Kacena Road SUITE A Hiawatha, IA 52233	3 	
Telephone/ Fax	319-743-4606/ 319-294-6081		
Vendor Number			

Classification					
Please Circle One	ILEC	CLEC	CELLULAR	PCS	

Monthly Access Line Data		
1. Total Access Lines in Service	11	
2. Surcharge Per Acess Line	\$0.08	
3. Amount of Surcharge Remitted to Kentucky USF	\$0.88	
4. Number of Access Lines Receiving Lifeline Support	11	
5. Amount of Reimbursement requested from Kentucky USF	\$38.50	

Signature	e Block
I hereby attest that the information reported herein is true and accurate t	to the best of my knowledge.
Company Official MUIS BALVU.17 Title GG (Printed)	Company Official (Signed)
Make check Payable to: "Kentucky State Treasurer" and send with this report to:	Send a copy of this report to:

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

A 14 4 10 0 4 C

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 4/11/201	<u>6</u>		Reporting Month:	2016-03
	Corrie	er Information		
	Carrie	1 IIIOIIIation		
Company Name	BOOMERANG WIRELESS			57
Company Address	955 Kacena Road SUITE A Hiawatha, L	A 52233		
Telephone/ Fax	319-743-4606/ 319-294-6081	2 ⁸		
Vendor Number				d.
	÷			
Classification				
Please Circle One	ILEC CL	LEC C	CELLULAR PC	`S
	Monthly /	Access Line Data		
1. Total Access Lines in	Service		33	
	Line		\$0.14	
1933	Remitted to Kentucky USF		\$4.62	
	nes Receiving Lifeline Support	and a second	32	
5. Amount of Reimburse	ement requested from Kentucky USF		\$112.0	0
		ature Block		
I hereby attest that the in	formation reported herein is true and accur	ate to the best of my kn	10wledge.	
Company Official July	Printed)	Company	official ABil (Si	gned)

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

						Page 1
FCC Form 497 April 2012 Edition	LIFELINE WOR	KSHE	ET		OMB Approval	
				Ava.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		C C	dy Area Cod	
(3) Filer 499 ID 827225			Type (check one) Wireli	ne 🗍	Wireless 🔽
(5) ETC Designation Type (C	`heck one): Lifelin	e Only		Cost/Low Income		
			-			
(6) Organization Information Company Legal Name:	Boomerang Wir		(/) a)	Filing Information Submission Date	12/10/20	14
Contact Name:	Caitlyn Lumpkir		b)	Data Month	January	
Mailing Address:	955 KACENA R		c)	Type of Filing	January	2014
					Original	
	HIAWATHA, IA	52233	d)	State Reporting	Revision KENTU	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub						♦ 2792
Receiving federal L		(8) <u>409</u>		x \$ <u>9.2</u>	5	= \$ <u>3783</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ <u>0.00</u> (not to exce	ed \$34.25)	= \$ 0
-		٦	Fotal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>3783</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.0000	000			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	suppor			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00	-)	(for multiple rates	, use an avera	ige amount)
		(not to exceed \$100	0)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total	 Tribal Link Up Sup	port Claime	d (18) \$ ⁰
ETC Payment						
•	0				1	
Total Lifeline \$ <u>3783</u>	Total TLS \$ <u></u>		Total			
				Tota	l Dollars (19)\$_3/83

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.

12/10/2014

James Balvanz

OFFICER SIGNATURE

OFFICER NAME

CFO

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.

F00 F 407					Page 3
FCC Form 497 April 2012 Edition LIFELINE WORKSH				ET	OMB Approval
				Ava. Burde	3060-0819 n Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		· ·	ea Code 269037
(3) Filer 499 ID <u>827225</u>			[vne (check one) Wireline	Wireless 🔽
				_	
(5) ETC Designation Type (C	·	e Only 🔟	•	Cost/Low Income	
(6) Organization Information				Filing Information	20/2014
Company Legal Name:	Boomerang Wir		a)		29/2014
Contact Name: Mailing Address:	Caitlyn Lumpkir		b) c)	Data Month Feb Type of Filing	oruary 2014
	955 KACENA R	D SUITE A		(check one) Origina	
		50000	d)	Revisi	on 🗹
Telephone Number:	HIAWATHA, IA 678-389-6024	52233	u)		NTUCKY
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline]		
Lifeline		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	
Receiving federal L		(8) 380		x \$ <u>9.25</u>	\$ 3515
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ <u>0.00</u>	= \$ _0
Receiving federal L	ifeline Support	т	otal F	not to exceed \$34) ederal Lifeline Support (
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	1 6 par Subsaribar	(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 Support CI	aimed (13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppoi	<i>t)</i>	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates, use a	n average 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 C	laimed (18) \$ ⁽⁾
ETC Daymont					
ETC Payment	^			0	
Total Lifeline \$ <u>3515</u>	Total TLS \$ <u>0</u>		Total	-	
				Total Dolla	ars (19) \$ <u>3515</u>

Exhibit B Page 4

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.

12/29/201	4
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James Balvanz

CFO

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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500 F (07					Page 5	
FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET				OMB Approval	
				Avg. Burden Est. p	3060-0819 er Respondent: 2.5 Hrs.	
(1) USAC Service Provider I	dentification Number	143036595		(2) Study Area Code	269037	
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireline 🔲	Wireless 🔽	
(5) ETC Designation Type (0	Check one): Lifeling	e Only	High	Cost/Low Income	—	
(6) Organization Information	•		•	Filing Information		
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date 04/04/201	14	
Contact Name:	Caitlyn Lumpkir		b)	Data Month March 20		
Mailing Address:	955 KACENA R		c)	Type of Filing		
				(check one) Original	4	
	HIAWATHA, IA	52233	d)	Revision State Reporting	KY	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 352			= \$ <u>3256</u>	
Receiving federal Lifeline Support		0				
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		(not to exceed \$34.25)	= \$	
Total Federal Lifeline Support Claimed (10) \$ 3256						
Toll Limitation Services (TLS)						
Cost of Providing TLS per Subscriber (11) 0.0000		00				
(the lesser of increment	tal cost or \$3 in 2012 /\$2 i	n 2013)				
Number of TLS Sub	oscribers	(12) <u>0</u>				
Triballink lln (A				Total TLS Support Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	ble only to EICs rece	eiving High Cost s	uppor	t)		
Number of Connect		(14) $\frac{0}{0.00}$		<u> </u>		
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)		
		0.0				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Support Claimed	(18) \$ <u>0</u>	
ETC Payment						
-			Total	Tribal Link Up \$ <u>0</u>		
	10tal 1123 <u>9_0</u>		iotal	-		
				Total Dollars (19)	\$	

