

**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            )  
  ) ss.  
County of LINN            )

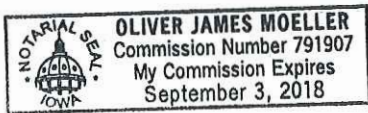
I, Kim Lehrman, being first duly sworn upon oath, depose and say that I am the President of Boomerang Wireless, LLC, and as such am authorized to make this verification on its behalf; that I have read the foregoing responses; that I know the contents thereof; and that the facts set forth in the foregoing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

Kim Lehrman

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

*Oliver James Moeller*  
Notary Public

My Commission expires: 09/03/2018



**DATA RESPONSES**

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

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

**RESPONSE:** See *Exhibit A*.

**RESPONSIBLE WITNESS:** Kim Lehrman, President

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

**RESPONSE:** See *Exhibit B*.

**RESPONSIBLE WITNESS:** Kim Lehrman, President



**REQUEST NO. 3.** Refer to the Lifeline plans you filed with the Commission with your Application for Designation as an Eligible Telecommunications Carrier ("ETC"). State whether there have been changes to these Lifeline plans since the Commission entered an Order designating you as an ETC for the purpose of offering Lifeline service in Kentucky. If there have been changes to the Lifeline plans, provide:

- a. Copies of all Lifeline plans currently offered to Kentucky subscribers.
- b. For each new or modified Lifeline plan, explain in detail:
  - i. How the current Lifeline plan modifies the Lifeline plan in effect when you were designated as an ETC:
  - ii. Whether the current Lifeline plan was offered in addition to Lifeline plans in effect when you were designated as an ETC.
- c. An explanation for why existing Lifeline plans were changed or additional Lifeline plans were added.

**RESPONSE:** 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.

**RESPONSIBLE WITNESS:** Kim Lehrman, President

**REQUEST NO. 4.** If the Commission's decision is to maintain state Lifeline support for only voice service, describe how that decision would affect whether and how you provide Lifeline service in Kentucky.

**RESPONSE:** 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.

**RESPONSIBLE WITNESS:** Kim Lehrman, President

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

**RESPONSE:** Boomerang believes existing FCC and USAC procedures can provide effective oversight.

**RESPONSIBLE WITNESS:** Kim Lehrman, President

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

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

**RESPONSIBLE WITNESS:** Kim Lehrman, President

**REQUEST NO. 7.** 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.

**RESPONSIBLE WITNESS:** Kim Lehrman, President

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

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

**RESPONSIBLE WITNESS:** Kim Lehrman, President

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

**RESPONSE:** 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 ([www.enTouchwireless.com](http://www.enTouchwireless.com)).

**RESPONSIBLE WITNESS:** Kim Lehrman, President

**REQUESTS FOR INFORMATION TO ALL PARTIES**

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

**RESPONSE:** See response to Request 1, above.

**RESPONSIBLE WITNESS:** Kim Lehrman, President



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

**RESPONSE:** The 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.

**RESPONSIBLE WITNESS:** Kim Lehrman, President

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

**RESPONSE:** The 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.

**RESPONSIBLE WITNESS:** Kim Lehrman, President

**REQUEST NO. 4.** Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

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

**RESPONSIBLE WITNESS:** Kim Lehrman, President

**REQUEST NO. 5.** State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding, and explain the basis for your response.

**RESPONSE:** 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.

**RESPONSIBLE WITNESS:** Kim Lehrman, President

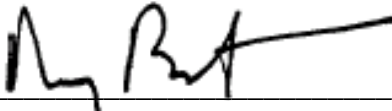
**REQUEST NO. 6.** State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are or anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of access lines for each account type.

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

**RESPONSIBLE WITNESS:** Kim Lehrman, President

**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 Month 2014-01

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u> Cellular	PCS
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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. Amount of Reimbursement Requested from Kentucky USF.....	\$1,340.50
5.	

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

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

Send a copy of this report to:  
  
Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 3/10/2014

Reporting Month 2014-02

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

Monthly Access Line Data

1.	Total Access Lines in Service.....	362
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$28.96
4.	Number of Access Lines Receiving Lifeline Support.....	360
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$1,260.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Belvan Title CFO Company Official J. Bly  
 (Printed) (Signed)

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

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

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/9/2014

Reporting Month 2014-03

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	

Classification<sup>6</sup>  
Please Circle One      ILEC      CLEC      **cellular**      PCS

Monthly Access Line Data

1.	Total Access Lines in Service.....	354
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$28.32
4.	Number of Access Lines Receiving Lifeline Support.....	352
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$1,232.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balvanz Title CFO  
(Printed)

