



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 15, 2014

Reporting Month January 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	XXXXXXXXXX

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	796
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$63.68
4. Number of Access Lines Receiving Lifeline Support.....	447
5. Amount of Reimbursement Requested from Kentucky USF.....	1,564.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	TECHNOLOGIES MANAGEMENT, INC. Title AS ATTORNEY-IN-FACT BY THOMAS M. FORTE	Company Official (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

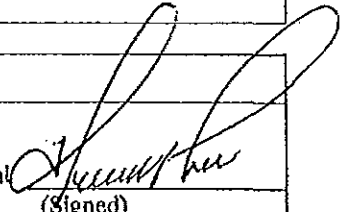
Date March 15, 2014

Reporting Month February 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	XXXXXXXXXX

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	761
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$60.88
4. Number of Access Lines Receiving Lifeline Support.....	371
5. Amount of Reimbursement Requested from Kentucky USF.....	1,298.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
TECHNOLOGIES MANAGEMENT, INC.		
Company Official _____	Title <u>AS ATTORNEY-IN-FACT</u>	Company Official 
(Printed)	<u>BY THOMAS M. FORTE</u>	(Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 15, 2014

Reporting Month March 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	741
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$59.28
4. Number of Access Lines Receiving Lifeline Support.....	364
5. Amount of Reimbursement Requested from Kentucky USF.....	1,274.00

Signature Block		
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 15, 2014

Reporting Month April 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="radio"/> ILEC	<input checked="" type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	711
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$56.88
4. Number of Access Lines Receiving Lifeline Support.....	376
5. Amount of Reimbursement Requested from Kentucky USF.....	1,316.00

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 15, 2014

Reporting Month May 2014

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	678
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$54.24
4. Number of Access Lines Receiving Lifeline Support.....	317
5. Amount of Reimbursement Requested from Kentucky USF.....	1,109.50

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 15, 2014

Reporting Month June 2014

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossler City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	634
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$50.72
4. Number of Access Lines Receiving Lifeline Support.....	317
5. Amount of Reimbursement Requested from Kentucky USF.....	1,109.50

Signature Block		
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(Printed)		(Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date August 15, 2014

Reporting Month July 2014

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	626
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$50.08
4. Number of Access Lines Receiving Lifeline Support.....	346
5. Amount of Reimbursement Requested from Kentucky USF.....	1,211.00

Signature Block			
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date September 15, 2014

Reporting Month August 2014

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	617
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$49.36
4. Number of Access Lines Receiving Lifeline Support.....	280
5. Amount of Reimbursement Requested from Kentucky USF.....	980.00

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 15, 2014

Reporting Month September 2014

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="radio"/> ILEC	<input checked="" type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	581
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$46.48
4. Number of Access Lines Receiving Lifeline Support.....	297
5. Amount of Reimbursement Requested from Kentucky USF.....	1,039.50

Signature Block		
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date November 15, 2014

Reporting Month October 2014

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	550
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$44.00
4. Number of Access Lines Receiving Lifeline Support.....	236
5. Amount of Reimbursement Requested from Kentucky USF.....	833.00

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) TECHNOLOGIES MANAGEMENT INC. AS ATTORNEY-IN-FACT BY SHARON THOMAS, CONSULTANT

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date December 15, 2014

Reporting Month November 2014

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	524
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$41.92
4. Number of Access Lines Receiving Lifeline Support.....	249
5. Amount of Reimbursement Requested from Kentucky USF.....	871.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u> Company Official (Signed)

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date January 15, 2015

Reporting Month December 2014

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	504
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$40.32
4. Number of Access Lines Receiving Lifeline Support.....	300
5. Amount of Reimbursement Requested from Kentucky USF.....	1,050.00

Signature Block			
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Company Official	Title	Company Official	
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 15, 2015

Reporting Month January 2015

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	ILEC	<input checked="" type="checkbox"/> CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	481
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$38.48
4. Number of Access Lines Receiving Lifeline Support.....	210
5. Amount of Reimbursement Requested from Kentucky USF.....	\$735.00

Signature Block	
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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date March 15, 2015

Reporting Month February 2015

Carrier Information	
Company Name	Budget PrePay, Inc.
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	ILEC	<input checked="" type="checkbox"/> CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	463
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$37.04
4. Number of Access Lines Receiving Lifeline Support.....	111
5. Amount of Reimbursement Requested from Kentucky USF.....	388.50