Exhibit B Page 6

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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04/04/2014

James Balvanz

DATE	
------	--

CFO

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OFFICER NAME

OFFICER TITLE

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					Page 7
FCC Form 497 April 2012 Edition					OMB Approval
· • • · · · • · · · · · · · · · · · · ·				Aug Dunlag Estim	3060-0819
				Avg. Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Study Area Code	269037
(3) Filer 499 ID <u>827225</u>		(4) Technology 1	Гуре (check one) Wireline 🔲	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:	Boomerang Wir	eless LLC	a)	Submission Date 04/30/207	15
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month April 2014	4
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)	
				Original	
	HIAWATHA, IA	52233	d)	State Reporting KENTUC	
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					
Receiving federal L	ifeline Support	(8) <u>357</u>		x \$ <u>9.25</u>	= \$ <u>3302</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$
		Fotal F	ederal Lifeline Support Claimed	I (10) \$ <u>3302</u>	
Toll Limitation Services (TLS)					
Cost of Providing TLS per Subscriber (11) 0.000000					
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(11)	00		
Number of TLS Sub	scribers	(12) <u> </u>			
				Total TLS Support Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppor	<i>t</i>)	
Number of Connect	ions Waived	(14) 0			
Number of Connections Waived Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an averag	e 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 Claimed	(18) \$ ⁰
ETC Payment				sh eshherrerennen	
-	0			0	
Total Lifeline \$ <u>3302</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ <u>0</u>	
				Total Dollars (19)	\$ <u>3302</u>

Exhibit B Page 8

Avg. Burden Est. per Respondent: 2.5 Hrs.

OMB Approval 3060-0819

(20) CERTIFICATIONS AND SIGNATURES

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OFFICER TITLE

James Balvanz

DATE

CFO

OFFICER SIGNATURE

CFU

OFFICER NAME

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					Page 9
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	143036595		(2) Study Area Code	269037
(3) Filer 499 ID <u>827225</u>		(4) Technology	Туре (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:	Boomerang Wir	eless LLC	a)	Submission Date 06/11/201	15
Contact Name:	Caitlyn Lumpkir	١	b)	Data Month May 2014	1
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)	
				Original Revision	
	HIAWATHA, IA	52233	d)	State Reporting KENTUC	
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmir	nc.com			
Lifeline					
		(a) # Lifeline			(c) Total Lifeline
Non-Tribal Low-Income Sub	oscribers	Subscribers		Subscriber Support	0.074
Receiving federal L	ifeline Support	(8) 332			= \$ 3071
Tribal Low-Income Subscribers		(9) <u>0</u>			= \$
Receiving federal Lifeline Support		г	Fotal F	(not to exceed \$34.25) ederal Lifeline Support Claimed	(10) \$ <u>3071</u>
Toll Limitation Services (TLS)					
		0 0000			
Cost of Providing TLS per Subscriber (11 (the lesser of incremental cost or \$3 in 2012 /\$2 in 201		(11) <u>0.0000</u> in 2013)	000		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ ⁽¹
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppor		
Number of Connect	tions Waived	(14) 0			
Number of Connections Waived Charges Waived per Connection				(for multiple rates, use an average amount)	
		(not to exceed \$100	D)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
			Total	Tribal Link Up Support Claimed	(18) \$ 0
ETC Payment					
-					
Total Lifeline \$ <u>3071</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ 0	
				Total Dollars (19)	\$ <u>3071</u>

Exhibit B Page 10

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

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OFFICER TITLE

James Balvanz

OFFICER SIGNATURE

OFFICER NAME

CFO

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					Page 11
FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Approv				OMB Approval
					3060-0819
				Avg. Burden Est. ı	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Study Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology 1	Гуре (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:	Boomerang Wir	eless LLC	a)	Submission Date 06/19/20	15
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month June 201	14
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)	
				Original Revision	7
	HIAWATHA, IA	52233	d)	State Reporting KENTUC	ХКҮ
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					07.47
Receiving federal L	ifeline Support	(8) 297		x \$ <u>9.25</u>	= \$ 2747
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ <u>0.00</u>	= \$ _0
Receiving federal Lifeline Support		т	Fotal F	(not to exceed \$34.25) ederal Lifeline Support Claime	d (10) \$ <u>2747</u>
Toll Limitation Services (TLS)					
		0.0000	00		
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(11) <u>0.0000</u> in 2013)	00		
Number of TLS Subscribers (1		(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppor		
Number of Connect	ione Weived	(14) 0			
Number of Connections Waived Charges Waived per Connection		(15) \$ <u>0.00</u>		(for multiple rates, use an average	ge 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 Claimed	1 (18) \$ O
ETC Payment					
-	2			0	
Total Lifeline \$ <u>2/4/</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ <u>0</u>	_
				Total Dollars (19)	\$ 2747

Exhibit B Page 12

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

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James Balvanz

DATE

OFFICER SIGNATURE

OFFICER NAME

CFO

OFFICER TITLE

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					Page 13
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET OMB Ap					OMB Approval
				Ave. Durden Fet. n	3060-0819
				Avg. Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Study Area Code	269037
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireline 🔲	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:	Boomerang Wir	eless LLC	a)	Submission Date 07/10/201	15
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month July 2014	ŀ
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)	
				Original	
	HIAWATHA, IA	52233	d)	State Reporting KENTUC	
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline			(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Support	
Receiving federal L	ifeline Support	(8) 278		x \$ <u>9.25</u>	= \$ 2572
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u>	= \$
		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ <u>2572</u>			
Toll Limitation Services (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 Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppor	<i>t)</i>	
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))		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_	
Deferred Interest		(17) \$ <u>0.00</u>			
			Total	Tribal Link Up Support Claimed	(18) \$ 0
ETC Payment					
-			Total	Tribal Link Up \$ <u>0</u>	
	10(a) 113 3 <u>0</u>		TOTAL	-	
				Total Dollars (19)	\$ 2012

Exhibit B Page 14

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.