Company Official [Signature]  
(Signed)

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

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 5/12/2014

Reporting Month 2014-04

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	

Classification<sup>6</sup>  
Please Circle One      ILEC      CLEC      cellular      PCS

Monthly Access Line Data

1.	Total Access Lines in Service.....	361
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$28.88
4.	Number of Access Lines Receiving Lifeline Support.....	354
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$1,239.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balvan Title CEO      Company Official [Signature]  
(Printed)      (Signed)

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

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 6/11/2014

Reporting Month 2014-05

Carrier Information

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

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data

1.	Total Access Lines in Service.....	331
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$26.48
4.	Number of Access Lines Receiving Lifeline Support.....	326
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$1,141.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balvanz Title CFO Company Official [Signature]  
(Printed) (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/19/2016

Reporting Month 2014-06

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	300
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$24.00
4. Number of Access Lines Receiving Lifeline Support.....	294
5. Amount of Reimbursement Requested from Kentucky USF.....	\$1,029.00

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

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COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 8/11/2014

Reporting Month 2014-07

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data

1.	Total Access Lines in Service.....	266
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$21.28
4.	Number of Access Lines Receiving Lifeline Support.....	263
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$920.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balvanz Title CFO Company Official [Signature]  
 (Printed) (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/19/2016

Reporting Month 2014-08

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	208
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$16.64
4. Number of Access Lines Receiving Lifeline Support.....	200
5. Amount of Reimbursement Requested from Kentucky USF.....	\$700.00

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

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COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 10/10/2014

Reporting Month 2014-09

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
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Monthly Access Line Data

1.	Total Access Lines in Service.....	184
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$14.72
4.	Number of Access Lines Receiving Lifeline Support.....	179
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$626.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balvanz Title CFO  
(Printed)

Company Official [Signature]  
(Signed)

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

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COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 11/10/2014

Reporting Month 2014-10

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
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**ENTERED**

Monthly Access Line Data	
1. Total Access Lines in Service.....	168
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$13.44
4. Number of Access Lines Receiving Lifeline Support.....	157
5. Amount of Reimbursement Requested from Kentucky USF.....	\$549.50

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

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 12/9/2014

Reporting Month 2014-11

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	

Classification<sup>6</sup>

Please Circle One

ILEC

CLEC

cellular

PCS

Monthly Access Line Data

1.	Total Access Lines in Service.....	144
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$11.52
4.	Number of Access Lines Receiving Lifeline Support.....	143
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$500.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balvanz Title CEO  
(Printed)

Company Official [Signature]  
(Signed)

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

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

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 1/12/2015

Reporting Month 2014-12

Carrier Information

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

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

Monthly Access Line Data

1.	Total Access Lines in Service.....	135
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$10.80
4.	Number of Access Lines Receiving Lifeline Support.....	133
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$465.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balwanz Title CFO  
(Printed)

Company Official [Signature]  
(Signed)

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

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Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 2/11/2015

Reporting Month 2015-01

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>75</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$6.00</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>75</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$262.50</u>

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 3/11/2015

Reporting Month 2015-02

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	

Classification<sup>6</sup>

Please Circle One

ILEC

CLEC

cellular

PCS

Monthly Access Line Data

1.	Total Access Lines in Service.....	72
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$5.76
4.	Number of Access Lines Receiving Lifeline Support.....	70
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$245.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official \_\_\_\_\_  
(Printed)

Title

Company Official \_\_\_\_\_  
(Signed)

*James B. Bailey*

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  
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/19/2016

Reporting Month 2015-03

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

Monthly Access Line Data

1.	Total Access Lines in Service.....	67
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$5.36
4.	Number of Access Lines Receiving Lifeline Support.....	49
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$171.50

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balvanz Title CFO Company Official [Signature]  
(Printed) (Signed)

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

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

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Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 4/19/2016

Reporting Month 2015-04

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	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.....	43
5. Amount of Reimbursement Requested from Kentucky USF.....	\$150.50

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

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

Finance and Administration Cabinet  
ATTN: KY USF  
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Frankfort, KY 40601

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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
Vendor Number	

Classification <sup>6</sup> Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> cellular	<input type="checkbox"/> PCS
--	-------------------------------	-------------------------------	--	------------------------------

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

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

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

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

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Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 7/9/2015

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	

Classification Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

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

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

Finance and Administration Cabinet  
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Frankfort, KY 40602



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COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 8/11/2015

Reporting Month 2015-07

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	34
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2.72
4. Number of Access Lines Receiving Lifeline Support.....	33
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 <u>James Balvanz</u> (Printed)	Title <u>CFO</u>
Company Official <u>[Signature]</u> (Signed)	