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UNIVERSAL SERVICE FUND

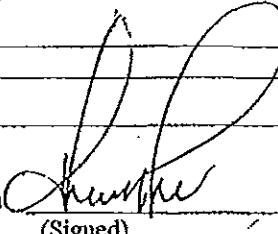
Date April 15, 2015

Reporting Month March 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	[REDACTED]

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	446
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$35.68
4. Number of Access Lines Receiving Lifeline Support.....	105
5. Amount of Reimbursement Requested from Kentucky USF.....	367.50

Signature Block	
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COMMONWEALTH OF KENTUCKY
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Date May 15, 2015

Reporting Month April 2015

Carrier Information	
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Vendor Number	

Classification Please Circle One	ILEC	<input checked="" type="checkbox"/> CLBC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	426
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$34.08
4. Number of Access Lines Receiving Lifeline Support.....	108
5. Amount of Reimbursement Requested from Kentucky USF.....	378.00

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COMMONWEALTH OF KENTUCKY
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Date June 15, 2015

Reporting Month May 2015

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Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	401
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$32.08
4. Number of Access Lines Receiving Lifeline Support.....	115
5. Amount of Reimbursement Requested from Kentucky USF.....	402.50

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Date July 15, 2015

Reporting Month June 2015

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Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	385
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$30.80
4. Number of Access Lines Receiving Lifeline Support.....	-114
5. Amount of Reimbursement Requested from Kentucky USF.....	\$399.00

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Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	374
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$29.92
4. Number of Access Lines Receiving Lifeline Support.....	102
5. Amount of Reimbursement Requested from Kentucky USF.....	357.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u> Company Official (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date September 15, 2015

Reporting Month August 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	ILEC	<input checked="" type="checkbox"/> CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	348
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$27.84
4. Number of Access Lines Receiving Lifeline Support.....	102
5. Amount of Reimbursement Requested from Kentucky USF.....	357.00

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official	Title	Company Official
(Printed)	AS ATTORNEY-IN-FACT BY THOMAS N. CURTIS	(Signed)

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

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Frankfort, KY 40601

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 15, 2015

Reporting Month September 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	ILEC	<input checked="" type="checkbox"/> CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	330
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$26.40
4. Number of Access Lines Receiving Lifeline Support.....	103
5. Amount of Reimbursement Requested from Kentucky USF.....	360.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official (Signed) TECHNOLOGIES MANAGEMENT INC. AS ATTORNEY-IN-FACT BY SHARON THOMAS, CONSULTANT

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Finance and Administration Cabinet
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date November 15, 2015

Reporting Month October 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	ILEC	<input checked="" type="checkbox"/> CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	323
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$25.84
4. Number of Access Lines Receiving Lifeline Support.....	101
5. Amount of Reimbursement Requested from Kentucky USF.....	\$353.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u>	Company Official (Signed)

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Frankfort, KY 40601

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date December 15, 2015

Reporting Month November 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	ILEC	<input checked="" type="checkbox"/> CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	261
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$20.88
4. Number of Access Lines Receiving Lifeline Support.....	-0-
5. Amount of Reimbursement Requested from Kentucky USF.....	-0-

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC.</u> <u>AS ATTORNEY-IN-FACT</u> <u>BY THOMAS M. FORTE</u> Company Official (Signed)

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

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Frankfort, KY 40601

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date January 15, 2016

Reporting Month December 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	256
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$20.48
4. Number of Access Lines Receiving Lifeline Support.....	-0-
5. Amount of Reimbursement Requested from Kentucky USF.....	-0-

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official		Title	Company Official
	(Printed)	AS ATTORNEY-IN-FACT BY TRUSTEE, P.C.	 (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 February 15, 2016

Reporting Month January 2016

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	XXXXXXXXXX

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	0
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$0.00
4. Number of Access Lines Receiving Lifeline Support.....	-0-
5. Amount of Reimbursement Requested from Kentucky USF.....	-0-

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC.</u> <u>AS ATTORNEY-IN-FACT</u> <u>BY THOMAS M. FORT</u> Company Official _____ (Signed)

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

Finance and Administration Cabinet
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Frankfort, KY 40601

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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 March 15, 2016

Reporting Month February 2016

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	0
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$0.00
4. Number of Access Lines Receiving Lifeline Support.....	-0-
5. Amount of Reimbursement Requested from Kentucky USF.....	-0-

