(1) USAC Service Provider Identification Number 1430373				358 (2) Study Area Code <u>269045</u>				
(3) Filer 499 ID <u>829777</u>	3) Filer 499 ID <u>829777</u> (4) Technology Ty <sub>i</sub>			/pe (	check one) Wireli	ne 🔲	Wireless 🗾	
(5) ETC Designation Type (C	heck one): Lifeline	e Only		ligh	Cost/Low Income			
(6) Organization Information				(7) ا	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	01/14/20	)15	
Contact Name:	David Schmidt			b)	Data Month	October	2014	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				` ,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					•		
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline								
			ifeline cribers		(b) Lifeline Sup Subscriber Sup	port/	(c) Total Lifeline	
Non-Tribal Low-Income Sub- Receiving federal Li		Subscribers (8) 2			'-		= \$ 19	
-	• •	•			0.00	<u> </u>		
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			x \$ <u>0.00</u> (not to exceed \$34.25)		= \$ 0	
<b>g</b>			To	tal Federal Lifeline Support Claimed (10) \$ 19				
Toll Limitation Service	es (TLS)							
	, ,							
Cost of Providing To (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	00				
Number of TLS Sub	scribers	(12)	0		<u> </u>			
					Total TLS Supp	(13) \$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0		<u></u>			
Charges Waived per	r Connection	(15) \$			(for multiple rates, use an average amount)			
		(not to	exceed \$100)					
Total Connection Charges Waived		(16) \$ <u>0.0</u>						
Deferred Interest		(17) \$	0.00		_			
			т	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_19	Total TLS \$_0			Γotal	Tribal Link Up \$ 0	1	<u> </u>	
					Tota	l Dollars (19	) \$	

Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

01/14/2015	Edward James III				
DATE	OFFICER SIGNATURE				
Chief Financial Officer	Edward James III				
OFFICER TITLE	OFFICER NAME				

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

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

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-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.

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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.

(1) USAC Service Provider Id	14303	37358		(2) Stud	(2) Study Area Code <u>269045</u>			
(3) Filer 499 ID <u>829777</u>	3) Filer 499 ID <u>829777</u> (4) Technology Ty			/pe (	check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ H	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	01/14/20	)15	
Contact Name:	David Schmidt			b)	Data Month	Novemb	er 2014	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					II.		
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline			ifeline cribers	_	(b) Lifeline Sup Subscriber Sup	pport/	(c) Total Lifeline	
Non-Tribal Low-Income Sub					·		405	
Receiving federal Li	ifeline Support	(8) 47			x \$9.25		=\$ 435	
Tribal Low-Income Subscrib		(9) <u>C</u>	)		x \$ <u>0.00</u>	= \$ 0		
Receiving federal Li	iteline Support	To		tal F	(not to exceed \$34.25)  Federal Lifeline Support Claimed (10) \$ 435			
Toll Limitation Service	es (TLS)				·		. ,	
Cost of Providing To the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
					• •	Total TLS Support Claimed (13) \$ 0		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	(for multiple rates, use an average amount)		
		(HOL TO	exceed \$100)					
Total Connection Charges Waived		(16) \$	0.0		<del></del>			
Deferred Interest	(17) \$ <u>0.00</u>		0.00					
			т	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
_	Total TLS \$ 0		7	[Otal	Tribal Link IIn ¢ ()	)		
iotai Enemie p <u></u>	10tal 125 <u>9</u>			otal	-		— 135	
					Tota	l Dollars (19	) \$ <u>435</u>	

Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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01/14/2015	Edward James III				
DATE	OFFICER SIGNATURE				
Chief Financial Officer	Edward James III				
OFFICER TITLE	OFFICER NAME				

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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.