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

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 9/9/2015

Reporting Month 2015-08

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
--	------	------	-----------------	-----

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 <u>Jim Balvanz</u> (Printed)	Title <u>CFO</u>	Company Official <u>[Signature]</u> (Signed)

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

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

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



AIR KY Exhibit A Page 21

COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 10/12/2015 Reporting Month 2015-09

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	30
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2.40
4. Number of Access Lines Receiving Lifeline Support.....	29
5. Amount of Reimbursement Requested from Kentucky USF.....	\$101.50

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

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

Finance and Administration Cabinet  
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Capitol Annex, Room 488A  
Frankfort, KY 40601

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Kentucky Public Service Commission  
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Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 1/15/2016

Reporting Month 2015-10

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
--	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	30
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2.40
4. Number of Access Lines Receiving Lifeline Support.....	29
5. Amount of Reimbursement Requested from Kentucky USF.....	\$101.50

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

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

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

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 12/8/2015

Reporting Month 2015-11

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

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.....	31
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$108.50 <u>refund</u>

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official James Balvanz Title CEO Company Official [Signature]  
(Printed) (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 1/11/2016

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
Vendor Number	

Classification6  
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 true and accurate to the best of my knowledge.

Company Official James T. Balvanz Title CF      Company Official [Signature]  
(Printed)      (Signed)

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

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

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 2/9/2016

Reporting Month 2016-01

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

Monthly Access Line Data

1.	Total Access Lines in Service.....	37
2.	Surcharge Per Access Line.....	\$0.08
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 accurate to the best of my knowledge.

Company Official James T Salvanz Title CFO Company Official [Signature]  
(Printed) (Signed)

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

Finance and Administration Cabinet  
ATTN: KY USF  
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Frankfort, KY 40601

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Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 3/8/2016

Reporting Month 2016-02

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	

Classification <sup>6</sup> Please Circle One	ILEC	CLEC	<u>cellular</u>	PCS
--	------	------	-----------------	-----

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

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

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

Finance and Administration Cabinet  
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date: 4/11/2016

Reporting Month: 2016-03

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	

Classification				
Please Circle One	ILEC	CLEC	<b>CELLULAR</b>	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	11
2. Surcharge Per Access 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 Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>James Salvariz</u> (Printed)	Title <u>CFO</u>
	Company Official <u>[Signature]</u> (Signed)

Make check Payable to: "Kentucky State Treasurer" and send with this report to:  
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date: 4/11/2016

Reporting Month: 2016-03

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	

Classification	Please Circle One	ILEC	CLEC	<b>CELLULAR</b>	PCS
----------------	-------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	33
2. Surcharge Per Access Line.....	\$0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	\$4.62
4. Number of Access Lines Receiving Lifeline Support.....	32
5. Amount of Reimbursement requested from Kentucky USF.....	\$112.00

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

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

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

# **Exhibit B**

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	12/10/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>409</u>	x \$ <u>9.25</u>	= \$ <u>3783</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3783</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 3783 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3783**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

12/10/2014

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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

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

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	12/29/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>380</u>	x \$ <u>9.25</u>	= \$ <u>3515</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3515</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 3515 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3515

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

12/29/2014

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	04/04/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>352</u>	x \$ <u>9.25</u>	= \$ <u>3256</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3256</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 3256 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3256**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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04/04/2014

James Balvanz

DATE

OFFICER SIGNATURE

CFO

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	04/30/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>357</u>	x \$ <u>9.25</u>	= \$ <u>3302</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3302</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 3302 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3302

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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04/30/2015

James Balvanz

DATE

OFFICER SIGNATURE

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LIFELINE WORKSHEET

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(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	06/11/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	May 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>332</u>	x \$ <u>9.25</u>	= \$ <u>3071</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3071</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 3071 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3071

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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06/11/2015

James Balvanz

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**LIFELINE WORKSHEET**

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(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	06/19/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>297</u>	x \$ <u>9.25</u>	= \$ <u>2747</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>2747</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 2747 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 2747**



**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	07/10/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>278</u>	x \$ <u>9.25</u>	= \$ <u>2572</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>2572</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 2572 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 2572

**(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.

07/10/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	08/05/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>201</u>	x \$ <u>9.25</u>	= \$ <u>1859</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1859</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1859 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1859

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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08/05/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	08/31/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>184</u>	x \$ <u>9.25</u>	= \$ <u>1702</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1702</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1702 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1702

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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08/31/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037  
 (3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	09/29/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>158</u>	x \$ <u>9.25</u>	= \$ <u>1462</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1462</u></b>