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	Company Official
BY CAREY ROESEL, CONSULTANT (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: Executive Director
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 15, 2016

Reporting Month March 2016

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Phone
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	[REDACTED]

Classification Please Circle One	<input type="radio"/> ILEC	<input checked="" type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	0
2. Surcharge Per Access Line.....	\$0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	\$0.00
4. Number of Access Lines Receiving Lifeline Support.....	-0-
5. Amount of Reimbursement Requested from Kentucky USF.....	-0-

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Company Official <u><i>[Signature]</i></u> (Signed)
TECHNOLOGIES MANAGEMENT INC. AS ATTORNEY-IN-FACT BY <u>CONNIE WIGHTMAN, CONSULTANT</u>	

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

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

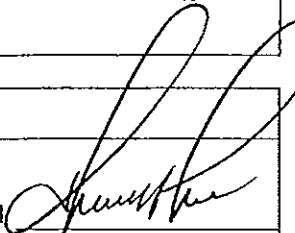
Date March 15, 2014

Reporting Month February 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	52,092
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$4,167.36
4. Number of Access Lines Receiving Lifeline Support.....	52,092
5. Amount of Reimbursement Requested from Kentucky USF.....	182,322

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____	TECHNOLOGIES MANAGEMENT, INC. Title AS ATTORNEY-IN-FACT BY THOMAS M. FORTE	Company Official 
(Printed)		(Signed)

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

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Frankfort, KY 40601

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 15, 2014

Reporting Month March 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	54,117
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$4,329.36
4. Number of Access Lines Receiving Lifeline Support.....	54,117
5. Amount of Reimbursement Requested from Kentucky USF.....	189,409.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official	Title	Company Official
(Printed)	TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE	 (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

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

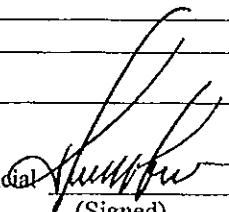
Date May 15, 2014

Reporting Month April 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	53,988
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$4,319.04
4. Number of Access Lines Receiving Lifeline Support.....	53,988
5. Amount of Reimbursement Requested from Kentucky USF.....	\$188,958.00

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____	TECHNOLOGIES MANAGEMENT, INC. Title <u>AS ATTORNEY-IN-FACT</u>	Company Official 
(Printed)	<u>BY THOMAS M. FORTE</u>	(Signed)

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

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Frankfort, KY 40601

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P.O. Box 615
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 15, 2014

Reporting Month May 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	54,973
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$4,397.84
4. Number of Access Lines Receiving Lifeline Support.....	54,973
5. Amount of Reimbursement Requested from Kentucky USF.....	192,405.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	TECHNOLOGIES MANAGEMENT, INC. Title <u>AS ATTORNEY-IN-FACT</u> <u>BY THOMAS M. FORTE</u>	Company Official (Signed)

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Frankfort, KY 40601

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

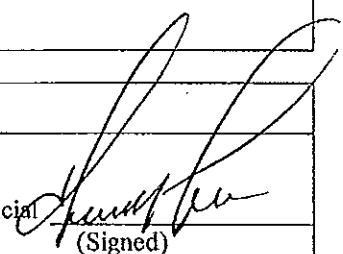
Date July 15, 2014

Reporting Month June 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	55,663
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$4,453.04
4. Number of Access Lines Receiving Lifeline Support.....	55,663
5. Amount of Reimbursement Requested from Kentucky USF.....	194,820.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u>	Company Official 
(Printed)		(Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date August 15, 2014

Reporting Month July 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	56,510
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$4,520.80
4. Number of Access Lines Receiving Lifeline Support.....	56,510
5. Amount of Reimbursement Requested from Kentucky USF.....	197,785

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC.</u> <u>AS ATTORNEY-IN-FACT</u> <u>BY THOMAS M. FORTE</u> Company Official _____ (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date September 15, 2014

Reporting Month August 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data		
1.	Total Access Lines in Service.....	50,026
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$4,002.08
4.	Number of Access Lines Receiving Lifeline Support.....	50,026
5.	Amount of Reimbursement Requested from Kentucky USF.....	175,091.00

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official	Title	Company Official
(Printed)	TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE	(Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 15, 2014

Reporting Month September 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	49,353
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$3,948.24
4. Number of Access Lines Receiving Lifeline Support.....	49,353
5. Amount of Reimbursement Requested from Kentucky USF.....	172,735.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	TECHNOLOGIES MANAGEMENT, INC. Title <u>AS ATTORNEY-IN-FACT</u> BY THOMAS M. FORTE	Company Official (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 November 15, 2014

Reporting Month October 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	48,358
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$3,868.64
4. Number of Access Lines Receiving Lifeline Support.....	48,358
5. Amount of Reimbursement Requested from Kentucky USF.....	169,253

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)
	TECHNOLOGIES MANAGEMENT INC.

