# COMMONWEALTH OF KENTUCKY

## UNIVERSAL SERVICE FUND

**Date** February 15, 2014  
**Reporting Month** January 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Budget PrePay, Inc. d/b/a Budget Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1325 Barksdale Boulevard, Suite 200</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA  71111</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>Telephone - 318-671-5000</td>
</tr>
<tr>
<td></td>
<td>Fax - 318-671-5024</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
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### Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### 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.

TECHNOLOGIES MANAGEMENT, INC.

Company Official: [Signature]
Title: [Title]
By Thomas M. Forte

### Make check payable to: “Kentucky State Treasurer” and send with this report to:

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

### Send a copy of this report to:

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

Revised 03-13-2008
# Commonwealth of Kentucky
## Universal Service Fund

**Date:** March 15, 2014

**Reporting Month:** February 2014

**Carrier Information**

<table>
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</tbody>
</table>

**Classification**

- ILEC
- CLEC
- Cellular
- 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.

<table>
<thead>
<tr>
<th>Company Official</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Thomas M. Forte</td>
</tr>
</tbody>
</table>

**(Printed)**

**(Signed)**

---

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

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Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 15, 2014

Reporting Month March 2014

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Classification

Please Circle One

ILEC [ ] CLHC [ ] Cellular [ ] 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

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

[Signature]

Company Official [ ] Title [ ]

(Printed) [ ]

[Signature]

Company Official [ ]

(Signed)

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Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

Revised 03-13-2008
Date: June 15, 2014
Reporting Month: May 2014

Carrier Information

Company Name: Budget ProPay, Inc.
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
ILBC  CLEC  Cellular  PCS

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

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
(Printed) (Signed)

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

Finance and Administration Cabinet
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Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 15, 2014 Reporting Month June 2014

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Company Official: TECHNOLOGIES MANAGEMENT, INC.
Title: AS ATTORNEY-IN-FACT
Company Official: THOMAS M. FORTE (Signed)

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<tbody>
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<tr>
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</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

Signature Block

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TECHNOLOGIES MANAGEMENT, INC.

Company Official: (Signed) THOMAS M. FORTE

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Revised 03-13-2008
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<td>Fax - 318-671-5024</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One: [ ] ILEC  [ ] CLEC  [ ] Cellular  [ ] PCS

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Data Point</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total Access Lines in Service</td>
<td>617</td>
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<tr>
<td>Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$49.36</td>
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<td>Number of Access Lines Receiving Lifeline Support</td>
<td>280</td>
</tr>
<tr>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>980.00</td>
</tr>
</tbody>
</table>

### Signature Block

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

Company Official: [Name]
Title: [Title]
Company Official: [Name]
(Signed)

---

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

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

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

Date: October 15, 2014

**Carrier Information**

<table>
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</table>

**Classification**

Please Circle One:  
- [ ] ILEC  
- [ ] CLEC  
- [ ] Cellular  
- [ ] PCS

**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: $46,488
4. Number of Access Lines Receiving Lifeline Support: 297
5. Amount of Reimbursement Requested from Kentucky USF: 1,039,50

**Signature Block**

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

**Company Official:**  
**(Printed):**

**Title:** as Attorney-in-Fact  
**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 433A  
Frankfort, KY 40601

Send a copy of this report to:

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

Revised 03-13-2003
**Commonwealth of Kentucky**  
**Universal Service Fund**

**Date**: November 15, 2014  
**Reporting Month**: October 2014

### Carrier Information

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</thead>
</table>

### 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**: $33.00

### 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 (Signed)

*TECHNOLOGIES MANAGEMENT INC.*

AS ATTORNEY IN FACT

BY SHARON THOMAS, CONSULTANT

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Revised 03-13-2008
# COMMONWEALTH OF KENTUCKY
## UNIVERSAL SERVICE FUND

**Date** December 15, 2014  
**Reporting Month** November 2014

### Carrier Information

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| Vendor Number   | [Redacted] |

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### Monthly Access Line Data

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524  
$0.08  
$41.92  
249  
$71.50

### Signature Block

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Company Official:  
(Printed)  
Title: TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT  
By: THOMAS M. PORTER  
(Signed)

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Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** January 15, 2015  
**Reporting Month** December 2014

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AS ATTORNEY-IN-FACT  
BY THOMAS M. FORTS

(Printed)  
(Signed)

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**UNIVERSAL SERVICE FUND**

Date: February 15, 2015  
Reporting Month: January 2015

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</thead>
</table>
| Company Address    | 1325 Barksdale Boulevard, Suite 200  
                     | Bossier City, LA 71111 |
| Telephone / Fax    | Telephone - 318-671-5000  
                     | Fax - 318-671-5024 |

### Classification
- **ILBC**  
- **CLEC**  
- **Cellular**  
- **PCS**

### 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

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

Company Official:  
Title:  
Company Official:  
(Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Budget PrePay, Inc.</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>1325 Barksdale Blvd., Suite 200</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
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<tr>
<td>Telephone/Fax</td>
<td>Telephone - 318-671-5000</td>
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<td>Fax - 318-671-5024</td>
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### Classification

<table>
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### Monthly Access Line Data

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<table>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
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<td>2. Surcharge Per Access Line</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$37.04</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>111</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$388.50</td>
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### Signature Block

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

Company Official: [Signature]

Title: TECHNOLOGIES MANAGEMENT, INC.

Company Official: [Signature]

Title: AS ATTORNEY-IN-FACT

Company Official: [Signature]

Title: BY THOMAS M. FORTE

### Instructions

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

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

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Revised 03-13-2008
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</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

**Classification**

- [ ] ILEC
- [X] CLEC
- [ ] Cellular
- [ ] PCS

**Monthly Access Line Data**

1. Total Access Lines in Service: 446
2. Surecharge Per Access Line: $0.08
3. Amount of Surecharge 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**

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

Company Official: [Signature]
Title: AS ATTORNEY-IN-FACT
Company Official: BY THOMAS R. PEPPE
(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.
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Frankfort, KY 40601

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<th>PCS</th>
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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
5. Amount of Reimbursement Requested from Kentucky USF: ..................... 378.00

## Signature Block

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

Company Official: [Name]  Title: [Title]

(Printed)  [Signature]

Send a copy of this report to:

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

Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date       June 15, 2015

Reporting Month May 2015

Carrier Information

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<td></td>
<td>Fax - 318-671-5024</td>
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Classification

Please Circle One

ILFC  CLEC  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

Signature Block

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

Company Official: [Signaturf]

Title: TECHNOLOGIES MANAGEMENT, INC.