James Balvanz

DATE

OFFICER SIGNATURE

OFFICER NAME

CFO

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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					Page 15
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET OMB App					OMB Approval
				Ava Burden Est n	3060-0819 ber Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Study Area Code	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireline 🔲	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:	Boomerang Wir	eless LLC	a)	Submission Date 08/05/20	15
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month August 2	014
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)	
				Original	
	HIAWATHA, IA	52233	d)	State Reporting KENTUC	КY
Telephone Number:	678-389-6024		_		
Fax Number:	770-594-3878		_		
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					▲ 1950
Receiving federal L	ifeline Support	(8) 201		x \$ <u>9.25</u>	= \$ 1859
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) ()) <u>0</u> x \$ <u>0.00</u> (not to exceed \$34.25)		= \$
		т	otal F	ederal Lifeline Support Claimed	d (10)\$ <u>1859</u>
Toll Limitation Services (TLS)					
Cost of Providing TLS per Subscriber (11) 0.000000					
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i		(11)	00		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppoi		
Number of Connect	ione Weived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an averag	ge 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 Claimed	(18) \$ 0
ETC Doumont					
ETC Payment	0			^	
Total Lifeline \$_1859	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ 0	
				Total Dollars (19)	\$ <u>1859</u>

Exhibit B Page 16

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

(20) CERTIFICATIONS AND SIGNATURES

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

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08/05/2	015
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James Balvanz

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OFFICER SIGNATURE

OFFICER NAME

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OFFICER TITLE

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April 2012 Edition	FCC Form 497 April 2012 Edition LIFELINE WORKSHEET OMB Appro					OMB Approval
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143036595		C C		le <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology 1	Гуре (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	1	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	08/31/20	015
Contact Name:	Caitlyn Lumpkir	۱	b)	Data Month	Septem	ber 2014
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
				. ,	Original Revision	
	HIAWATHA, IA	52233	d)	State Reporting	KENTU	ĊŔŶ
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 184		x \$9.2		= \$ 1702
Tribal Low-Income Subscrib	bers	(9) <u>0</u>		x <u>\$</u> 0.00		= \$ _0
Receiving federal Lifeline Support			(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1702			
Toll Limitation Servio	<i>tes (113)</i>					
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 Supp	ort Claimed	(13) \$ ⁰
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppor			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>1702</u>	Total TIS\$0		Total	Tribal Link Un \$ C)	
	<u> </u>		· Jul	-		
				Tota	l Dollars (19	りき

Exhibit B Page 18

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

(20) CERTIFICATIONS AND SIGNATURES

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08/31/	/2015)
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OFFICER TITLE

James Balvanz

DATE	
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OFFICER SIGNATURE

CFO

OFFICER NAME

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F00 F 407						Page 19
April 2012 Edition	FCC Form 497 April 2012 Edition LIFELINE WORKSHEET OMB April					OMB Approval
•				۸va	Burdon Ect	3060-0819 per Respondent: 2.5 Hrs.
				Avg.	Duruen Lot.	per Respondent. 2.3 ms.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Coo	de <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology 1	Туре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	09/29/20	015
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	October	2014
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
				· · ·	Original Revision	
	HIAWATHA, IA	52233	d)	State Reporting	KENTU	СКҮ
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	oport/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su	oport	
Receiving federal L		(8) 158		x \$9.2	5	= \$ 1462
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x <u>\$</u> 0.00		= \$ 0
		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ <u>146</u>			ed (10) \$ 1462	
Toll Limitation Servio	ces (TLS)					<u> </u>
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)	000			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	1 (13) \$ ⁽⁾
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppor			
		<i>(</i> 1) 0				
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100	D)			
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) \$ 0
ETC Payment					•	
Total Lifeline \$ <u>1462</u>	Total TLS \$_0		Total	Tribal Link Up \$)	
- •				_	l Dollars (19	
				Iota	i Dollars (19)

Exhibit B Page 20

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

(20) CERTIFICATIONS AND SIGNATURES

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09/29/2015)
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James Balvanz

DATE

OFFICER SIGNATURE

OFFICER NAME

CFO

OFFICER TITLE

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500 F 407					Page 21	
FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Approva 3060-0819					
				Avg. Burden Es	t. per Respondent: 2.5 Hrs.	
(1) USAC Service Provider I	dentification Number	143036595		(2) Study Area Co	ode <u>269037</u>	
(3) Filer 499 ID <u>827225</u>		(4) Technology 1	Гуре (check one) Wireline 🔲	Wireless 🔽	
(5) ETC Designation Type (Check one): Lifeline Only 🗹 High Cost/Low Income 🖵						
(6) Organization Information	۱		(7)	Filing Information		
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date 11/19/2	2015	
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month Novem	ber 2014	
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
				Original Revision		
	HIAWATHA, IA	52233	d)	State Reporting KENTL	JĊŔY	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Support/	(c) Total Lifeline	
Non-Tribal Low-Income Sub				Subscriber Support	4000	
Receiving federal L	ifeline Support	(8) 144		x \$ <u>9.25</u>		
Tribal Low-Income Subscrib		(9) <u>0</u>		x \$ <u>0.00</u>	= \$	
Receiving federal L	nenne Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$			ned (10) \$ <u>1332</u>	
Toll Limitation Services (TLS)						
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)						
Number of TLS Subscribers		(12) <u>0</u>				
				Total TLS Support Claime	ed (13)\$ ⁰	
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppor	• •		
Number of Ocurrent		<i>(</i> 1) 0				
Number of Connections Waived Charges Waived per Connection		(14) <u>0</u> (15) \$ <u>0.00</u>		— (for multiple rates, use an average amount)		
. .		(not to exceed \$100))		с ,	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Support Claim	ed (18) \$ ⁽⁾	
ETC Payment						
Total Lifeline \$ <u>1332</u> Total TLS \$ <u>0</u> Total Tribal Link Up \$ <u>0</u>						
	<u> </u>		i otai	-		
				Total Dollars (1	19) \$	

Exhibit B Page 22

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

(20) CERTIFICATIONS AND SIGNATURES

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OFFICER TITLE

James Balvanz

DATE

OFFICER SIGNATURE

CFO

OFFICER NAME

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				Exhibit B Page 23	
FCC Form 497 April 2012 Edition					
			Av	3060-0819 g. Burden Est. per Respondent: 2.5 Hrs.	
(1) USAC Service Provider I	dentification Number	143036595	(2) S	udy Area Code <u>269037</u>	
(3) Filer 499 ID <u>827225</u>		(4) Technology T	vpe (check one) Wird	eline 🔲 🛛 Wireless 🗹	
(5) ETC Designation Type (0	Check one): Lifeline	e Only 🔽	ligh Cost/Low Incom	e 🖵	
(6) Organization Information	1		(7) Filing Informatio	n	
Company Legal Name:	Boomerang Wir	eless LLC	a) Submission Date	12/17/2015	
Contact Name:	Caitlyn Lumpkir	า	b) Data Month	December 2014	
Mailing Address:	955 KACENA R	D SUITE A	c) Type of Filing (check one)		
			(encert ency	Original Revision ⊻	
	HIAWATHA, IA	52233	d) State Reporting	KENTUCKY	
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>	(b) Lifeline S <u>Subscriber S</u>		
Non-Tribal Low-Income Sub					
Receiving federal L	Ifeline Support	(8) <u>138</u>	× \$\$		
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>	x \$ <u>0.00</u>	= \$ <u>0</u>	
Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1277					
Toll Limitation Servio	ces (TLS)				
	'i O	(11) 0.00000	0		
Cost of Providing T (the lesser of increment	tal cost or \$3 in 2012 /\$2	('')	<u> </u>		
Number of TLS Sub	oscribers	(12) <u>0</u>			
Total TLS Support Claimed (13) \$ 0					
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	oport)		
Number of Connect	tions Waived	(14) 0			
Charges Waived per Connection		(15) \$ 0.00	(for multiple rates, use an average amount)		
		(not to exceed \$100)			
Total Connection Charges Waived		(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00			
				upport Claimed (18) \$ <u>0</u>	
ETC Doumont		·			
ETC Payment	^			0	
Total Lifeline <u>\$ 1277</u>	Total TLS <u>\$ 0</u>	·			
			Тс	tal Dollars (19) \$ <u>1277</u>	

Exhibit B Page 24

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.