(1) USAC Service Provider Identification Number 143037				7358 (2) Study Area Code 269045				
(3) Filer 499 ID <u>829777</u>	3) Filer 499 ID <u>829777</u> (4) Technology Ty			/pe (	check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	check one): Lifeline	e Only	□ H	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	01/28/20	015	
Contact Name:	David Schmidt			b)	Data Month	Decemb	er 2014	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					•		
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline			ifeline cribers	_	(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub							000	
Receiving federal Li	ifeline Support	(8) <u>104</u>			x \$ <u>9.25</u>		= \$ 962	
Tribal Low-Income Subscrib		(9) <u>0</u>					= \$ 0	
Receiving federal Li	iteline Support		To	tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 962			
Toll Limitation Service	ces (TLS)							
Cost of Providing To the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
		` ,			Total TLS Support Claimed (13) \$ 0			
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	ultiple rates, use an average amount)		
		(HOL TO	exceed \$100)					
Total Connection Charges Waived		(16) \$	0.0		<del></del>			
Deferred Interest	(17) \$ <u>0.00</u>							
			т	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_962	Total TI S ¢ ()		٦	[Otal	Tribal Link Un ¢ ()	)		
iotai Enemie p <u>oo-</u>				otal	_		— 062	
					Tota	l Dollars (19	9) \$ 302	

Avg. Burden Est. per Respondent: 2.5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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01/28/2015	Edward James III				
DATE	OFFICER SIGNATURE				
Chief Financial Officer	Edward James III				
OFFICER TITLE	OFFICER NAME				

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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.

(1) USAC Service Provider Identification Number			37358		(2) Study Area Code <u>269045</u>			
(3) Filer 499 ID <u>829777</u>		(4) Te	4) Technology Type (che		check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	check one): Lifeline	e Only	☑ H	ligh	Cost/Low Income			
(6) Organization Information	<u> </u>			(7)	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	02/18/20	)15	
Contact Name:	David Schmidt			b)	Data Month	January	2015	
Mailing Address:	2323 Grand			c)	Type of Filing (check one)			
	Suite 925				,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					II.		
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline			(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeling Subscriber Support			
Non-Tribal Low-Income Sub		(8) 201			' <u>'</u>		= \$ 1859	
Receiving federal Li	ireline Support				x \$ <u>9.2</u>	<u>5</u>		
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			x \$ <u>0.00</u> (not to exce	ed \$34 25)	= \$ 0	
Receiving rederal El	пеште опррот		To	tal F	al Federal Lifeline Support Claimed (10) $\$$ $\frac{1859}{1859}$			
Toll Limitation Service	es (TLS)							
Cost of Providing To the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	<i>t)</i>			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	(for multiple rates, use an average amount)		
		(HOL TO	exceed \$100)					
Total Connection Charges Waived		(16) \$	0.0		<del></del>			
Deferred Interest	(17) \$ <u>0.00</u>							
			т	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 1859	O 2 2 IT letoT		7	[Otal	Tribal Link Un ¢ ()	)		
iotai Enemie p <u></u>	10tal 125 <u>9</u>			otal	_		— 1850	
					Tota	l Dollars (19	) \$ _1009	

Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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02/18/2015	Edward James III				
DATE	OFFICER SIGNATURE				
Chief Financial Officer	Edward James III				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Id	37358		(2) Stu	(2) Study Area Code <u>269045</u>				
(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID 829777 (4) Technology T			/pe (	check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ H	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	03/16/20	015	
Contact Name:	David Schmidt			b)	Data Month	Februar	y 2015	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					II.		
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline			ifeline	_	(b) Lifeline Sup	pport/	(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecribare	Subso	<u>ribers</u>		Subscriber Sup	oport .		
Receiving federal Li		(8) 224			x \$ <u>9.25</u>		= \$ 2072	
Tribal Low-Income Subscrib	ers	<b>(9)</b> 0			x \$ 0.00  = (not to exceed \$34.25)		= \$ 0	
Receiving federal Li	feline Support			tal F			ad (10) \$ 2072	
Toll Limitation Service	es (TLS)		10	rtai i	ederal Ellellile Oup	port Glaime	εα (10) ψ <u>2012</u>	
			0.0000					
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0	<u> </u>			
Number of TLS Sub	scribers	(12)	0					
<b></b>					Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	<i>t)</i>			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	ple rates, use an average amount)		
		(1101.10	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0					
Deferred Interest	(17) \$ <u>0.00</u>		0.00		<u> </u>			
			Т	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 2072	Total TI S \$ 0		7	Γotal	Tribal Link Un \$ 0	)		
					_	l Dollars (19	— 2072	
					Tota	ו טטווars (19	n » <del></del>	

Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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03/16/2015	Edward James III				
DATE	OFFICER SIGNATURE				
Chief Financial Officer	Edward James III				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Identification Number 14303735				58 (2) Study Area Code <u>269045</u>				
(3) Filer 499 ID <u>829777</u>	iler 499 ID <u>829777</u> (4) Technology Ty			pe (	check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	☑ H	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	06/04/20	)15	
Contact Name:	David Schmidt			b)	Data Month	March 2	015	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					•	<u> </u>	
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline			ifeline	_	(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	coribore	Subsc	<u>ribers</u>		Subscriber Sup	<u>oport</u>		
Receiving federal Li		(8) <u>259</u>			x \$9.2	5	=\$ 2396	
Tribal Low-Income Subscrib	ers	(9) <u>C</u>	)		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support	To		tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10)		nd (10) \$ 2396	
Toll Limitation Service	es (TLS)			i i	odorai Eiroiiilo Odp	port Glaine	.a (10) \$\psi \ \frac{2000}{2000}	
Cost of Providing To the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
<b>-</b> "					• •	Total TLS Support Claimed (13) \$ 0		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	for multiple rates, use an average amount)		
		(HOL TO	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0					
Deferred Interest	(17) \$ <u>0.00</u>							
			T	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 2396	Total TI S \$ 0		7	[otal	Tribal Link Un \$ 0	)		
					_	l Dollars (19	 2396	
					ıota	ווסט ו ars (19	1 2 <del></del>	

Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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06/04/2015	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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(1) USAC Service Provider Identification Number 143037358				(2) Study Area Code <u>269045</u>			
(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID <u>829777</u> (4) Technology			/pe (	check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information	T	
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	06/04/20	)15
Contact Name:	David Schmidt			b)	Data Month	April 201	15
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)		
	Suite 925				` ,	Original Revision	
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY
Telephone Number:	8163001465					_	
Fax Number:							
E-mail Address:	david.schmidt@	myter	npo.com				
Lifeline		(a) # L	.ifeline	_	(b) Lifeline Sup	pport/	(c) Total Lifeline
Non-Tribal Low-Income Sub	o o vilh o vo	Subsc	<u>cribers</u>		Subscriber Sup	oport .	• •
Receiving federal Li		(8) <u>259</u>			x \$ <u>9.2</u>	5	= \$ 2396
Tribal Low-Income Subscrib	ers	(9) <u>C</u>	)		x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support			tal E	(not to exceed \$34.25)  Federal Lifeline Support Claimed (10) \$ 23		nd (10) \$ 2396
			10	rtai i	ederai Liieiiile Sup	port Ciairie	- (10) φ <u>2000</u>
Toll Limitation Service	es (TLS)						
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		<del>_</del>		
Deferred Interest	(17) \$ <u>0.00</u>		0.00				
			T	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 2396	Total TI S ¢ 0		7	Γotal	Tribal Link Un ¢ 0	)	
iotai Enemie p <u> –                                   </u>	10tal 1 <b>L</b> 3			otal	_		— 2306
					Tota	l Dollars (19	) \$ 2000

Avg. Burden Est. per Respondent: 2.5 Hrs.