Company Official: [Signature]

Send a copy of this report to:

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

Revised 03-13-2008

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
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** July 15, 2015  
**Reporting Month** June 2015

### Carrier Information

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**Classification**  
Please Circle One  
ILEC  
CLBC  
Cellular  
PCS

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
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<tr>
<td>1. Total Access Lines in Service</td>
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<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$30.80</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>-114</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$399.00</td>
</tr>
</tbody>
</table>

### Signature Block

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

**Company Official**  
(Printed)  
**Title** TECHNOLOGIES MANAGEMENT, INC.  
AS ATTORNEY-GENER

**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.  
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Frankfort, KY 40601

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

Revised 03-13-2008
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date** August 15, 2015  
**Reporting Month** July 2015

## Carrier Information

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<tr>
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</table>
| **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

<table>
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<tr>
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## Monthly Access Line Data

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<th><strong>Item</strong></th>
<th><strong>Data</strong></th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
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<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$29.92</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>102</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>357.00</td>
</tr>
</tbody>
</table>

## 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  
**Company Official** 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 Capitol Ave.  
Capitol Annex, Room 488A  
Frankfort, KY 40601

Send a copy of this report to:

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

Revised 03-13-2008
# COMMONWEALTH OF KENTUCKY
## UNIVERSAL SERVICE FUND

**Date:** September 15, 2015
**Reporting Month:** August 2015

### Carrier Information

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<tbody>
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</tr>
<tr>
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<td>Telephone - 318-671-5000</td>
</tr>
<tr>
<td></td>
<td>Fax - 318-671-5024</td>
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</tbody>
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### Classification

<table>
<thead>
<tr>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>348</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$27.84</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>102</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>357.00</td>
</tr>
</tbody>
</table>

### Signature Block

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

Company Official: [Signature]
Title: [Attorney-in-Fact]
Company Officer: [Signature]
(Printed)
(Signed)

---

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

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

Send a copy of this report to:

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

Revised 03-13-2008
Date: October 15, 2015

**Carrier Information**

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<tbody>
<tr>
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<td>1325 Barksdale Boulevard, Suite 200</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
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<tr>
<td>Telephone / Fax</td>
<td>Telephone - 318-671-5600</td>
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<td>Fax - 318-671-5024</td>
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<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
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</tbody>
</table>

**Classification**

| Please Circle One | ILEC | CLEC | Cellular | PCS |

**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: __________________________ Title: __________________________
(Printed) (Signed)

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

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

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** November 15, 2015  
**Reporting Month** October 2015

### Carrier Information

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<td>1. Total Access Lines in Service</td>
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<td>2. Surcharge Per Access Line</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$25.84</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>101</td>
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<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>$353.50</td>
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</tr>
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</table>

### Signature Block

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

Company Official: [Name]  
Title: [Title]  
Company Official: [Name]  
(Signed)

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Capitol Annex, Room 488A  
Frankfort, KY 40601

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

Revised 03-13-2008
Date December 15, 2015
Reporting Month November 2015

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<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
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<tbody>
<tr>
<td>1. <strong>Total Access Lines in Service</strong></td>
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<tr>
<td>2. <strong>Surcharge Per Access Line</strong></td>
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<tr>
<td>3. <strong>Amount of Surcharge Remitted to Kentucky USF</strong></td>
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<tr>
<td>4. <strong>Number of Access Lines Receiving Lifeline Support</strong></td>
</tr>
<tr>
<td>5. <strong>Amount of Reimbursement Requested from Kentucky USF</strong></td>
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I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: [signature]
Title: [signature]
Company Official: [signature]

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Frankfort, KY 40602

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** January 15, 2016  
**Reporting Month** December 2015

### Carrier Information

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### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
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</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>256</td>
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<tr>
<td>2. Surcharge Per Access Line</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$20.48</td>
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<td>4. Number of Access Lines Receiving Lifeline Support</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>-0-</td>
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I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: [signature]  
Title: [position]

(Printed)  
(Signed)

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Revised 03-13-2008
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<th>Budget PrePay, Inc. d/b/a Budget Phone</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1325 Barksdale Boulevard, Suite 200</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
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<tr>
<td>Telephone / Fax</td>
<td>Telephone - 318-671-5000</td>
</tr>
<tr>
<td></td>
<td>Fax - 318-671-5024</td>
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<td>Vendor Number</td>
<td>[Redacted]</td>
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</tbody>
</table>

**Classification**

| Please Circle One | ILEC | 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: [Signature]  
Title: [Title]  
(Printed)  
(Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008
### COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: March 15, 2016  Reporting Month: February 2016

#### Carrier Information

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#### 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 provided is true, correct and accurate to the best of my knowledge.

Company Official: [Signature]

Company Official (Printed): [Name]

TECHNOLOGIES MANAGEMENT INC.
ATTORNEY-IN-FACT
BY CAREY ROEBEL, CONSULTANT

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

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Revised 02-15-2016
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**Monthly Access Line Data**

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<tr>
<td>1</td>
<td>Total Access Lines in Service</td>
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<tr>
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<td>Surchage Per Access Line</td>
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<td>Amount of Surchage Remitted to Kentucky USF</td>
<td>$0.00</td>
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<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>-0-</td>
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<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>-0-</td>
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</tbody>
</table>

**Signature Block**

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

Company Official: CONNIE WIGHTMAN, CONSULTANT

(Signed)

---

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

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

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P.O. Box 615
Frankfort, KY 40602

Revised 02-15-2016
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

Date: March 15, 2014  
Reporting Month: February 2014

### Carrier Information

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### 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: (Signed)  
Title: AS ATTORNEY-IN-FACT  
Company: TECHNOLOGIES MANAGEMENT, INC.

(Printed)

---

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

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

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

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date _____ April 15, 2014 ________________ Reporting Month March 2014

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<td>2. Surcharge Per Access Line ..........................................................</td>
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<td>3. Amount of Surcharge Remitted to Kentucky USF ..................................</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support ..........................</td>
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<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF ........................</td>
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</table>

Company Official: ___________________________ Title: ________________
(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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Frankfort, KY 40601

Send a copy of this report to:

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Revised 03-13-2008
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### Monthly Access Line Data

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<tbody>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total Access Lines in Service ............................</td>
</tr>
<tr>
<td>2</td>
<td>Surcharge Per Access Line..................................</td>
</tr>
<tr>
<td>3</td>
<td>Amount of Surcharge Remitted to Kentucky USF...............</td>
</tr>
<tr>
<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support.........</td>
</tr>
<tr>
<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF......</td>
</tr>
</tbody>
</table>

### 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: [Name]

Title: AS ATTORNEY-IN-FACT

Company Official: [Name]

(Signed)

---

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

Finance and Administration Cabinet
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Frankfort, KY 40601

Send a copy of this report to:

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

Revised 03-13-2008
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                     |                                        |

<table>
<thead>
<tr>
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<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
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<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>54,973</td>
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<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
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<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$4,397.84</td>
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<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>54,973</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>192,405.50</td>
</tr>
</tbody>
</table>

Signature Block

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

Company Official: _______________________________ Title: AS ATTORNEY-IN-FACT
(Printed)                                       BY THOMAS M. FORTÉ   Company Official: _______________________________
(Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 15, 2014 Reporting Month June 2014

Carrier Information

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<td></td>
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</tbody>
</table>

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

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: [Signature]
Title: AS ATTORNEY-IN-FACT
Company Official: [Signature]
(Signed)

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

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

Send a copy of this report to:

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211 Sower Blvd.
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Revised 03-13-2008
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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: ___________________________ Title: TECHNOLOGIES MANAGEMENT, INC. 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
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702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

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

Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: September 15, 2014
Reporting Month: August 2014

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Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date __________________ Reporting Month __________________

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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 ___________________________ Title ___________________________

(Original) TECHNOLOGIES MANAGEMENT, INC. AS ATTORNEY-IN-FACT

By Thomas M. Forte __________________________

(Printed) Company Official ___________________________ (Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008
**Commonwealth of Kentucky**  
**Universal Service Fund**

Date _November 15, 2014_  
Reporting Month _October 2014_

### Carrier Information

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<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$3,868.64</td>
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<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>48,358</td>
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<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>169,253</td>
</tr>
</tbody>
</table>