James Balvanz

OFFICER SIGNATURE

OFFICER NAME

CFO

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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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	143036595		(2) Study Area Code <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	уре ((check one) Wireline 🔲 Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🗹	High	Cost/Low Income
(6) Organization Information	<u>1</u>		(7)	Filing Information
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date 01/27/2016
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month January 2015
Mailing Address:	955 KACENA RD SUITE A		c)	Type of Filing (check one)
				Original Revision 🗹
	HIAWATHA, IA	52233	d)	State Reporting KENTUCKY
Telephone Number:	678-389-6024			
Fax Number:	770-594-3878			
E-mail Address:	cmmurp@cgmi	nc.com		
Lifeline				
Liteline		(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Sub	oscribers	Subscribers		Subscriber Support
Receiving federal L	ifeline Support	(8) 72		x \$ <u>9.25</u> = \$ <u>666</u>
Tribal Low-Income Subscrib		(9) <u>0</u>		- x \$ 0.00 = \$ 0
Receiving federal L	ifeline Support	т	otal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 666
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		(12) <u>0</u>		
		(12)		 Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost si	uppo	
Number of Connect	ions Waived	(14) 0		
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average 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 Support Claimed (18) \$ <u>0</u>
ETC Payment				
-	Total TLS \$ 0		Total	l Tribal Link Up \$ _0
Ψ	• • • • • • • • • • • • • • • • •			Total Dollars (19) \$ <u>666</u>
				i otal Dollars (19) \$

Exhibit B Page 25

Exhibit B Page 26

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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01/27/20	16
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James Balvanz

OFFICER SIGNATURE

OFFICER NAME

CFO

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE	ET		OM	IB Approval 3060-0819
				Avg.	Burden Est. p	er Responde	
(1) USAC Service Provider I	dentification Numbe	r <u>143036595</u>		(2) Stu	dy Area Code	269037	
(3) Filer 499 ID <u>827225</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless	~
(5) ETC Designation Type (0	Check one): Lifelir	e Only 🗹	High	Cost/Low Income			
(6) Organization Information	ı		(7)	Filing Information			
Company Legal Name:	Boomerang Wi	reless LLC	a)	Submission Date	02/25/202	16	
Contact Name:	Caitlyn Lumpki	n	b)	Data Month	February	2015	
Mailing Address:	955 KACENA RD SUITE A		c)	Type of Filing (check one)			
				, ,	Original Revision	7	
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC		
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgm	inc.com					
Lifeline			_				
LITEIIIIE		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	oscribers	Subscribers		Subscriber Sup			
Receiving federal Lifeline Support		(8) 69		x \$ 9.2	5	= \$ 638	
Tribal Low-Income Subscrib		(9) 0		x <u>\$0.00</u>		= \$ 0	
Receiving federal L	ifeline Support	Т	otal I	not to exce) Federal Lifeline Sup		I (10) \$ 638	5
Toll Limitation Servio	cos (TI S)						
	<i>Les (120)</i>						
Cost of Providing T (the lesser of increment	"LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00				
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 rec	eiving High Cost sı	ippo	rt)			
Number of Connect	tions Waived	(14) 0					
Number of Connections Waived Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an average amount)			
		(not to exceed \$100))				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
		1	otal	Tribal Link Up Sup	port Claimed	(18) \$ 0	
ETC Payment				······································		, -	
-	0		_	^	1		
Total Lifeline \$ <u>638</u>	Total TLS \$ <u>0</u>		Гota				
				Tota	l Dollars (19)	\$ <u>638</u>	

Exhibit B Page 27

Exhibit B Page 28

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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02/25/2016	3
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James Balvanz

DATE

OFFICER SIGNATURE

OFFICER NAME

CFO

OFFICER TITLE

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						Page 29
FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
		-	-	A.v.a.	Durdon Fot	3060-0819
				Avg.	Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Cod	<u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	۱		(7)	Filing Information	1	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	04/06/20	15
Contact Name:	Caitlyn Lumpkin	ı	b)	Data Month	March 20)15
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
				. ,	Original [Revision	
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	кү
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						
Receiving federal L	ifeline Support	(8) 49		x \$ <u>9.2</u>	5	= \$ 453
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u> (not to exce	ad \$24.25)	= \$ _0
Receiving lederal L	ineline Support	т	otal F	ederal Lifeline Sup		d (10) \$ <u>453</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 i	(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 s	uppoi			
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(14) = 0.00		(for multiple rates	, use an averag	ge amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total	 Tribal Link Up Sup	nort Claimed	(18) \$ 0
ETC Payment						· (· •) ¥
-	0		_		,	
Total Lifeline \$ <u>453</u>	Total TLS \$ <u>_</u>		Total			
				Tota	l Dollars (19)	\$ <u>453</u>

Exhibit B Page 30

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

(20) CERTIFICATIONS AND SIGNATURES

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04/06	/2015
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James Balvanz

DAIE

OFFICER SIGNATURE

CFO

OFFICER TITLE

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						Page 31
FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
		_	-	A.v.a	Burdon Fot	3060-0819
				Avg.	Durden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology 1	Гуре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	check one): Lifeline	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	1
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	04/01/20	16
Contact Name:	Caitlyn Lumpkir)	b)	Data Month	April 201	5
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
					Original Revision	
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	СКҮ
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						. 224
Receiving federal L	ifeline Support	(8) <u>35</u>		x \$ <u>9.2</u>	.5	= \$ 324
Tribal Low-Income Subscrib Receiving federal L		(9) 0		x \$ <u>0.00</u>	ed \$34.25)	= \$ _0
	neime Support	т	otal F	ederal Lifeline Sup		d (10) \$ <u>324</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> n 2013)	00			
Number of TLS Sub	scribers	(12) 0				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppoi		on claimed	(13) \$ <u>-</u>
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(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) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>0</u>
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				Tota	l Dollars (19)\$

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.