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

AS ATTORNEY-IN-FACT
BY SHARON THOMAS, CONSULTANT
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 December 15, 2014

Reporting Month November 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data		
1.	Total Access Lines in Service.....	45,583
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$3,646.64
4.	Number of Access Lines Receiving Lifeline Support.....	45,583
5.	Amount of Reimbursement Requested from Kentucky USF.....	159,540.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official	TECHNOLOGIES MANAGEMENT, INC.	Company Official
(Printed)	AS ATTORNEY-IN-FACT BY THOMAS M. FORTE	(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 January 15, 2015

Reporting Month December 2014

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	43,124
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$3,449.92
4. Number of Access Lines Receiving Lifeline Support.....	43,124
5. Amount of Reimbursement Requested from Kentucky USF.....	150,934.00

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u>	Company Official (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 15, 2015

Reporting Month January 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	25,949
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2,075.92
4. Number of Access Lines Receiving Lifeline Support.....	25,949
5. Amount of Reimbursement Requested from Kentucky USF.....	\$90,821.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u>	Company Official (Signed)

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

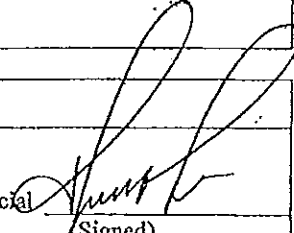
Date March 15, 2015

Reporting Month February 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	26,712
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2,136.96
4. Number of Access Lines Receiving Lifeline Support.....	26,712
5. Amount of Reimbursement Requested from Kentucky USF.....	93,492

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official		Title	TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE
	(Printed)		Company Official  (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 15, 2015

Reporting Month March 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	26,016
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2,081.28
4. Number of Access Lines Receiving Lifeline Support.....	26,016
5. Amount of Reimbursement Requested from Kentucky USF.....	91,056

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u>	Company Official (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 15, 2015

Reporting Month April 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	26,211
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2,096.88
4. Number of Access Lines Receiving Lifeline Support.....	26,211
5. Amount of Reimbursement Requested from Kentucky USF.....	91,738.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u> Company Official (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 15, 2015

Reporting Month May 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	25,921
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2,073.68
4. Number of Access Lines Receiving Lifeline Support.....	25,921
5. Amount of Reimbursement Requested from Kentucky USF.....	90,723.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>SHARON R. WARREN</u> (Printed)	Title <u>TECHNOLOGIES MANAGEMENT INC.</u> <u>AS ATTORNEY-IN-FACT</u> BY SHARON R. WARREN, CONSULTANT
	Company Official <u>Sharon R. Warren</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 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 15, 2015

Reporting Month June 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	25,529
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2,042.32
4. Number of Access Lines Receiving Lifeline Support.....	25,529
5. Amount of Reimbursement Requested from Kentucky USF.....	89,351.50

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official	Title	Company Official
(Printed)	AS ATTORNEY-IN-FACT BY THOMAS M. FORTE	(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 August 15, 2015

Reporting Month July 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>25,625</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>\$2,050.00</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>25,625</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>89,687.50</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official	Title	Company Official
<u>(Printed)</u>	<u>AS ATTORNEY-IN-FACT</u>	<u>(Signed)</u>
	<u>BY THOMAS M. FORTE</u>	
	<u>TECHNOLOGIES MANAGEMENT, INC.</u>	

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date September 15, 2015

Reporting Month August 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	24,270
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,941.60
4. Number of Access Lines Receiving Lifeline Support.....	24,270
5. Amount of Reimbursement Requested from Kentucky USF.....	84,945

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. TECHNOLOGIES MANAGEMENT, INC.		
Company Official _____ (Printed)	Title <u>AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u>	Company Official (Signed)

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

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

Send a copy of this report to:

Kentucky Public Service Commission
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