### 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: Sharen 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

Revised 03-13-2008

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
Date: December 15, 2014
Reporting Month: November 2014

Carrier Information

<table>
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<tr>
<th>Company Name</th>
<th>Budget PrePay, Inc. d/b/a Budget Mobile</th>
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<tbody>
<tr>
<td>Company Address</td>
<td>1325 Barksdale Boulevard, Suite 200</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
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<tr>
<td>Telephone / Fax</td>
<td>Telephone - 318-671-5000</td>
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Classification

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<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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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: [Signature]
Title: [Title]
Company Official: [Signature]

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

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

Revised 03-13-2008
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Date: February 15, 2015
Reporting Month: January 2015

Carrier Information

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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: TECHNOLOGIES MANAGEMENT, INC.
Title: AS ATTORNEY-IN-FACT
(Printed): THOMAS M. FORTIE
(Signed):

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

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

Send a copy of this report to:

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

Revised 03-13-2008
Date: March 15, 2015

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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: TECHNOLOGIES MANAGEMENT, INC.
Title: AS ATTORNEY-IN-FACT
By Thomas M. Porte
(Signed)

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

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

Revised 03-13-2008
Commonwealth of Kentucky
Universal Service Fund

Date: April 15, 2015
Reporting Month: March 2015

Carrier Information

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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: [Signature]
Title: [Title]
Company Official: [Signed]

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

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

Revised 03-13-2008
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 15, 2015 Reporting Month April 2015

Carrier Information

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</table>

Classification

Please Circle One

ILEC  CL.UC  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

(Company Official (Signed))

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

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

Send a copy of this report to:

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

Revised 03-13-2008
Date June 15, 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
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: Sharon R. Warren
Title: TECHNOLOGIES MANAGEMENT INC.
As Attorney-in-Fact
BY SHARON R. WARREN, CONSULTANT
(Signed)

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

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

Revised 03-13-2008
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date** July 15, 2015
**Reporting Month** June 2015

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**Carrier Information**

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<th>Company Name</th>
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**Classification**

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<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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**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 .................................................. (Signed)
Title .......................................................... TECHNOLOGIES MANAGEMENT, INC.
(Printed) .......................................................... AS ATTORNEY-IN-FACT
BY THOMAS M. FORTE  Company Official

---

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

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

Send a copy of this report to:

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

Revised 03-13-2008
## Carrier Information

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## Monthly Access Line Data

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<tr>
<td>1</td>
<td>Total Access Lines in Service.</td>
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<tr>
<td>2</td>
<td>Surcharge Per Access Line.</td>
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<tr>
<td>3</td>
<td>Amount of Surcharge Remitted to Kentucky USF.</td>
</tr>
<tr>
<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support.</td>
</tr>
<tr>
<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF.</td>
</tr>
</tbody>
</table>

## Signature Block

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

Company Official: [Signature]  
Title: [Title]  
Company Official: [Name]  
(Printed)  
(Signed)
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

Date: September 15, 2015  
Reporting Month: August 2015

### Carrier Information

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<th>Classification</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
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</thead>
</table>

### 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.

Company Official: [Signature]
Title: "ATTORNEY-IN-FACT"
Company: 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

Send a copy of this report to:

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

Revised 03-13-2008
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### Monthly Access Line Data

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<th>ID</th>
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<th>Value</th>
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<tr>
<td>1.</td>
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<td>2.</td>
<td>Surcharge Per Access Line</td>
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<td>3.</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$1,922.24</td>
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<td>4.</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
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<td>5.</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$84,098.00</td>
</tr>
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</table>

### Signature Block

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

Company Official: [Signature]  
Title: [Title]  
(Printed)  
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  
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Revised 03-13-2008
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<tr>
<th>Description</th>
<th>Value</th>
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<tbody>
<tr>
<td>Total Access Lines in Service</td>
<td>23,231</td>
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<tr>
<td>Surcharge Per Access Line</td>
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<tr>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>$1,858.48</td>
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<td>Number of Access Lines Receiving Lifeline Support</td>
<td>23,231</td>
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<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>$81,308.50</td>
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## Signature Block

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

Company Official: [Signature]

Company Official: [Signature]

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

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

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## Classification

- **Please Circle One**
  - ILEC
  - CLEC
  - Cellular
  - PCS

## Monthly Access Line Data

<table>
<thead>
<tr>
<th><strong>1.</strong> Total Access Lines in Service</th>
<th>23,398</th>
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<td><strong>2.</strong> Surcharge Per Access Line</td>
<td>$0.08</td>
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<td><strong>3.</strong> Amount of Surcharge Remitted to Kentucky USF</td>
<td>$1,871.84</td>
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<td><strong>4.</strong> Number of Access Lines Receiving Lifeline Support</td>
<td>23,289</td>
</tr>
<tr>
<td><strong>5.</strong> Amount of Reimbursement Requested from Kentucky USF</td>
<td>$1,893.00</td>
</tr>
</tbody>
</table>

## Signature Block

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

**Company Official**

**(Signed)**

---

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

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

Send a copy of this report to:

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

Revised 03-13-2008
**Commonwealth of Kentucky Universal Service Fund**

**Date:** January 15, 2016
**Reporting Month:** December 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
<td>Budget PrePay, Inc. d/b/a Budget Mobile</td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
<td>1325 Barksdale Boulevard, Suite 200</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
<td>Telephone - 318-671-5000</td>
</tr>
<tr>
<td></td>
<td>Fax - 318-671-5024</td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
<td></td>
</tr>
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</table>

### Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### 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: TECHNOLOGIES MANAGEMENT, INC.

As Attorney-in-Fact
By: THOMAS M. FORTE

Company Official: ________________________  (Signed)

---

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Revised 03-13-2008
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</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Access Lines in Service</td>
</tr>
<tr>
<td>2</td>
<td>Surcharge Per Access Line</td>
</tr>
<tr>
<td>3</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

## Signature Block

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

Company Official: [Signature]  
Title: [Title]

Company Official: [Signature]  
(Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008
Date: March 15, 2016  
Reporting Month: February 2016

**Carrier Information**

<table>
<thead>
<tr>
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<td>Telephone - 318-671-5000</td>
</tr>
<tr>
<td></td>
<td>Fax - 318-671-5024</td>
</tr>
</tbody>
</table>

**Classification**

| Please Circle One | ILEC | CLEC | 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: TECHNOLOGIES MANAGEMENT INC.  
As Attorney-in-Fact: TECHNOLOGIES MANAGEMENT INC.  
By Carey Roesel, Consultant  
(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

Revised 02-15-2016
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
Boisier City, LA 71111
Telephone / Fax Telephone - 318-671-5000
Fax - 318-671-5024
Vendor Number

Classification
Please Circle One ILEC CLEC Cellular PCS

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
TECHNOLOGIES MANAGEMENT INC.
AS ATTORNEY IN FACT
DYNONIE WIGHTMAN, CONSULTANT

Company Official
(Signed)

Make check payable to "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
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ATTN: Executive Director
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P.O. Box 615
Frankfort, KY 40602

Revised 02-15-2016
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 [x]

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

(6) Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
<th>(a) Submission Date</th>
<th>04/07/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
<td>(b) Data Month</td>
<td>January 2014</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
<td>(c) Type of Filing (check one)</td>
<td>Original Revision [x]</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
<td>(d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>800 637-3107</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lifeline