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.

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James Balvanz

DATE

CFO

OFFICER SIGNATURE

OFFICER NAME

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 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.

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April 2012 Edition LIFELINE WORKSHEET OMB Approval 3060-0819							Page 33
3060-0818 Ary, Burden Est, per Respondent 2.5 Hrs. (1) USAC Service Provider Identification Number 1430/36595 (2) Study Area Code 269097 (2) Study Area Code	FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037 (3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline Wireless (2) (6) ETC Designation Type (Check one): Lifeline Only (2) High CostLow Income (2) (6) Organization Information (7) Filing Information (2) Contact Name: Califyn Lumpkin (2) Submission Date (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)			-	-	Ave	Durdon Fot	3060-0819
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(b) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (d) Organization Information (7) Filing Information Company Legal Name: Boomerang Wireless LLC a) Submission Date 06/05/2015 Contact Name: Caitlyn Lumpkin b) Data Month May 2015 Mailing Address: 955 KACENA RD SUITE A o) Type of Filing (check one) Original Previous P	(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(e) Organization Information (7) Filing Information Company Legal Name: Boomerang Wireless LLC a) Submission Date 06/05/2015 Contact Name: Caitlyn Lumpkin b) Data Month May 2015 Mailing Address: 955 KACENA RD SUITE A c) Type of Filing (refect one) Original Prevision Mailing Address: 955 KACENA RD SUITE A c) Type of Filing (refect one) Original Prevision Telephone Number: 678-389-6024 fax Number: 770-594-3878 E-mail Address: cmmurp@cgminc.com (b) Lifeline Support (c) Total Lifeline Non-Tribal Low-Income Subscribers (a) # Lifeline Subscriber Subscribers e \$ 352 Receiving federal Lifeline Support (e) 0 x \$ 0.00 e \$ 0.00 Non-Tribal Low-Income Subscribers (e) 0 x \$ 0.00 e \$ 0.00 Receiving federal Lifeline Support (e) 0 x \$ 0.00 (not to exceed \$42.25) for \$ 0.00 Tribal Low-Income Subscribers (f1) 0.000000 (not to exceed \$42.25) for \$ 0.00 (he lesser of incemental cost or \$ 3 in 2012.42 in 2013) Number of TLS Subscribers (f2) 0 (f2) 0 for \$ 0.00 (he lesser of incemental cost or \$ 3 in 2012.42 in 201	(3) Filer 499 ID <u>827225</u>		(4) Technology 1	Гуре (check one) Wireli	ne 🔲	Wireless 🔽
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Contact Name: Catitlyn Lumpkin b) Data Month May 2015 Mailing Address: 955 KACENA RD SUITE A i) Type of Filing (check one) Original Previous Telephone Number: 678-389-6024 Fax Number: 770-594-3878 E-mail Address: Cmmurp @ cgminc.com Iteleline (b) Lifeline Support (c) Total Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Non-Tribal Low-Income Subscribers (9) 0 x \$ $\frac{9,25}{9,25}$ = \$ $\frac{3}{2}$ Tribal Low-Income Subscribers (9) 0 x \$ $\frac{9,25}{9,25}$ = \$ $\frac{3}{2}$ Total Federal Lifeline Support (10) \$ $\frac{352}{352}$ Total Federal Lifeline Support Claimed (10) \$ $\frac{352}{352}$ Total TLimitation Services (TLS) Cost of Providing TLS per Subscribers (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /32 in 2013) Number of Connections Waived (14) 0 Number of Connections Waived (14) 0 (for multiple rates, use an average amount) (rot to exceed \$100) Total Connection Charges Waived (16) \$ 0.00 (for multiple rates, use an average a	(6) Organization Information	<u>ו</u>		(7)	Filing Information	1	
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					Tota	l Dollars (19)) \$ <u>352</u>

Exhibit B Page 34

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.

06/05/2015	5
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James Balvanz

DATE

OFFICER SIGNATURE

OFFICER NAME

CFO

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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						Page 35
FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
		-	-	٨٧٣	Durdon Fot	3060-0819
				Avg.	Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (0	Check one): Lifeling	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	<u>ו</u>		(7)	Filing Information	Γ	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	07/08/20	15
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	June 201	15
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
					Original Revision	- -
	HIAWATHA, IA	52233	d)	State Reporting		КҮ
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
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Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Sup	nort Claimaa	
			otal	inibai Lilik Up Sup		i (10) ֆ <u> </u>
ETC Payment						
Total Lifeline \$ <u>305</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ _)	
				Tota	l Dollars (19)	\$ <u>305</u>

Exhibit B Page 36

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.

07/08/20	15
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James Balvanz

DATE

OFFICER SIGNATURE

OFFICER NAME

CFO

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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FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
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				Avg.	burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifeling	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	08/06/20	15
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	July 2018	5
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
				. ,	Original [Revision	
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	КҮ
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						005
Receiving federal L	ifeline Support	(8) <u>33</u>		x \$ <u>9.2</u>	5	= \$ <u>305</u>
Tribal Low-Income Subscrib		(9) <u>0</u>		. x \$ <u>0.00</u>		= \$ _0
Receiving federal Lifeline Support		т	otal F	not to exce) ederal Lifeline Sup		d (10) \$ <u>305</u>
Toll Limitation Servio	es (TLS)					
			~~			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> n 2013)	00			
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 s	uppoi			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an averag	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		
			otal	inibai Link Up Sup	port Claimed	i (10) ֆ <u>~</u>
ETC Payment						
Total Lifeline <u>\$</u> 305	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ <u>C</u>		_
				Tota	l Dollars (19)	\$ <u>305</u>

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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08/0	06/2	015
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OFFICER TITLE

James Balvanz

DATE

OFFICER SIGNATURE

CFO

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FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
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				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifeling	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	09/08/20	15
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	August 2	2015
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
					Original Revision	
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	СКҮ
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						. 070
Receiving federal L	ifeline Support	(8) <u>30</u>		x \$ <u>9.2</u>	25	= \$ 278
Tribal Low-Income Subscrib		(9) 0		_ x \$ <u>0.00</u>	eed \$34.25)	= \$
Receiving federal Lifeline Support		т	otal F	ederal Lifeline Su		d (10) \$ <u>278</u>
Toll Limitation Servio	ces (TLS)					
		(11) 0.0000	00			
Cost of Providing T (the lesser of increment	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11)	00			
Number of TLS Sub	oscribers	(12) 0				
		(/		Total TLS Supr	ort Claimad	(12) ¢ ()
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppol		ort Claimed	(13) \$ 0
•		0				
Number of Connect Charges Waived pe		(14) 0.00		(for multiple rates		ae amount)
onargeo traitea pe		(not to exceed \$100				ge amounty
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
Deferred interest						0
			Total	Tribal Link Up Sup	port Claimed	1 (18) \$ <u>U</u>
ETC Payment						
Total Lifeline \$ <u>278</u>	Total TLS \$_0		Total	Tribal Link Up \$ _()	
					l Dollars (19)	
				1018		μφ