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06/04/2015	Scott Murphy
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CFO	Scott Murphy
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(1) USAC Service Provider Identification Number <u>143037358</u>				(2) Study Area Code <u>269045</u>			
(3) Filer 499 ID <u>829777</u> (4) Technology			chnology Ty	ype (check one) Wireline 🔲 Wireless 🗹			
(5) ETC Designation Type (C	check one): Lifelin	e Only	□ H	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	06/10/20	)15
Contact Name:	David Schmidt			b)	Data Month	May 201	5
Mailing Address:	2323 Grand Blv	'd		c)	Type of Filing (check one)	•	
	Suite 925				,	Original Revision	
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY
Telephone Number:	8163001465					1	
Fax Number:							
E-mail Address:	david.schmidt@	myter	npo.com				
Lifeline		(a) # I	.ifeline	_	(b) Lifeline Sup	nort/	(c) Total Lifeline
			ribers		Subscriber Support		(b) Total Ellollio
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>2</u> 60			x \$ <u>9.2</u>	5	= \$ 2405
Tribal Low-Income Subscrib	ers	(9) <u>C</u>	)		x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support			ıtal F	(not to exceed \$34.25) Federal Lifeline Support Claimed		od (10) \$ 2405
Toll Limitation Service	es (TLS)		10	, tai i	ederar Enemie Oup	port Glaime	.α (10) φ <u>2 100</u>
	(120)						
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Support Claimed (13) \$ 0		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	rates, use an average amount)	
		(Hot to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		_		
			т	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 2405	Total TLS \$ 0			Γotal	Tribal Link Up \$ 0	)	
					-	l Dollars (19	

Avg. Burden Est. per Respondent: 2.5 Hrs.

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06/10/2015	Scott Murphy
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CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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(1) USAC Service Provider Identification Number 143037358 (2) Study Area Code 269045					le 269045			
(3) Filer 499 ID <u>829777</u> (4) Technology			chnology Ty	ype (check one) Wireline 🔲 Wireless 🗹				
(5) ETC Designation Type (C	heck one): Lifeline	e Only		ligh	Cost/Low Income			
(6) Organization Information				(7) ا	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	07/15/20	)15	
Contact Name:	David Schmidt			b)	Data Month	June 20	15	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				` ,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465							
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline								
			ifeline cribers		(b) Lifeline Sup Subscriber Sup	port/	(c) Total Lifeline	
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 281			x \$ 9.2		= \$ 2599	
_					x \$ <u>0.00</u> (not to exceed \$34.25)		= \$ 0	
Tribal Low-Income Subscrib Receiving federal Li		(-)					•	
			To	tal F	al Federal Lifeline Support Claimed (10) $\$ 2599$			
Toll Limitation Service	es (TLS)							
			0.00000					
Cost of Providing TI (the lesser of increment	<b>LS per Subscriber</b> al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12) <u>0</u>						
Triballink lla (A. 1911)	la cal de ETO		"al Oaala		Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	ie only to ETCs rece	iving H	igri Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates, use an average amount)			
		(HOL TO	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		<del>_</del>			
Deferred Interest		(17) \$	0.00		_			
			Т	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 2599	Total TLS \$_0			Γotal	Tribal Link Up \$ 0	1		
					Tota	l Dollars (19	) \$ <u>2599</u>	