**Toll Limitation Services (TLS)**

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

Total TLS Support Claimed (13) \$ 0

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

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

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

**ETC Payment**

Total Lifeline \$ 1462 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 1462

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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09/29/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	11/19/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>144</u>	x \$ <u>9.25</u>	= \$ <u>1332</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1332</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1332 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 1332

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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11/19/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	12/17/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2014
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>138</u>	x \$ <u>9.25</u>	= \$ <u>1277</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>1277</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 1277 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 1277**

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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12/17/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	01/27/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>72</u>	x \$ <u>9.25</u>	= \$ <u>666</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>666</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 666 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 666**



**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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01/27/2016

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	02/25/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>69</u>	x \$ <u>9.25</u>	= \$ <u>638</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>638</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 638 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 638**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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02/25/2016

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

(6) Organization Information

(7) Filing Information

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	04/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>49</u>	x \$ <u>9.25</u>	= \$ <u>453</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>453</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 453 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 453

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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04/06/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037  
 (3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	04/01/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	April 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>35</u>	x \$ <u>9.25</u>	= \$ <u>324</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>324</u></b>

**Toll Limitation Services (TLS)**

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

**Total TLS Support Claimed (13) \$ 0**

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

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

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

**ETC Payment**

Total Lifeline \$ 324 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 324**



**(20) CERTIFICATIONS AND SIGNATURES**

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04/01/2016

James Balvanz

DATE

OFFICER SIGNATURE

CFO

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	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 (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>38</u>	x \$ <u>9.25</u>	= \$ <u>352</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>352</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 352 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 352**

**(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

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	07/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>33</u>	x \$ <u>9.25</u>	= \$ <u>305</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>305</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 305 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 305**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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07/08/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	08/06/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	July 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>33</u>	x \$ <u>9.25</u>	= \$ <u>305</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>305</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 305 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 305**



LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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08/06/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	09/08/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	August 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>30</u>	x \$ <u>9.25</u>	= \$ <u>278</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>278</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 278 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 278

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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09/08/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	10/12/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	September 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>29</u>	x \$ <u>9.25</u>	= \$ <u>268</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>268</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 268 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 268

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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10/12/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	11/09/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	October 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>29</u>	x \$ <u>9.25</u>	= \$ <u>268</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>268</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 268 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 268



LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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11/09/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	12/07/2015
Contact Name:	Caitlyn Lumpkin	b) Data Month	November 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>31</u>	x \$ <u>9.25</u>	= \$ <u>287</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>287</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 287 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 287

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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12/07/2015

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	01/07/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	December 2015
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>38</u>	x \$ <u>9.25</u>	= \$ <u>352</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>352</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 352 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 352**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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01/07/2016

James Balvanz

DATE

OFFICER SIGNATURE

CFO

James Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	02/04/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	January 2016
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>37</u>	x \$ <u>9.25</u>	= \$ <u>342</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>342</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 342 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 342



LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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02/04/2016

Jim Balvanz

DATE

OFFICER SIGNATURE

CFO

Jim Balvanz

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037

(3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless

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

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	03/04/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	February 2016
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>44</u>	x \$ <u>9.25</u>	= \$ <u>407</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>407</u></b>

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

**ETC Payment**

Total Lifeline \$ 407 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 407**

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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03/04/2016

Jim Balvanz

DATE

OFFICER SIGNATURE

CFO

Jim Balvanz

OFFICER TITLE

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

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

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

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143036595 (2) Study Area Code 269037  
 (3) Filer 499 ID 827225 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Boomerang Wireless LLC	a) Submission Date	04/05/2016
Contact Name:	Caitlyn Lumpkin	b) Data Month	March 2016
Mailing Address:	955 KACENA RD SUITE A	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	HIAWATHA, IA 52233		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>43</u>	x \$ <u>9.25</u>	= \$ <u>398</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>398</u></b>

**Toll Limitation Services (TLS)**

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

Total TLS Support Claimed (13) \$ 0

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

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

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

**ETC Payment**

Total Lifeline \$ 398 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 398

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

04/05/2016

Jim Balvanz

DATE

OFFICER SIGNATURE

CFO

Jim Balvanz

OFFICER TITLE

OFFICER NAME

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

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

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

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# 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:<sup>1</sup> 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

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<sup>1</sup> 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. There is no Activation Fee.

- 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](http://www.enTouchWireless.com), and are effective upon posting.

### **Acceptable Use Policy:**

**Prohibited Network Use -- ACCEPTABLE USE POLICY (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.

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

- **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.*, non-commercial) 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.