Exhibit B Page 40

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

(20) CERTIFICATIONS AND SIGNATURES

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09/0)8/2	015
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OFFICER TITLE

James Balvanz

DATE	
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OFFICER SIGNATURE

CFO

OFFICER NAME

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FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
				Ave	Durdon Fot	3060-0819
				C C		per Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</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	1	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	10/12/20	15
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	Septemb	er 2015
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
					Original [Revision	-
Talashasa Nasahas	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	KY
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878		_			
E-mail Address:	cmmurp@cgmii					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u> p		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 29		x \$ 9.2		= \$ <u>268</u>
Tribal Low-Income Subscrib		(e) <u>0</u>		x <u>\$</u> 0.00		= \$ 0
Receiving federal Lifeline Support		.,		(not to exceed \$34.25) Federal Lifeline Support Claime		·
		I	otal F	ederal Lifeline Sup	oport Claimed	d (10)\$ <u>200</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T	LS per Subscriber	(11) <u>0.0000</u>	00			
-	al cost or \$3 in 2012 /\$2 i					
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	uppol	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100		(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				
			Total	 Tribal Link Up Sup	nort Claimed	u (18) \$ 0
			lotai	mbai Lilik op Sup		
ETC Payment						
Total Lifeline <u>\$</u> 268	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ _0		_
				Tota	l Dollars (19)	\$ <u>268</u>

Exhibit B Page 42

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

(20) CERTIFICATIONS AND SIGNATURES

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10/12/2015

James Balvanz

OFFICER SIGNATURE

OFFICER NAME

CFO

OFFICER TITLE

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FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
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				Avg.	Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	<u>ו</u>		(7)	Filing Information	Ι	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	11/09/20	15
Contact Name:	Caitlyn Lumpkir	ı	b)	Data Month	October	2015
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
				. ,	Original Revision	- -
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	КҮ
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub				Subscriber Sup		000
Receiving federal L	ifeline Support	(8) 29		x \$9.2	5	= \$ 268
Tribal Low-Income Subscrib		(9) 0		. x \$ <u>0.00</u>		= \$ _0
Receiving federal Lifeline Support		т	otal F	not to exce) ederal Lifeline Sup		d (10) \$ <u>268</u>
Toll Limitation Servio	ces (TLS)					
		0,0000	00			
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 Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppoi			(10) \$
Number of Connect	tions Waived	(14) 0				
Charges Waived pe				(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				
			Total	 Tribal Link Up Sup	port Claimer	u (18) \$ 0
ETC Payment			. Jtai			· (···) Ψ
-	0				,	
Total Lifeline \$ <u>268</u>	Total TLS \$ <u>_</u>		Total	-		
				Tota	l Dollars (19)	\$ 268

Exhibit B Page 44

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11	/0	9/2	01	5
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OFFICER TITLE

James Balvanz

DATE

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					Page 45
FCC Form 497 April 2012 Edition			KSHE	ET	OMB Approva
		-	-	Ave Du	3060-0819
				Avg. Bu	Irden Est. per Respondent: 2.5 Hrs
(1) USAC Service Provider I	dentification Number	143036595		(2) Study	Area Code <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	уре (check one) Wireline	U Wireless V
(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:	Boomerang Wir	eless LLC	a)	Submission Date 1	2/07/2015
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	November 2015
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)	
				Óri	iginal 🔽 vision
	HIAWATHA, IA	52233	d)		(ENTUCKY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmii	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Suppo <u>Subscriber Supp</u> o	
Non-Tribal Low-Income Sub					
Receiving federal L	ifeline Support	(8) 31		x \$ <u>9.25</u>	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	= \$ <u>0</u>
Receiving federal Lifeline Support		т	otal F		ort Claimed (10) \$ <u>287</u>
Toll Limitation Servio	ces (TLS)				
		(11) 0.0000	00		
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(1)	00		
Number of TLS Sub	oscribers	(12) <u>0</u>			
		. , _		Total TI S Support	t Claimed (13) \$ <u>0</u>
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost si	uppoi		t Claimed (13) \$ <u> </u>
		(14) 0			
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, us	se an average amount)
. .		(not to exceed \$100			ů ,
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00			
				— Tribal Link Up Suppo	rt Claimed (18) \$ 0
ETC Poursont			, otai	πισαι επικ σρ συρρο	τι σταπίτου (10) φ <u>-</u>
ETC Payment	<u>^</u>			0	
Total Lifeline \$ <u>287</u>	Total TLS \$ <u>_0</u>		Total		
				Total D	ollars (19) \$ <u>287</u>

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.

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.

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James Balvanz

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OFFICER SIGNATURE

OFFICER NAME

CFO

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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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 47
FCC Form 497 April 2012 Edition		LIFELINE WORI	KSHE	ET		OMB Approval
		_	_	Ave	Durdon Fot r	3060-0819
				Avg.	burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Code	269037
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireli	ne 🔲	Wireless 🕑
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	۱		(7)	Filing Information	1	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	01/07/20	16
Contact Name:	Caitlyn Lumpkin	ı	b)	Data Month	Decembe	er 2015
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
				· · ·	Original Revision	4
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	КY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u> j		(c) Total Lifeline
Non-Tribal Low-Income Sub						050
Receiving federal L	ifeline Support	(8) 38		x \$ <u>9.2</u>	5	= \$ 352
Tribal Low-Income Subscrib		(9) <u>0</u>		_ x \$ <u>0.00</u>		= \$ 0
Receiving federal Lifeline Support		т	otal F	not to exce) ederal Lifeline Sup		1 (10) \$ <u>352</u>
Toll Limitation Servio	ces (TLS)					
		0 0000	00			
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) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost s	uppoi			().
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an averag	je 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	port Claimed	(18) \$ ⁰
ETC Payment				· · · · · · · · · · · · · · · · · · ·	•	
Total Lifeline \$ <u>352</u>			Toto'			
Total Liteline \$_002	10tal 1L5 \$ <u></u> _		rotal			
				Tota	l Dollars (19)	\$ <u>352</u>

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.