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$ 9.25</td>
<td>= $ 481823</td>
</tr>
<tr>
<td>(8) 52089</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(9) 0</td>
<td>$ 0.00</td>
<td>= $ 0</td>
</tr>
<tr>
<td></td>
<td>(not to exceed $34.25)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Federal Lifeline Support Claimed (10) $ 481823</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Toll Limitation Services (TLS)

<table>
<thead>
<tr>
<th>Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 / $2 in 2013)</th>
<th>(11) 0.000000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TLS Subscribers (12) 0</td>
<td></td>
</tr>
<tr>
<td>Total TLS Support Claimed (13) $ 0</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of Connections Waived</th>
<th>(14) 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges Waived per Connection</td>
<td>(15) $ 0.00</td>
</tr>
<tr>
<td></td>
<td>(not to exceed $100)</td>
</tr>
<tr>
<td>Total Connection Charges Waived</td>
<td>(16) $ 0.0</td>
</tr>
<tr>
<td>Deferred Interest</td>
<td>(17) $ 0.00</td>
</tr>
<tr>
<td>Total Tribal Link Up Support Claimed (18) $ 0</td>
<td></td>
</tr>
</tbody>
</table>

ETC Payment

<table>
<thead>
<tr>
<th>Total Lifeline $ 481823</th>
<th>Total TLS $ 0</th>
<th>Total Tribal Link Up $ 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Dollars (19) $ 481823</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(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.

04/07/2014
David Donahue

DATE
OFFICER SIGNATURE
CFO
David Donahue
OFFICER TITLE
OFFICER NAME

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
<th>a) Submission Date</th>
<th>04/07/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
<td>b) Data Month</td>
<td>February 2014</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
<td>c) Type of Filing</td>
<td>Original Revision ☑</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
<td>(check one)</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
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<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lifeline

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support

(a) # Lifeline Subscribers (8) 54115
(b) Lifeline Support/ Subscriber Support $ 9.25
(c) Total Lifeline Support $ 500564

Tribal Low-Income Subscribers Receiving federal Lifeline Support

(9) 0
$ 0.00
$ 0

Total Federal Lifeline Support Claimed (10) $ 500564

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0.000000
(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 $ 0.00
(15) $ 0.000000 (not to exceed $100)

Total Connection Charges Waived (16) $ 0.00
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

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(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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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

FCC Form 497
April 2012 Edition

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

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>800 637-3107</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>Submission Date</th>
<th>04/08/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Month</td>
<td>March 2014</td>
</tr>
<tr>
<td>Type of Filing</td>
<td>Original Revision ☑</td>
</tr>
<tr>
<td>State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

(a) # Lifeline Subscribers
(b) Lifeline Support/Subscriber Support
(c) Total Lifeline

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers</th>
<th>Receiving federal Lifeline Support</th>
<th>(8) 53988</th>
<th>x $ 9.25</th>
<th>= $ 499389</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal Low-Income Subscribers</td>
<td>Receiving federal Lifeline Support</td>
<td>(9) 0</td>
<td>x $ 0.00</td>
<td>= $ 0</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed 10c $ 499389

**Toll Limitation Services (TLS)**

(a) Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013)
(b) Number of TLS Subscribers
(c) Total TLS Support Claimed

<table>
<thead>
<tr>
<th>Cost of Providing TLS per Subscriber</th>
<th>(11) 0.000000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TLS Subscribers</td>
<td>(12) 0</td>
</tr>
<tr>
<td>Total TLS Support Claimed 13c $ 0</td>
<td></td>
</tr>
</tbody>
</table>

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

(a) Number of Connections Waived
(b) Charges Waived per Connection (not to exceed $100)
(c) Total Connection Charges Waived
(d) Deferred Interest

<table>
<thead>
<tr>
<th>Number of Connections Waived</th>
<th>(14) 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges Waived per Connection</td>
<td>(15) $ 0.00</td>
</tr>
<tr>
<td>Total Connection Charges Waived</td>
<td>(16) $ 0.00</td>
</tr>
<tr>
<td>Deferred Interest</td>
<td>(17) $ 0.00</td>
</tr>
</tbody>
</table>

Total Tribal Link Up Support Claimed 18c $ 0

**ETC Payment**

(a) Total Lifeline Support
(b) Total TLS Support
(c) Total Tribal Link Up Support
(d) Total Dollars

<table>
<thead>
<tr>
<th>Total Lifeline Support</th>
<th>(19) $ 499389</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total TLS Support</td>
<td>0</td>
</tr>
<tr>
<td>Total Tribal Link Up Support</td>
<td>0</td>
</tr>
<tr>
<td>Total Dollars</td>
<td>$ 499389</td>
</tr>
</tbody>
</table>

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(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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04/08/2014
David Donahue

DATE

OFFICER SIGNATURE

CFO

OFFICER TITLE

David Donahue

OFFICER NAME

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FCC Form 497  
April 2012 Edition

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

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
<th>a) Submission Date</th>
<th>05/08/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
<td>b) Data Month</td>
<td>April 2014</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
<td>c) Type of Filing (check one)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Original Revision □</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>d) State Reporting</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fax Number:</td>
<td>800 637-3107</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lifeline

Non-Tribal Low-Income Subscribers  
Receiving federal Lifeline Support

<table>
<thead>
<tr>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>54973</td>
<td>$ 9.25</td>
<td>$ 508500</td>
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Tribal Low-Income Subscribers  
Receiving federal Lifeline Support

<table>
<thead>
<tr>
<th>(8)</th>
<th>(9)</th>
<th>(10)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed $ 508500

Toll Limitation Services (TLS)

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

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  
Charges Waived per Connection  
(14) 0  
(15) $ 0.00  
(not to exceed $100)

Total Connection Charges Waived  
(16) 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

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05/08/2014

David Donahue

DATE

OFFICER SIGNATURE

CFO

David Donahue

OFFICER TITLE

NOTICE: To implement section 264 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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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.

### Lifeline Worksheet

**Company Legal Name:** Budget PrePay Inc.  
**Contact Name:** Lakisha Taylor  
**Mailing Address:** 1325 Barksdale Blvd, Bossier City, LA 71111  
**Telephone Number:** 318-671-5736  
**Fax Number:** 800-637-3107  
**E-mail Address:** lakishat@budgetprepay.com

#### Lifeline

<table>
<thead>
<tr>
<th>Description</th>
<th>Quantity</th>
<th>Cost per Unit</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>55663</td>
<td>$9.25</td>
<td>$514883</td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed: $514883

#### Toll Limitation Services (TLS)

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

Total TLS Support Claimed: $0

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

- **Number of Connections Waived:** 0
- **Charges Waived per Connection:** 0.00 (not to exceed $100)
- **Total Connection Charges Waived:** 0.0
- **Deferred Interest:** 0.00

Total Tribal Link Up Support Claimed: $0

#### ETC Payment

- **Total Lifeline Support:** $514883
- **Total TLS Support:** $0
- **Total Tribal Link Up Support:** $0

Total Dollars: $514883

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

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

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06/06/2014

David Donahue

DATE OFFICER SIGNATURE

CFO

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 [x]
5. ETC Designation Type (Check one): Lifeline Only [ ] High Cost/Low Income [x]
6. Organization Information