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07/15/2015	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID 829777 (4) Technology 7			pe (	check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifelin	e Only	☑ H	ligh	Cost/Low Income		
(6) Organization Information	<u> </u>			(7) I	Filing Information		
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	08/06/20	)15
Contact Name:	David Schmidt			b)	Data Month	July 201	5
Mailing Address:	2323 Grand Blv	'd		c)	Type of Filing (check one)		
	Suite 925				,	Original Revision	
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY
Telephone Number:	8163001465						
Fax Number:							
E-mail Address:	david.schmidt@	myter	npo.com				
Lifeline			ifeline cribers	_	(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 3					= \$ 3330
Receiving federal Li	iteline Support	• • •			x \$ <u>9.2</u>	5	=\$ <u>3330</u> =\$ <u>0</u>
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			x \$ <u>0.00</u>	x \$ <u>U.UU</u> (not to exceed \$34.25)	
Receiving lederal Li	neine Support		То	tal F	ederal Lifeline Sup	ed (10) \$ <u>3330</u>	
Toll Limitation Service	ces (TLS)						
Cost of Providing To the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0		<u></u>		
					Total TLS Support Claimed (13) \$ 0		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	, use an avera	ige amount)
		(HOL TO	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			T	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_3330	Total TI S ¢ ()		7	Cotal	Tribal Link Un ¢ ()	)	
iotai Enemie p <u>ooco</u>	10tal 1 <b>L3                                   </b>			Jiai	_		— 3330
					Tota	l Dollars (19	) \$ 3330

Avg. Burden Est. per Respondent: 2.5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

08/06/2015	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
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.

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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.

(1) USAC Service Provider Identification Number $\underline{143037358}$				(2) Study Area Code <u>269045</u>				
(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID <u>829777</u> (4) Technology				check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	check one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information	T		
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	09/08/20	)15	
Contact Name:	David Schmidt			b)	Data Month	August 2	2015	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					_		
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline			ifeline cribers	_	(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) <u>4</u>					=\$ 3783	
Receiving federal Li	iteline Support				x \$9.2	5		
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			x \$ <u>0.00</u>	$x = \frac{0.00}{\text{(not to exceed $34.25)}} =$		
Receiving lederal Li	ilelille Support		To	tal F	If Federal Lifeline Support Claimed (10) $\$ 3783$			
Toll Limitation Service	ces (TLS)							
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
<b>T</b> .'' -11 '-1 11 - /						Total TLS Support Claimed (13) \$ 0		
Tribal Link Up (Availab	le only to ETCs rece	eiving H	ıgh Cost su <sub>l</sub>	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	ge amount)	
		(not to	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		_			
Deferred Interest	(17) \$ <u>0.00</u>		0.00					
			T	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 3783	() 2 2 IT letoT		7	[Otal	Tribal Link Un ¢ ()	)		
Total Ellellile 9 0.00	TOTAL I LO \$\frac{1}{2}			otal	_		— 2702	
					Tota	l Dollars (19	) \$ 3703	

Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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09/08/2015	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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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.

(1) USAC Service Provider Identification Number $\underline{14303735}$				8 (2) Study Area Code <u>269045</u>				
(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID <u>829777</u> (4) Technology			/pe (	check one) Wirelii	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	check one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	10/09/20	)15	
Contact Name:	David Schmidt			b)	Data Month	Septemb	per 2015	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				· ·	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					•	<u> </u>	
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline			ifeline cribers		(b) Lifeline Sup Subscriber Sup	port/ port	(c) Total Lifeline	
Non-Tribal Low-Income Subs Receiving federal Li		(8) <u>471</u>			x \$ 9.2	5	= \$ 4357	
-		(9) <u>C</u>			0.00	<u> </u>	= \$ 0	
Tribal Low-Income Subscrib Receiving federal Li		(-)			(not to exce	(not to exceed \$34.25)		
			То	tal F	tal Federal Lifeline Support Claimed (10) \$ 4357			
Toll Limitation Service	es (TLS)							
			0.00000					
Cost of Providing To (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0	<u> </u>			
Number of TLS Sub	scribers	(12)	0		_			
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	, use an avera	ge amount)	
		(HOL TO	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00		_			
			T	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_4357	Total TLS \$ 0		7	Γotal	Tribal Link Un \$ 0	1		
· · · · · · · · · · · · · · · · · · ·					-	l Dollars (19	— . • 4357	
					ıota	ווסט ו uoiiars (19	7 2	

Avg. Burden Est. per Respondent: 2.5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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10/09/2015	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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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.