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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01/07/	201	6
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James Balvanz

DATE

CFO

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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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 49
FCC Form 497 April 2012 Edition		LIFELINE WORKSHEET OMB App				OMB Approval
						3060-0819
				Avg.	Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stud	dy Area Code	269037
(3) Filer 499 ID <u>827225</u>		(4) Technology T	ype (check one) Wirelir	ne 🔲	Wireless 🕑
(5) ETC Designation Type (0	Check one): Lifeline	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>		(7)	Filing Information	Γ	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	02/04/202	16
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	January 2	2016
Mailing Address:	955 KACENA R	D SUITE A	c)	Type of Filing (check one)		
) í	Original Revision	7
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	KY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.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	ifeline Support	(8) <u>37</u>		x \$ <u>9.2</u>		= \$ <u>342</u>
Tribal Low-Income Subscrib		(9) 0		. x \$ <u>0.00</u>		= \$ _0
Receiving federal Lifeline Support		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ <u>342</u>				I (10) \$ <u>342</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 ir		(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ ()
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost su	uppol			(13) \$ <u>-</u>
		(14) 0				
Number of Connect Charges Waived pe				(for multiple rates, use an average amount)		
5 p-		(not to exceed \$100)		(,
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
Deferred interest						. 0
		7	Total	Tribal Link Up Supp	port Claimed	(18) \$ <u>U</u>
ETC Payment						
Total Lifeline \$ <u>342</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ 0		_
					Dollars (19)	
				rota	Donais (19)	Ψ

Exhibit B Page 50

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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Jim Balvanz

DATE

CFO

Jim Balvanz

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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						Page 51
FCC Form 497 April 2012 Edition LIFELINE WORKSHE				ET		OMB Approval
		-	-	A 117	Durdon Fot	3060-0819
				Avg.	Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireli	ne 🔲	Wireless 🕑
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	۱		(7)	Filing Information	1	
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	03/04/20	16
Contact Name:	Caitlyn Lumpkin	ı	b)	Data Month	February	2016
Mailing Address:	955 KACENA RD SUITE A		c)	Type of Filing (check one)		
				· · ·	Original [Revision	
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	КҮ
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						. 407
Receiving federal L	ifeline Support	(8) 44		x \$ <u>9.2</u>	5	= \$ 407
Tribal Low-Income Subscrib Receiving federal L		(9) 0		. x \$ <u>0.00</u>	ad \$24.25)	= \$ _0
Receiving lederal L	ineline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ <u>407</u>			d (10) \$ <u>407</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	1 S per Subscriber	(11) <u>0.0000</u>	00			
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(1)				
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 s	uppoi			
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, use an average amount)		
		(not to exceed \$100				
Total Connection Charges Waived		(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total	 Tribal Link Up Sup	nort Claimed	u (18) \$ 0
ETC Payment						· (· •) ¥
-	0		_			
Total Lifeline \$ <u>407</u>	Total TLS \$ <u>_</u>		Total			
				Tota	l Dollars (19)	\$ 407

Exhibit B Page 52

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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03/04	1/2016
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Jim Balvanz

CFO

Jim Balvanz

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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						Page 53
FCC Form 497 April 2012 Edition		LIFELINE WORKSHEET			OMB Approval	
		-	-	A.v.a.	Durdon Fot	3060-0819
				Avg.	Durden Est. j	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143036595		(2) Stu	dy Area Cod	e <u>269037</u>
(3) Filer 499 ID <u>827225</u>		(4) Technology T	Гуре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (0	Check one): Lifeline	e Only 🔽	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	1
Company Legal Name:	Boomerang Wir	eless LLC	a)	Submission Date	04/05/20	16
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month	March 20	016
Mailing Address:	955 KACENA RD SUITE A		c)	Type of Filing (check one)		
				· · ·	Original Revision	- -
	HIAWATHA, IA	52233	d)	State Reporting	KENTUC	ХКҮ
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u> j		(c) Total Lifeline
Non-Tribal Low-Income Sub						
Receiving federal L	ifeline Support	(8) 43		x \$ <u>9.2</u>	5	= \$ 398
Tribal Low-Income Subscrib		(9) <u>0</u>		_ x \$ <u>0.00</u>	od \$24.25)	= \$ _0
Receiving federal Lifeline Support		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ <u>39</u>			d (10) \$ <u>398</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Droviding T	1 C. nor Cubooribor	(11) 0.0000	00			
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(1)	00			
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 s	uppoi	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average 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	port Claimed	1 (18) \$ O
ETC Dourmont						
ETC Payment	2			~		
Total Lifeline \$ <u>398</u>	Total TLS \$ <u>0</u>		Total	-		
				Tota	I Dollars (19)	\$ <u>398</u>

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.

04/05/201	6
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Jim Balvanz

CFO

Jim Balvanz

OFFICER NAME

OFFICER SIGNATURE

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.

Exhibit C

Kentucky Boomerang Wireless, LLC d/b/a enTouch Wireless Lifeline Plan Offerings

Boomerang Wireless, LLC d/b/a enTouch Wireless ("enTouch") Lifeline plan offerings have core features and capabilities that are part of all the plan offerings. Following the two (2) plans offered in Kentucky, are the 'Features and capabilities available with all Lifeline Plan offerings,' 'Call Types and Usage' and 'Applicable Fees and Unit of Measure.'

Kentucky Lifeline Plan Offerings:

125 Free Minute Plan: This plan offers 125 minutes per month for voice and text. Lifeline free minutes are automatically posted each month on the Lifeline customer's service date. Rollover units continue to rollover for one (1) month, and if unused will expire on the monthly service date two (2) months from the date upon which initially credited to the Subscriber. Rollover units do not transfer if the customer changes calling plans. Acceptable Use Policy applies (see Terms of Service).

250 Free Minute Plan: This plan offers 250 minutes per month for voice and text. Lifeline free minutes are automatically posted each month on the Lifeline customer's service date. There is no roll over of minutes with this plan. Acceptable Use Policy applies (see Terms of Service).

Features and capabilities available with all Lifeline Plan offerings:

- Free handset:¹ The handset may be a refurbished unit.
- Local calling
- Domestic/National Long Distance calling
- Caller ID
- Call Waiting
- Call Forwarding
- 3-Way Calling
- Voice Mail
- 10mb Data (website and email)
- Free 411: There are no charges, however applicable unit(s) are decremented
- 911 Emergency Service regardless of units/minutes available
- 611 Customer Service regardless of units/minutes available

¹ Company Policy limits a customer to one free device in the most recent prior 12 month period.

Call Types and Usage:

411 Directory Assistance: Directory Assistance calls are free; there is no additional charge. However, units/minutes for Directory Assistance are deducted from the customer's available balance of units.

611 Company Customer Service: The Company's handsets can reach 611 Company Customer Service regardless of units (minutes) remaining on the handset. So, Lifeline Customers who use all their plan minutes prior to their monthly service date will still be able to place 611 calls to customer service from their Company phones. There is no decrement of Lifeline Customer's minutes when they dial 611 from their Lifeline phone.