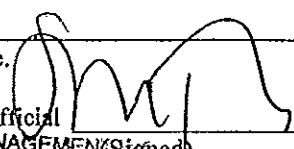
Date October 15, 2015

Reporting Month September 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data		
1.	Total Access Lines in Service.....	24,028
2.	Surcharge Per Access Line.....	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF.....	\$1,922.24
4.	Number of Access Lines Receiving Lifeline Support.....	24,028
5.	Amount of Reimbursement Requested from Kentucky USF.....	\$84,098.00

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 _____ TECHNOLOGIES MANAGEMENT (Signed) AS ATTORNEY-IN-FACT BY SHARON THOMAS, CONSULTANT

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date November 15, 2015

Reporting Month October 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	23,231
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,858.48
4. Number of Access Lines Receiving Lifeline Support.....	23,231
5. Amount of Reimbursement Requested from Kentucky USF.....	81,308.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC</u> <u>AS ATTORNEY-IN-FACT</u> <u>BY THOMAS M. FORTE</u> Company Official _____ (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 December 15, 2015

Reporting Month November 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	23,398
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,871.84
4. Number of Access Lines Receiving Lifeline Support.....	23,289
5. Amount of Reimbursement Requested from Kentucky USF.....	81,893.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTE</u> Company Official (Signed)

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Frankfort, KY 40601

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date January 15, 2016

Reporting Month December 2015

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	23,458
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,876.64
4. Number of Access Lines Receiving Lifeline Support.....	23,350
5. Amount of Reimbursement Requested from Kentucky USF.....	\$81,725.00

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	Title <u>TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT BY THOMAS M. FORTR</u>	Company Official (Signed)

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

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Frankfort, KY 40601

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Kentucky Public Service Commission
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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 15, 2016

Reporting Month January 2016

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	22,988
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,839.04
4. Number of Access Lines Receiving Lifeline Support.....	21,915
5. Amount of Reimbursement Requested from Kentucky USF.....	\$80,202.50

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

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COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

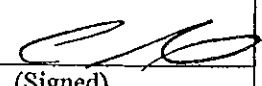
Date March 15, 2016

Reporting Month February 2016

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	21,135
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$1,690.80
4. Number of Access Lines Receiving Lifeline Support.....	21,073
5. Amount of Reimbursement Requested from Kentucky USF.....	73,755.50

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	Company Official 
TECHNOLOGIES MANAGEMENT INC. AS ATTORNEY-IN-FACT BY CAREY ROESEL, CONSULTANT	TECHNOLOGIES MANAGEMENT INC. AS ATTORNEY-IN-FACT BY CAREY ROESEL, CONSULTANT
	(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 April 15, 2016

Reporting Month March 2016

Carrier Information	
Company Name	Budget PrePay, Inc. d/b/a Budget Mobile
Company Address	1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111
Telephone / Fax	Telephone - 318-671-5000 Fax - 318-671-5024
Vendor Number	

Classification Please Circle One	<input type="checkbox"/> ILEC	<input type="checkbox"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	21,386
2. Surcharge Per Access Line.....	\$0.14
3. Amount of Surcharge Remitted to Kentucky USF.....	\$2,994.04
4. Number of Access Lines Receiving Lifeline Support.....	21,324
5. Amount of Reimbursement Requested from Kentucky USF.....	74634.00

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official	Company Official
TECHNOLOGIES MANAGEMENT INC. AS ATTORNEY-IN-FACT (Printed) DONNIE WIGHTMAN, CONSULTANT	 (Signed)

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

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Capitol Annex, Room 488A
Frankfort, KY 40601

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

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	04/07/2014
Contact Name:	Lakisha Taylor	b) Data Month	January 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>52089</u>	x \$ <u>9.25</u>	= \$ <u>481823</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>481823</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 481823 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 481823

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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04/07/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	04/07/2014
Contact Name:	Lakisha Taylor	b) Data Month	February 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>54115</u>	x \$ <u>9.25</u>	= \$ <u>500564</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>500564</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 500564 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 500564

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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04/07/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	04/08/2014
Contact Name:	Lakisha Taylor	b) Data Month	March 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>53988</u>	x \$ <u>9.25</u>	= \$ <u>499389</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>499389</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 499389 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 499389

(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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04/08/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	05/08/2014
Contact Name:	Lakisha Taylor	b) Data Month	April 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>54973</u>	x \$ <u>9.25</u>	= \$ <u>508500</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>508500</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 508500 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 508500