<table>
<thead>
<tr>
<th>Company Legal Name: Budget PrePay Inc.</th>
<th>a) Submission Date: 07/08/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name: Lakisha Taylor</td>
<td>b) Data Month: June 2014</td>
</tr>
<tr>
<td>Mailing Address: 1325 Barksdale Blvd</td>
<td>c) Type of Filing (check one): Original Revision [ ]</td>
</tr>
<tr>
<td>Bossier City, LA 71111</td>
<td>d) State Reporting: KENTUCKY</td>
</tr>
<tr>
<td>Telephone Number: 318 671-5736</td>
<td></td>
</tr>
<tr>
<td>Fax Number: 800 637-3107</td>
<td></td>
</tr>
<tr>
<td>E-mail Address: <a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
<td></td>
</tr>
</tbody>
</table>

Lifeline

(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support
(8) 56510 \( \times \) $9.25 = $522718
Tribal Low-Income Subscribers Receiving federal Lifeline Support
(9) 0 \( \times \) $0.00 = $0
Total Federal Lifeline Support Claimed (10) $522718

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013) (11) 0.000000
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) $0.00
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

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07/08/2014

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OFFICER TITLE

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LIFELINE WORKSHEET

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(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

| 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 ☑ |
| | | |
| | | d) State Reporting | KENTUCKY |
| Telephone Number: 318 671-5736 | |
| Fax Number: 800 637-3107 | |
| E-mail Address: lakishat@budgetprepay.com | |

**Lifeline**

| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
| (8) 50026 | x $ 9.25 | = $ 462741 |

| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) 0 | x $ 0.00 | = $ 0 |

Total Federal Lifeline Support Claimed (10) $ 462741

**Toll Limitation Services (TLS)**

| Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 / $2 in 2013) | (11) 0.000000 |
| 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 | (not to exceed $100) |

Total Connection Charges Waived (16) $ 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

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(20) CERTIFICATIONS AND SIGNATURES

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08/08/2014

David Donahue

DATE
OFFICER SIGNATURE
CFO
OFFICER TITLE
David Donahue
OFFICER NAME

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## Lifeline Worksheet

### Organization Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Legal Name:</td>
<td>Budget PrePay Inc.</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>800 637-3107</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
</tr>
</tbody>
</table>

### Filing Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Submission Date:</td>
<td>09/08/2014</td>
</tr>
<tr>
<td>Data Month:</td>
<td>August 2014</td>
</tr>
<tr>
<td>Type of Filing (check one)</td>
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<tr>
<td>State Reporting:</td>
<td>KENTUCKY</td>
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### Lifeline

<table>
<thead>
<tr>
<th>Category</th>
<th># Lifeline Subscribers</th>
<th>Lifeline Support/Subscriber Support</th>
<th>Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-income Subscribers</td>
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<td>$9.25</td>
<td>$456515</td>
</tr>
<tr>
<td>Tribal Low-income Subscribers</td>
<td>0</td>
<td>$0.00</td>
<td>$0</td>
</tr>
<tr>
<td>Total Federal Lifeline Support</td>
<td></td>
<td></td>
<td>$456515</td>
</tr>
</tbody>
</table>

### Toll Limitation Services (TLS)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012, $2 in 2013)</td>
<td>0.000000</td>
</tr>
<tr>
<td>Number of TLS Subscribers</td>
<td>0</td>
</tr>
<tr>
<td>Total TLS Support Claimed</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Connections Waived</td>
<td>0</td>
</tr>
<tr>
<td>Charges Waived per Connection (not to exceed $100)</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Connection Charges Waived</td>
<td>$0.00</td>
</tr>
<tr>
<td>Deferred Interest</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Tribal Link Up Support Claimed</td>
<td>$0</td>
</tr>
</tbody>
</table>

### ETC Payment

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Lifeline</td>
<td>$456515</td>
</tr>
<tr>
<td>Total TLS</td>
<td>$0</td>
</tr>
<tr>
<td>Total Tribal Link Up Support Claimed</td>
<td>$0</td>
</tr>
<tr>
<td>Total Dollars</td>
<td>$456515</td>
</tr>
</tbody>
</table>

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

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

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

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09/08/2014

David Donahue

DATE

CFO

OFFICER SIGNATURE

David Donahue

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FCC Form 497  
April 2012 Edition  
LIFELINE WORKSHEET  
OMB Approval  
3060-0819  
Avg. Burden Est. per Respondent: 2.5 Hrs.

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

(3) Filler 499 ID 814995  
(4) Technology Type (check one)  
Wireline ☐  
Wireless ☑

(5) ETC Designation Type (check one)  
Lineline Only ☐  
High Cost/Low Income ☑

(6) Organization Information  
(7) Filing Information

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
<th>a) Submission Date</th>
<th>10/08/2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
<td>b) Data Month</td>
<td>September 2014</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
<td>c) Type of Filing</td>
<td>Original Revision ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(check one)</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>800 637-3107</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lifeline**

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(8) 48358</th>
<th>x $ 9.25</th>
<th>= $ 447312</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(9) 0</td>
<td>x $ 0.00</td>
<td>= $ 0</td>
</tr>
<tr>
<td><strong>Total Federal Lifeline Support Claimed</strong> (10) $ 447312</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Toll Limitation Services (TLS)**

<table>
<thead>
<tr>
<th>Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013)</th>
<th>(11) 0.000000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of TLS Subscribers</td>
<td>(12) 0</td>
</tr>
<tr>
<td><strong>Total TLS Support Claimed</strong> (13) $ 0</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Number of Connections Waived</th>
<th>(14) 0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges Waived per Connection (not to exceed $100)</td>
<td>(15) $ 0.00</td>
</tr>
<tr>
<td><strong>Total Connection Charges Waived</strong></td>
<td>$ 0.00</td>
</tr>
<tr>
<td>Deferred Interest</td>
<td>(17) $ 0.00</td>
</tr>
<tr>
<td><strong>Total Tribal Link Up Support Claimed</strong> (18) $ 0</td>
<td></td>
</tr>
</tbody>
</table>

**ETC Payment**

<table>
<thead>
<tr>
<th>Total Lifeline</th>
<th>$ 447312</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total TLS</td>
<td>$ 0</td>
</tr>
<tr>
<td>Total Tribal Link Up</td>
<td>$ 0</td>
</tr>
<tr>
<td><strong>Total Dollars</strong></td>
<td>$ 447312</td>
</tr>
</tbody>
</table>

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

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10/08/2014

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

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>800 637-3107</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date</th>
<th>11/10/2014</th>
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</thead>
<tbody>
<tr>
<td>b) Data Month</td>
<td>October 2014</td>
</tr>
<tr>
<td>c) Type of Filing</td>
<td>Original Revision</td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support

| (8) | 45583 | x | $ 9.25 | = | $ 421643 |

Tribal Low-Income Subscribers Receiving federal Lifeline Support

| (9) | 0 | x | $ 0.00 | = | $ 0 |

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber

(11) 0.000000

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

Total Connection Charges Waived (16) $ 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

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<table>
<thead>
<tr>
<th>(2) Study Area Code</th>
<th>269033</th>
</tr>
</thead>
<tbody>
<tr>
<td>(3) Filer 499 ID</td>
<td>814995</td>
</tr>
<tr>
<td>(6) Organization Information</td>
<td>(7) Filing Information</td>
</tr>
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</tr>
</tbody>
</table>

**Lifeline**

- Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support
  - (a) # Lifeline Subscribers: 43124
  - (b) Lifeline Support/Subscriber Support: $9.25
  - (c) Total Lifeline Support: $398897