911 Emergency Service: The Company's handsets can reach 911 Emergency services regardless of units (minutes) remaining on the handset. So, Lifeline Customers who use all their plan minutes prior to their monthly service date will still be able to place 911 calls for emergencies. There is no decrement of Lifeline Customer's minutes when they dial 911 from their Lifeline phone.

Roaming: There is no roaming available. Customers are not able to use their service outside of the Company's Designated Service Area.

Pay-Per-Call Service: The Company does not complete calls from your Number to 900, 976 and similar numbers for pay-per-call services.

Text Messaging is available with the Lifeline plans unless noted otherwise. The following apply to Text Messaging:

- Units/minutes are deducted for SMS Text Messaging at a per message per address sent to and per message received. (1 unit or 1 minute = 1 text)
- The Company does not offer Premium SMS Text Messaging Service at this time.
- The Company's SMS Text Messaging Service requires certain equipment. Most handsets are capable of receiving text messages; however sending text messages requires two-way SMS capable equipment.

Toll Free Numbers: calls to Toll Free Numbers are free; there is no additional charge. However, units/minutes for Toll Free Numbers are deducted from the customer's available balance of units.

Top Up Cards to Supplement Lifeline Plans: Lifeline Customers will be able to supplement their free Lifeline plan minutes by purchasing additional airtime at authorized retail outlets. The two brands of top up cards available at retail are Get Ready and Airfair.

Unit or Minute is the method of measuring the voice and text service. One (1) unit equals one (1) minute, and one (1) unit equals one (1) text message. "1 unit = 1 minute = 1 text."

- Deduction of unit(s)/minute(s) for a completed call from a customer's handset begin when the SEND key is pressed and end when either party ends.
- There are no peak or off peak minutes associated with the Free Lifeline minutes associated with the Lifeline Plan offerings.

Applicable Fees and Unit of Measure:

Reactivation Fee of \$25.00 to reactivate your phone. This is not required for the initial activation of the Lifeline phone that is distributed to a qualified Lifeline Customer. <u>There is no Activation Fee</u>.

- The customer will need to send a money order or prepay via credit card before Services are reactivated.
- If the reactivation is for a Replacement phone, then the customer will be required to pay either the Reactivation Fee or Replacement Fee, but not both.

Replacement Fee of \$25.00 for the exchange of your phone for another phone or other equipment.

- Equipment will not be shipped until after the company receives the Replacement Fee. The customer may pay the Replacement Fee by sending a money order or prepaying via credit card.
- The Replacement fee will be waived for replacement of defective handsets (does not apply to breakage caused by customer negligence or water damage) returned complete with all accessories that came with the handset, in the original box with all materials and package inserts, within 30 days of receiving the handset.
- The Company requires receipt of the Replacement Fee for phones returned after the first 30 days and before the replacement phone is shipped.
- Though replacement phone will require reactivation of the Number, a customer will be assessed either the Replacement Fee or the Reactivation Fee, but not both.

Unit or Minute is the method of measuring the voice and text services. One (1) unit equals one (1) minute, and one (1) unit equals one (1) text message. "1 unit = 1 minute = 1 text."

• Deduction of unit(s)/minute(s) for a completed call from a customer's handset begin when the SEND key is pressed and end when either party ends.

Terms of Service:

The complete **Terms of Service** are available on the website, www.enTouchWireless.com, and are effective upon posting.

Acceptable Use Policy:

Prohibited Network Use -- <u>ACCEPTABLE USE POLICY</u> (Unlimited Services): Services and equipment may not be used for any unlawful, fraudulent, harassing, or abusive purpose. enTouch Wireless service is for personal use only. By requesting Services, you agree that you will not use Services and equipment in any unlawful, fraudulent or abusive manner. enTouch Wireless reserves the right, without notice or limitation, to limit, deny, terminate, end, modify, disconnect, or suspend Service if any individual engages in any prohibited voice, text, or data uses detailed below, or if enTouch Wireless determines, on a case-by-case basis, that action is necessary to protect its wireless network, business, equipment, or Services from harm or degradation resulting from such prohibited uses.

- Voice and Text Services: enTouch Wireless provides its voice and text Services solely for live dialogue between, and initiated by, individuals for personal use and as otherwise described in this policy. You may not use enTouch Wireless voice and text Services for monitoring services, data transmissions, transmission of broadcasts, transmission of recorded material, telemarketing, broadcast or autodialed calls or texts, other commercial uses, or other connections that do not consist of uninterrupted live dialogue between individuals. This Service may not be used in a manner that interferes with other enTouch Wireless customer's use of the service. Service levels of other customers may be impaired when users place abnormally high numbers of calls, send or receive very high numbers of messages, or repeatedly make calls of abnormally long duration compared with other enTouch Wireless customers. Use of more than 3,000 units within a 30-day period or less may trigger a review of the usage in accordance with this Acceptable Use Policy.
- Data Services: enTouch Wireless data Services are provided only for personal (*i.e.*, noncommercial) use, which includes web surfing, sending and receiving email, photographs and other similar messaging activities, and the non-continuous streaming of videos, downloading files or online gaming. enTouch Wireless data Services may not be used for any of the following uses: (1) to generate excessive levels of Internet traffic through the continuous, unattended streaming, downloading or uploading of videos, music, or other files or to operate hosting services including, but not limited to, web or gaming hosting; (2) to maintain continuous active network connections to the Internet, for example, through a web camera or machine-to-machine connections that do not involve active participation by a person; (3) to disrupt email use by others using automated or manual routines, including, but not limited to "auto-responders" or cancel bots or other similar routines; (4) to transmit or facilitate any unsolicited or unauthorized advertising, telemarketing, promotional materials, "junk mail," unsolicited commercial or bulk email, or fax; (5) for activities that adversely affect the ability of other people of system to use either enTouch Wireless' or other parties' Internet-based resources, including, but not limited to, "denial of service" (DoS) attacks against another network host or individual user; (6) for an activity that connects any device to Personal Computers (including without limitation, laptops), or other equipment for the purpose of transmitting wireless data over the network (unless customer is using a enTouch Wireless handset designated for such usage); or (7) for any other reason that violates our policy of providing Service for individual use.

The prohibited uses in this section also apply to unlimited plans. Unlimited does not mean unreasonable use. If enTouch Wireless finds that you are using an unlimited voice or text Service offering for any of the prohibited uses in this section, enTouch Wireless may at its option terminate your Service or change your plan to one with no unlimited usage components. enTouch Wireless will provide notice that it intends to take any of the above actions, and will give you an opportunity to terminate the Agreement. Unlimited talk and text includes talk and text within the U.S. only.