(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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05/08/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	06/06/2014
Contact Name:	Lakisha Taylor	b) Data Month	May 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>55663</u>	x \$ <u>9.25</u>	= \$ <u>514883</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>514883</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 514883 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 514883

(20) CERTIFICATIONS AND SIGNATURES

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06/06/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	07/08/2014
Contact Name:	Lakisha Taylor	b) Data Month	June 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>56510</u>	x \$ <u>9.25</u>	= \$ <u>522718</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>522718</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 522718 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 522718

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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07/08/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	08/13/2014
Contact Name:	Lakisha Taylor	b) Data Month	July 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>50026</u>	x \$ <u>9.25</u>	= \$ <u>462741</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>462741</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 462741 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 462741

(20) CERTIFICATIONS AND SIGNATURES

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08/08/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

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(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	09/08/2014
Contact Name:	Lakisha Taylor	b) Data Month	August 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>49353</u>	x \$ <u>9.25</u>	= \$ <u>456515</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>456515</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 456515 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 456515

(20) CERTIFICATIONS AND SIGNATURES

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09/08/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	10/08/2014
Contact Name:	Lakisha Taylor	b) Data Month	September 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>48358</u>	x \$ <u>9.25</u>	= \$ <u>447312</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>447312</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 447312 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 447312

(20) CERTIFICATIONS AND SIGNATURES

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10/08/2014

David Donahue

DATE

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OFFICER TITLE

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LIFELINE WORKSHEET

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(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	11/10/2014
Contact Name:	Lakisha Taylor	b) Data Month	October 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>45583</u>	x \$ <u>9.25</u>	= \$ <u>421643</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>421643</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 421643 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 421643

(20) CERTIFICATIONS AND SIGNATURES

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11/10/2014

David Donahue

DATE

OFFICER SIGNATURE

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OFFICER TITLE

OFFICER NAME

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(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	12/08/2014
Contact Name:	Lakisha Taylor	b) Data Month	November 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>43124</u>	x \$ <u>9.25</u>	= \$ <u>398897</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>398897</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 398897 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 398897

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12/08/2014

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	01/08/2015
Contact Name:	Lakisha Taylor	b) Data Month	December 2014
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>25949</u>	x \$ <u>9.25</u>	= \$ <u>240028</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>240028</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 240028 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 240028

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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01/08/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	02/09/2015
Contact Name:	Lakisha Taylor	b) Data Month	January 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>26712</u>	x \$ <u>9.25</u>	= \$ <u>247086</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>247086</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 247086 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 247086

(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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02/09/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	03/09/2015
Contact Name:	Lakisha Taylor	b) Data Month	February 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>26016</u>	x \$ <u>9.25</u>	= \$ <u>240648</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>240648</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 240648 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 240648

(20) CERTIFICATIONS AND SIGNATURES

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03/09/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	04/08/2015
Contact Name:	Lakisha Taylor	b) Data Month	March 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>26211</u>	x \$ <u>9.25</u>	= \$ <u>242452</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>242452</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 242452 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 242452

(20) CERTIFICATIONS AND SIGNATURES

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04/08/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	05/08/2015
Contact Name:	Lakisha Taylor	b) Data Month	April 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>25921</u>	x \$ <u>9.25</u>	= \$ <u>239769</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>239769</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 239769 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 239769

(20) CERTIFICATIONS AND SIGNATURES

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05/08/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	06/08/2015
Contact Name:	Lakisha Taylor	b) Data Month	May 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>25529</u>	x \$ <u>9.25</u>	= \$ <u>236143</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>236143</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 236143 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 236143

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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06/08/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	07/08/2015
Contact Name:	Lakisha Taylor	b) Data Month	June 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>25625</u>	x \$ <u>9.25</u>	= \$ <u>237031</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>237031</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 237031 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 237031

(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

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	08/10/2015
Contact Name:	Lakisha Taylor	b) Data Month	July 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>24270</u>	x \$ <u>9.25</u>	= \$ <u>224498</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>224498</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 224498 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 224498

(20) CERTIFICATIONS AND SIGNATURES

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08/10/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	09/08/2015
Contact Name:	Lakisha Taylor	b) Data Month	August 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>24028</u>	x \$ <u>9.25</u>	= \$ <u>222259</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>222259</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 222259 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 222259