- Tribal Low-Income Subscribers Receiving federal Lifeline Support
  - (a) # Lifeline Subscribers: 0
  - (b) Lifeline Support/Subscriber Support: $0
  - (c) Total Lifeline Support: $0

**Toll Limitation Services (TLS)**

- Cost of Providing TLS per Subscriber: $0.00000
- Number of TLS Subscribers: 0
- Total TLS Support Claimed: $0

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

- Number of Connections Waived: 0
- Charges Waived per Connection: $0.00
- Total Connection Charges Waived: $0
- Deferred Interest: $0
- Total Tribal Link Up Support Claimed: $0

**ETC Payment**

- Total Lifeline: $398897
- Total TLS: $0
- Total Tribal Link Up: $0
- Total Dollars: $398897

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Contact Name: Lakisha Taylor
Mailing Address: 1325 Barksdale Blvd
Bossier City, LA 71111
Telephone Number: 318 671-5736
Fax Number: 800 637-3107
E-mail Address: lakishat@budgetprepay.com

(7) Filing Information
a) Submission Date 01/08/2015
b) Data Month December 2014
c) Type of Filing (check one) Original Revision ☐
d) State Reporting KENTUCKY

Lifeline

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support

(a) # Lifeline Subscribers 25949
(b) Lifeline Support/Subscriber Support $9.26
(c) Total Lifeline $240028

Tribal Low-Income Subscribers Receiving federal Lifeline Support

(a) # Lifeline Subscribers 0
(b) Lifeline Support/Subscriber Support $0.00
(c) Total Lifeline $0

Total Federal Lifeline Support Claimed $240028

Toll Limitation Services (TLS)

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

Number of TLS Subscribers 0

Total TLS Support Claimed $0

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

Number of Connections Waived 0
Charges Waived per Connection $0.00 (for multiple rates, use an average amount)
(not to exceed $100)

Total Connection Charges Waived $0.00
Deferred Interest 0.00

Total Tribal Link Up Support Claimed $0

ETC Payment

Total Lifeline $240028
Total TLS $0
Total Tribal Link Up $0
Total Dollars (19) $240028

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FCC Form 497  
April 2012 Edition  
LIFELINE WORKSHEET  
OMB Approval  
3090-0819  
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  

| 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, Bossier City, LA 71111 | (c) Type of Filing (check one) Original Revision ☑ |
| Telephone Number: 318 671-5736 | (d) State Reporting KENTUCKY |
| Fax Number: 800 637-3107 | |
| E-mail Address: lakishat@budgetprepay.com | |

**Lifeline**

<table>
<thead>
<tr>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>26712 x $ 9.25 = $ 247086</td>
<td></td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>0 x $ 0.00 = $ 0 (not to exceed $34.25)</td>
<td></td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed 247086

**Toll Limitation Services (TLS)**

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

Number of TLS Subscribers 0

Total TLS Support Claimed 0

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

Number of Connections Waived 0

Charges Waived per Connection $ 0.00 (not to exceed $100)

Total Connection Charges Waived $ 0.00

Deferred Interest $ 0.00

Total Tribal Link Up Support Claimed 0

**ETC Payment**

Total Lifeline $247086  
Total TLS $.00  
Total Tribal Link Up $.00  
Total Dollars $247086

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(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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02/09/2015

David Donahue

DATE

OFFICER SIGNATURE

CFO

OFFICER TITLE

David Donahue

OFFICER NAME

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FCC Form 497  
April 2012 Edition  
LIFELINE WORKSHEET  
OMB Approval  
3060-0819  
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

Company Legal Name: Budget PrePay Inc.
Contact Name: Lakisha Taylor
Mailing Address: 1325 Barksdale Blvd
               Bossier City, LA 71111
Telephone Number: 318 671-5736
Fax Number: 800 637-3107
E-mail Address: lakisha@budgetprepay.com

(7) Filing Information

a) Submission Date 03/09/2015  
b) Data Month February 2015  
c) Type of Filing  
(Original Revision □)  
d) State Reporting KENTUCKY

---

**Lifeline**

(a) # Lifeline Subscribers  
(b) Lifeline Support/Subscriber Support  
(c) Total Lifeline

Non-Tribal Low-Income Subscribers  
Receiving federal Lifeline Support  
(8) 26016  
     x $ 9.25  
     = $ 240648

Tribal Low-Income Subscribers  
Receiving federal Lifeline Support  
(9) 0  
     x $ 0.00  
     = $ 0

Total Federal Lifeline Support Claimed (10) $240648

---

**Toll Limitation Services (TLS)**

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

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)

Total Connection Charges Waived (16) $0.00

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

---

If you have any questions, please call USAC at (866) 973-4727 Toll Free
(20) CERTIFICATIONS AND SIGNATURES

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03/09/2015

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

Company Legal Name: Budget PrePay Inc.  
Contact Name: Lakisha Taylor  
Mailing Address: 1325 Barksdale Blvd  
Bossier City, LA 71111
Telephone Number: 318 671-5736  
Fax Number: 800 637-3107  
E-mail Address: lakishat@budgetprepay.com

(7) Filing Information

Submission Date 04/08/2015  
Data Month March 2015
Type of Filing (check one)  
Original Revision [ ]
State Reporting KENTUCKY

Lifeline

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support  
(a) # Lifeline Subscribers (8) 26211
(b) Lifeline Support/Subscriber Support (9) x $ 9.25
(c) Total Lifeline (10) $ 242452

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0.000000  
(Number of subscribers or 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)

Total Connection Charges Waived (16) $ 0
Deferred Interest (17) $ 0

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

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(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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04/08/2015

DATE

CFO

OFFICER TITLE

David Donahue

OFFICER SIGNATURE

David Donahue

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 ☐

<table>
<thead>
<tr>
<th>Organization Information</th>
<th>(7) Filing Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Legal Name:</td>
<td>Budget PrePay Inc.</td>
</tr>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
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<tr>
<td>Fax Number:</td>
<td>800 637-3107</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
</tr>
<tr>
<td>a) Submission Date</td>
<td>05/08/2015</td>
</tr>
<tr>
<td>b) Data Month</td>
<td>April 2015</td>
</tr>
<tr>
<td>c) Type of Filing (check one)</td>
<td>Original Revision ☐</td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

**Lifeline**

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>(8) 25921</td>
<td>× $ 9.25</td>
<td>= $ 239769</td>
<td></td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(9) 0</td>
<td>× $ 0.00</td>
<td>= $ 0</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed (10) $ 239769

**Toll Limitation Services (TLS)**

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

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)

Total Connection Charges Waived (16) $ 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

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(20) CERTIFICATIONS AND SIGNATURES

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05/08/2015

DATE

David Donahue

OFFICER SIGNATURE

CFO

OFFICER TITLE

David Donahue

OFFICER NAME

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FCC Form 497  
April 2012 Edition  

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  
Company Legal Name: Budget PrePay Inc.  
Contact Name: Lakisha Taylor  
Mailing Address:  
1325 Barksdale Blvd  
Bossier City, LA 71111  
Telephone Number: 318 671-5736  
Fax Number: 800 637-3107  
E-mail Address: lakishat@budgetprepay.com  

(a) Submission Date 06/08/2015  
(b) Data Month May 2015  
(c) Type of Filing Original Revision ☐  
(d) State Reporting KENTUCKY  

(7) Filing Information  

<table>
<thead>
<tr>
<th>(8) Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(9) Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) # Lifeline Subscribers</td>
<td>(b) Lifeline Support/Subscriber Support</td>
</tr>
<tr>
<td>(8) 25529</td>
<td>x $ 9.25</td>
</tr>
<tr>
<td>(9) 0</td>
<td>x $ 0.00</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed $(10) $ 236143  

Toll Limitation Services (TLS)  

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

Total Connection Charges Waived (16) $ 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  

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06/08/2015
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
Company Legal Name: Budget PrePay Inc.
Contact Name: Lakisha Taylor
Mailing Address: 1325 Barksdale Blvd
Bossier City, LA 71111
Telephone Number: 318 671-5736
Fax Number: 800 637-3107
E-mail Address: lakishat@budgetprepay.com

(7) Filing Information
a) Submission Date 07/08/2015
b) Data Month June 2015
c) Type of Filing (check one) Original Revision ☐
d) State Reporting KENTUCKY

Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support
(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support
(8) 25625 x $ 9.25 = $ 237031

Tribal Low-Income Subscribers Receiving federal Lifeline Support
(9) 0 x $ 0.00 = $ 0
(not to exceed $34.25
Total Federal Lifeline Support Claimed (10) $ 237031

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

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

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(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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07/08/2015

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

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd, Bossier City, LA 71111</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
</tr>
<tr>
<td>Fax Number:</td>
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</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
</tr>
</tbody>
</table>

(7) Filing Information

<table>
<thead>
<tr>
<th>a) Submission Date</th>
<th>08/10/2015</th>
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</thead>
<tbody>
<tr>
<td>b) Data Month</td>
<td>July 2015</td>
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<td>c) Type of Filing</td>
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<td></td>
<td>Revision</td>
</tr>
<tr>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
</tbody>
</table>

### Lifeline

- **Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support**
  - Number: 24270
  - Support: $9.25
  - Total: $224498

- **Tribal Low-Income Subscribers Receiving federal Lifeline Support**
  - Number: 0
  - Support: $0

- **Total Federal Lifeline Support Claimed:** $224498

### Toll Limitation Services (TLS)

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

- **Number of TLS Subscribers**
  - 0

- **Total TLS Support Claimed:** $0

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

- **Number of Connections Waived**
  - 0

- **Charges Waived per Connection**
  - $0.00

- **Total Connection Charges Waived**
  - $0

- **Deferred Interest**
  - $0.00

- **Total Tribal Link Up Support Claimed:** $0

### ETC Payment

- **Total Lifeline:** $224498
- **Total TLS:** $0
- **Total Tribal Link Up:** $0

- **Total Dollars:** $224498

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(20) CERTIFICATIONS AND SIGNATURES

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08/10/2015 ___________________________ David Donahue
DATE

CFO

OFFICER TITLE

OFFICER SIGNATURE

David Donahue

OFFICER NAME

OFFICER SIGNATURE

David Donahue

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Remembe...
**LIFELINE WORKSHEET**

1. **USAC Service Provider Identification Number**: 143000887
2. **Study Area Code**: 269033
3. **Filer 499 ID**: 814995
4. **Technology Type**: Wireline [x] Wireless [✓]
5. **ETC Designation Type**: Lifeline Only [ ] High Cost/Low Income [✓]
6. **Organization Information**
   - **Company Legal Name**: Budget PrePay Inc.
   - **Contact Name**: Lakisha Taylor
   - **Mailing Address**: 1325 Barksdale Blvd
   - **Bossier City, LA 71111
   - **Telephone Number**: 318 671-5736
   - **Fax Number**: 800 637-3107
   - **E-mail Address**: lakishat@budgetprepay.com

7. **Filing Information**
   - **Submission Date**: 09/08/2015
   - **Data Month**: August 2015

---

**Lifeline**

<table>
<thead>
<tr>
<th>Subscribers</th>
<th>Support</th>
<th>Total Lifecycle Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers</td>
<td>24028 x $9.25</td>
<td>$222,259</td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers</td>
<td>0 x $0.00</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Total Federal Lifeline Support Claimed**: $222,259

---

**Toll Limitation Services (TLS)**

<table>
<thead>
<tr>
<th>TLS Per Subscriber</th>
<th>Cost of Providing TLS per Subscriber</th>
<th>Number of TLS Subscribers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.000000</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total TLS Support Claimed**: $0

---

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

<table>
<thead>
<tr>
<th>Number of Connections Waived</th>
<th>Charges Waived per Connection</th>
<th>Total Tribal Link Up Support Claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$0.00</td>
<td>$0</td>
</tr>
</tbody>
</table>

---

**ETC Payment**

- **Total Lifeline**: $222,259
- **Total TLS**: $0
- **Total Tribal Link Up**: $0
- **Total Dollars**: $222,259

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(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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**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

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
<th>a) Submission Date</th>
<th>10/08/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
<td>b) Data Month</td>
<td>September 2015</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
<td>c) Type of Filing (check one)</td>
<td>Original Revision ☑</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Lifeline**

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(8) 23045</td>
<td>x $ 9.25</td>
<td>= $ 213166</td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(9) 0</td>
<td>x $ 0.00</td>
<td>= $ 0</td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed (10) $ 213166

**Toll Limitation Services (TLS)**

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

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)

Total Connection Charges Waived (16) $ 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

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(20) CERTIFICATIONS AND SIGNATURES

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DATE

OFFICER SIGNATURE

CFO

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OFFICER NAME

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E-mail Address: lakishat@budgetprepay.com

(7) Filing Information

a) Submission Date 11/09/2015
b) Data Month October 2015
c) Type of Filing (check one) Original Revision ☑
d) State Reporting KENTUCKY

Lifeline

Non-Tribal Low-Income Subscribers
Receiving federal Lifeline Support

(a) # Lifeline Subscribers (8) 23289
(b) Lifeline Support/Subscriber Support (9) 0
(c) Total Lifeline Support (10) $ 215423

Non-Tribal Low-Income Subscribers
Receiving federal Lifeline Support

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (11) 0.000000
(Number 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)

Total Connection Charges Waived (16) $ 0.0
Deferred Interest (17) $ 0.0

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

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11/09/2015

Robert D Hyde, III

DATE

President

OFFICER TITLE

Robert D Hyde, III

OFFICER SIGNATURE

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

<table>
<thead>
<tr>
<th>Company Legal Name:</th>
<th>Budget PrePay Inc.</th>
<th>a) Submission Date</th>
<th>12/08/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name:</td>
<td>Lakisha Taylor</td>
<td>b) Data Month</td>
<td>November 2015</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>1325 Barksdale Blvd</td>
<td>c) Type of Filing</td>
<td>Original Revision ☑</td>
</tr>
<tr>
<td></td>
<td>Bossier City, LA 71111</td>
<td>(check one)</td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>318 671-5736</td>
<td>d) State Reporting</td>
<td>KENTUCKY</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>800 637-3107</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
<td><a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lifeline

<table>
<thead>
<tr>
<th>Non-Tribal Low-Income Subscribers</th>
<th>Receiving federal Lifeline Support</th>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/ Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>23350</td>
<td>$9.25</td>
<td>$215988</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tribal Low-Income Subscribers</th>
<th>Receiving federal Lifeline Support</th>
<th>(9) 0</th>
<th>(10) 0</th>
</tr>
</thead>
</table>

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) $0.00 |
| Deferred Interest | (17) $0.00 |