(20) CERTIFICATIONS AND SIGNATURES

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09/08/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	10/08/2015
Contact Name:	Lakisha Taylor	b) Data Month	September 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>23045</u>	x \$ <u>9.25</u>	= \$ <u>213166</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>213166</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 213166 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 213166

(20) CERTIFICATIONS AND SIGNATURES

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

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10/08/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	11/09/2015
Contact Name:	Lakisha Taylor	b) Data Month	October 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>23289</u>	x \$ <u>9.25</u>	= \$ <u>215423</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>215423</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 215423 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 215423

(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

Robert D Hyde, III

DATE

OFFICER SIGNATURE

President

Robert D Hyde, III

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	12/08/2015
Contact Name:	Lakisha Taylor	b) Data Month	November 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>23350</u>	x \$ <u>9.25</u>	= \$ <u>215988</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>215988</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 215988 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 215988

(20) CERTIFICATIONS AND SIGNATURES

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

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

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12/08/2015

Robert D Hyde, III

DATE

OFFICER SIGNATURE

President

Robert D Hyde, III

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	01/08/2016
Contact Name:	Lakisha Taylor	b) Data Month	December 2015
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	d) State Reporting
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>22916</u>	x \$ <u>9.25</u>	= \$ <u>211973</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>211973</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 211973 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 211973

(20) CERTIFICATIONS AND SIGNATURES

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01/08/2016

Robert D Hyde III

DATE

OFFICER SIGNATURE

President

Robert D Hyde III

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	02/08/2016
Contact Name:	Lakisha Taylor	b) Data Month	January 2016
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>21073</u>	x \$ <u>9.25</u>	= \$ <u>194925</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>194925</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 194925 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 194925

(20) CERTIFICATIONS AND SIGNATURES

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

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02/08/2016

Robert D Hyde, III

DATE

OFFICER SIGNATURE

President

Robert D Hyde, III

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	03/08/2016
Contact Name:	Lakisha Taylor	b) Data Month	February 2016
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one) Original Revision <input checked="" type="checkbox"/>	d) State Reporting
	Bossier City, LA 71111		
Telephone Number:	318 671-5736		
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>21324</u>	x \$ <u>9.25</u>	= \$ <u>197247</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>197247</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 197247 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 197247

(20) CERTIFICATIONS AND SIGNATURES

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03/08/2016

Robert D Hyde, III

DATE

OFFICER SIGNATURE

President

Robert D Hyde, III

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OFFICER NAME

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(1) USAC Service Provider Identification Number 143000887 (2) Study Area Code 269033

(3) Filer 499 ID 814995 (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:	Budget PrePay Inc.	a) Submission Date	04/08/2016
Contact Name:	Lakisha Taylor	b) Data Month	March 2016
Mailing Address:	1325 Barksdale Blvd	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Bossier City, LA 71111		
Telephone Number:	318 671-5736	d) State Reporting	KENTUCKY
Fax Number:	800 637-3107		
E-mail Address:	lakishat@budgetprepay.com		

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>21296</u>	x \$ <u>9.25</u>	= \$ <u>196988</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>196988</u>

Toll Limitation Services (TLS)

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

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

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

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

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

ETC Payment

Total Lifeline \$ 196988 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 196988

(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.

04/08/2016

Robert D Hyde, III

DATE

OFFICER SIGNATURE

President

Robert D Hyde, III

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-PERF, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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

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

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

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



March 21, 2016
Via Web Filing

Mr. Brent Kirtley, Tariff Branch Manager
Kentucky Public Service Commission
211 Sower Boulevard
Frankfort, KY 40602-0615

RE: Budget PrePay, Inc.
Kentucky PSC Tariff No. 1

Dear Mr. Kirtley:

Enclosed for filing please find the original of the above referenced tariff filing submitted on behalf of Budget PrePay, Inc. The purpose of this filing is to remove Toll Limitation Service, and Link-Up. The Company respectfully requests an effective date for this filing of March 21, 2016.

The following tariff pages are included with this filing:

6 th Revised Sheet 3	Updates Check Sheet
3 rd Revised Sheet 18	Removes TLS
2 nd Revised Sheet 25.1	Removes Link-Up
3 rd Revised Sheet 26	Removes TLS

Any questions you may have regarding this filing should be directed to my attention at 407-740-8575 or via email to dgainor@tminc.com. Thank you for your assistance in this matter.

Sincerely,

Debbie Gainor
Consultant to Budget PrePay, Inc.

cc: Robin Enkey - Budget PrePay
file: Budget PrePay - Kentucky - Local
tms: KY11602

Enclosures
DG/mp

CHECK SHEET

The Sheets of this tariff are effective as of the date shown at the bottom of the respective sheets. Original and revised sheets as named below comprise all changes from the original tariff and are currently in effect as of the date on the bottom of this sheet.

1	Original	
2	Original	
3	6 th Revised	*
4	2 nd Revised	
5	Original	
6	Original	
7	Original	
8	3 rd Revised	*
9	Original	
10	Original	
11	Original	
12	Original	
13	Original	
14	Original	
15	Original	
16	Original	
17	1 st Revised	
18	2 nd Revised	
19	2 nd Revised	
20	1 st Revised	
21	2 nd Revised	
22	2 nd Revised	
23	2 nd Revised	
24	1 st Revised	
25	1 st Revised	
25.1	2 nd Revised	*
26	3 rd Revised	*
27	1 st Revised	
28	1 st Revised	
29	1 st Revised	
30	1 st Revised	
31	1 st Revised	
32	2 nd Revised	
33	1 st Revised	

* New or Revised Sheet

Issued: March 21, 2016

Effective: March 21, 2016

By:

Chief Financial Officer
1325 Barksdale Blvd., Suite 200
Bossier City, LA 71111

SECTION 3 – DESCRIPTION OF SERVICE3.1 Computation of Charges

3.1.1 The total monthly charges for basic local service, with additional charges for custom calling features when applicable, is a fixed monthly amount and entitles subscribers to an unlimited number of calls to all exchange access lines within the local calling area.

3.1.2 The rates for local service and custom calling services are outlined below:

<u>Local Phone service</u> <u>Monthly Charges</u>	<u>Rate schedule 4.B</u>
Basic Plan	\$43.45 \$33.45 w/ prompt pay discount
Deluxe Prepaid Package	\$53.40 \$43.40 w/ prompt pay discount
Unlimited LD Package	\$9.95
LD 250 Package	\$5.00
Double Feature Package	\$43.45 \$33.45 w/ prompt pay discount
Non-published Number	\$5.00
Local Expanded Area Service	\$20.00

(D)

Issued: March 21, 2016

Effective: March 21, 2016

By:

Chief Financial Officer
1325 Barksdale Blvd., Suite 200
Bossier City, LA 71111

SECTION 3 – DESCRIPTION OF SERVICE

3.2 Service Offerings, (Cont'd.)

3.2.8 Lifeline, (Cont'd.)

4. Terms and Conditions: (Cont'd.)

- d. When, for any reason, a customer is determined to be ineligible the Company will contact the customer. If the customer cannot provide eligibility documentation, the Lifeline account will be disconnected.
- e. Certification of eligibility in any of the qualifying low-income assistance programs will be required for any account that has been disconnected prior to the reestablishment of the service.
- f. Toll blocking will be provided at no charge to the Lifeline subscriber. (T)

5. Eligible low-income assistance programs:

- a. The eligible low-income assistance programs are the same as those defined in the Incumbent LEC's current and effective Tariffs on file with the Commission.

6. Rates

Tier 1 Federal Credit	
All Areas	\$6.50
Tier 2 Federal Credit	
All Areas	\$1.75
Tier 3 State Credit	
All Areas	\$3.50
Tier 3 Federal Matching Credit	
Windstream Areas	\$0.00
All other Areas	\$1.75

3.2.9 [Reserved for Future Use]

(D)

(D)
(D)

By:

Chief Financial Officer
1325 Barksdale Blvd., Suite 200
Bossier City, LA 71111

SECTION 3 – DESCRIPTION OF SERVICE

3.2 Service Offerings, (Cont'd.)

3.2.10 Prompt Pay Discount

Residential customers who pay their account balance in full on or before the account due date will receive a Prompt Pay Discount in the amount of \$10.00. In anticipation of timely payment, the Prompt Pay Discount is applied to the customer's account at the time of billing.

The Prompt Pay Discount will be removed from an account where payment in full has not been received by the due date.

3.2.11 [Reserved for Future Use]

(D)

3.3 OSS Recovery

In addition to other charges that may be applicable under this tariff, a monthly recurring charge of \$1.20 will be imposed by Company to partially defray the cost of providing service to the customer through the Incumbent LEC's Operational Support System(s).

(D)

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