Total Tribal Link Up Support Claimed (18) $0

ETC Payment

<table>
<thead>
<tr>
<th>Total Lifeline $215988</th>
<th>Total TLS $0</th>
<th>Total Tribal Link Up $0</th>
</tr>
</thead>
</table>

Total Dollars (19) $215988

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(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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(5) ETC Designation Type (Check one): Lifeline Only ☐ High Cost/Low Income ☑

(6) Organization Information

Company Legal Name: Budget PrePay Inc.
Contact Name: Lakisha Taylor
Mailing Address: 1325 Barksdale Blvd, Bossier City, LA 71111
Telephone Number: 318 671-5736
Fax Number: 800 637-3107
E-mail Address: lakishat@budgetprepay.com

(7) Filing Information

a) Submission Date 01/08/2016
b) Data Month December 2015
c) Type of Filing (check one) Original Revision ☑
d) State Reporting KENTUCKY

(a) # Lifeline Subscribers (8) 22916
(b) Lifeline Support/Subscriber Support (9) 0
(c) Total Lifeline Support
(8) x $9.26 = $211973
(9) x $0.00 = $0

Total Federal Lifeline Support Claimed (10) $211973

Lifeline

Non-Tribal Low-Income Subscribers
Receiving federal Lifeline Support

Tribal Low-Income Subscribers
Receiving federal Lifeline Support

Toll Limitation Services (TLS)

Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012 /$2 in 2013) (11) 0.000000
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 (not to exceed $100)
Total Connection Charges Waived (16) $0.00
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

If you have any questions, please call USAC at (866) 873-4727 Toll Free
(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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01/08/2016

Robert D Hyde III

DATE

President

OFFICER SIGNATURE

Robert D Hyde III

OFFICER TITLE

OFFICER NAME

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(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 ☑

<table>
<thead>
<tr>
<th>(6) Organization Information</th>
<th>(7) Filing Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Legal Name: Budget PrePay Inc.</td>
<td>a) Submission Date 02/08/2016</td>
</tr>
<tr>
<td>Contact Name: Lakisha Taylor</td>
<td>b) Data Month January 2016</td>
</tr>
<tr>
<td>Mailing Address: 1325 Barksdale Blvd</td>
<td>c) Type of Filing (check one) Original Revision ☑</td>
</tr>
<tr>
<td>Bossier City, LA 71111</td>
<td>d) State Reporting KENTUCKY</td>
</tr>
<tr>
<td>Telephone Number: 318 671-5736</td>
<td></td>
</tr>
<tr>
<td>Fax Number: 800 637-3107</td>
<td></td>
</tr>
<tr>
<td>E-mail Address: <a href="mailto:lakishat@budgetprepay.com">lakishat@budgetprepay.com</a></td>
<td></td>
</tr>
</tbody>
</table>

**Lifeline**

<table>
<thead>
<tr>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>21073 x $ 9.25 = $ 194925</td>
<td></td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>0 x $ 0.00 = $ 0</td>
<td></td>
</tr>
</tbody>
</table>

Total Federal Lifeline Support Claimed (10) $ 194925

**Toll Limitation Services (TLS)**

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

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) $ 0.0

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

*If you have any questions, please call USAC at (866) 873-4727 Toll Free*
(20) CERTIFICATIONS AND SIGNATURES

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02/08/2016 ________________________  Robert D Hyde, III

DATE

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OFFICER SIGNATURE

OFFICER TITLE

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LIFELINE WORKSHEET

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(3) Filer 499 ID 814995
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(5) ETC Designation Type (Check one): Lifeline Only □ High Cost/Low Income □

(6) Organization Information

| Company Legal Name: Budget PrePay Inc. |
| Contact Name: Lakisha Taylor |
| Mailing Address: 1325 Barksdale Blvd, Bossier City, LA 71111 |
| Telephone Number: 318 671-5736 |
| Fax Number: 800 637-3107 |
| E-mail Address: lakishat@budgetprepay.com |

(7) Filing Information

| a) Submission Date 03/08/2016 |
| b) Data Month February 2016 |
| c) Type of Filing (check one) Original Revision □ |
| d) State Reporting KENTUCKY |

Lifeline

<table>
<thead>
<tr>
<th>(a) # Lifeline Subscribers</th>
<th>(b) Lifeline Support/Subscriber Support</th>
<th>(c) Total Lifeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(8) 21324 x $9.25 = $197247</td>
<td></td>
</tr>
<tr>
<td>Tribal Low-Income Subscribers Receiving federal Lifeline Support</td>
<td>(9) 0 x $0.00 = $0</td>
<td></td>
</tr>
<tr>
<td>Total Federal Lifeline Support Claimed</td>
<td>(10) $197247</td>
<td></td>
</tr>
</tbody>
</table>

Toll Limitation Services (TLS)

| (11) Cost of Providing TLS per Subscriber (the lesser of incremental cost or $3 in 2012, $2 in 2013) 0.000000 |
| Number of TLS Subscribers (12) 0 |
| Total TLS Support Claimed (13) $0 |

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

| (14) Number of Connections Waived 0 |
| Charges Waived per Connection (15) $0.00 (not to exceed $100) |
| Total Connection Charges Waived (16) $0.00 |
| 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 |

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03/08/2016

Robert D Hyde, III

DATE

OFFICER SIGNATURE

President

Robert D Hyde, III

OFFICER TITLE

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FCC Form 497  
April 2012 Edition

LIFELINE WORKSHEET

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

Company Legal Name:  Budget PrePay Inc.
Contact Name:  Lakisha Taylor
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Bossier City, LA 71111
Telephone Number:  318 671-5736
Fax Number:  800 637-3107
E-mail Address:  lakishat@budgetprepay.com

(7) Filing Information

a) Submission Date 04/09/2016
b) Data Month March 2016

c) Type of Filing (check one)  Original Revision ☑

d) State Reporting KENTUCKY

Lifeline

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support
(8) 21296

Tribal Low-Income Subscribers Receiving federal Lifeline Support
(9) 0

(a) # Lifeline Subscribers  (b) Lifeline Support/ Subscriber Support  (c) Total Lifeline

x $ 9.25 $ 196988

(not to exceed $34.25)

Total Federal Lifeline Support Claimed (10) $ 196988

Toll Limitation Services (TLS)

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

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

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OFFICER TITLE

OFFICER SIGNATURE

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

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

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

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

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:

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

[Signature]

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.

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* New or Revised Sheet

Issued: March 21, 2016

By:

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

Effective: March 21, 2016
SECTION 3 – DESCRIPTION OF SERVICE

3.1 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:

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

(D)

Issued: March 21, 2016

By: Chief Financial Officer

1325 Barksdale Blvd., Suite 200
Bossier City, LA 71111

Effective: March 21, 2016
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.

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

<table>
<thead>
<tr>
<th>Tier 1 Federal Credit</th>
<th>All Areas</th>
<th>$6.50</th>
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</thead>
<tbody>
<tr>
<td>Tier 2 Federal Credit</td>
<td>All Areas</td>
<td>$1.75</td>
</tr>
<tr>
<td>Tier 3 State Credit</td>
<td>All Areas</td>
<td>$3.50</td>
</tr>
<tr>
<td>Tier 3 Federal Matching Credit</td>
<td>Windstream Areas</td>
<td>$0.00</td>
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<tr>
<td></td>
<td>All other Areas</td>
<td>$1.75</td>
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</table>

3.2.9 [Reserved for Future Use]

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.)

3.2.10 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).

Issued: March 21, 2016

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

Effective: March 21, 2016