(1) USAC Service Provider Identification Number 143037358				(2) Study Area Code <u>269045</u>				
(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID 829777 (4) Technology 1			/pe (	check one) Wirelii	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	☑ H	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	11/06/20	)15	
Contact Name:	David Schmidt			b)	Data Month	October	2015	
Mailing Address:	2323 Grand Blv	'd		c)	Type of Filing (check one)			
	Suite 925				· ·	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					•		
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline	Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeline Subscriber Support			
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>473</u>			x \$ 9.2	5	= \$ 4375	
-		_			0.00		= \$ 0	
Tribal Low-Income Subscrib Receiving federal Li					(not to exceed \$34.25)		•	
			To	tal F	al Federal Lifeline Support Claimed (10) \$ 4375			
Toll Limitation Service	es (TLS)							
			0.0000					
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	00				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$			(for multiple rates	, use an avera	ge amount)	
		(not to	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		<del></del>			
Deferred Interest	(17) \$ <u>0.00</u>							
			T	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_4375	() 2 2 IT letoT		7	[Otal	Tribal Link Un ¢ ()	ı		
Total Ellellile p 1070	10tal 1L3 \$ <u>∪</u>			otal	•		— 4275	
					Tota	l Dollars (19	) <b>\$</b> 4375	

Avg. Burden Est. per Respondent: 2.5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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

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11/06/2015	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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(1) USAC Service Provider Identification Number 143037358				(2) Study Area Code <u>269045</u>			
(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID <u>829777</u> (4) Technology				check one) Wirelii	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifeline	e Only	<b>□</b>	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information	1	
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	12/07/20	)15
Contact Name:	David Schmidt			b)	Data Month	Novemb	er 2015
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)		
	Suite 925				·	Original Revision	
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU(	CKY
Telephone Number:	8163001465					•	
Fax Number:							
E-mail Address:	david.schmidt@	myter	npo.com				
Lifeline			lifeline cribers	_	(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub-		(8) <u>460</u>					= \$ 4255
Receiving federal Li	reline Support				x \$9.2	<u> </u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			x \$ <u>0.00</u>	$x = \frac{0.00}{\text{(not to exceed $34.25)}} = \frac{0}{0}$	
Receiving rederal El	теппе опррот		То	tal F	al Federal Lifeline Support Claimed (10) \$ 4255		
Toll Limitation Service	es (TLS)						
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)			0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
Total Links Hay (A. 19.4					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	ie only to ETCs rece	eiving H	ign Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	ates, use an average amount)	
		(HOL TO	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		<u> </u>		
Deferred Interest	(17) \$ <u>0.00</u>		0.00				
			T	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_4255	Total TI S \$ 0		7	[otal	Tribal Link Un \$ 0	l	
	<u> </u>				-	l Dollars (19	— 4255
					I otal	ווסט ו Joliars (19	7 2

Avg. Burden Est. per Respondent: 2.5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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12/07/2015	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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(1) USAC Service Provider Identification Number 143037358				(2) Study Area Code <u>269045</u>				
(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID <u>829777</u> (4) Technology				check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	check one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	01/05/20	016	
Contact Name:	David Schmidt			b)	Data Month	Decemb	er 2015	
Mailing Address:	2323 Grand Blvd			c)	Type of Filing (check one)	•		
	Suite 925				,	Original Revision		
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465					1		
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline		(a) # Lifeline Subscribers			(b) Lifeline Support/ (c) Total Lifeline Subscriber Support			
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>476</u>			x \$ 9.2	5	= \$ 4403	
-		_			. 0.00		= \$ 0	
Tribal Low-Income Subscrib Receiving federal Li		(-)			(not to exceed \$34.25)		* -	
		Total			Federal Lifeline Support Claimed (10) $\$$ $4403$			
Toll Limitation Service	es (TLS)							
				_				
Cost of Providing To the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0		<u></u>			
					Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0		<u></u>			
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	rates, use an average amount)		
		(HOL TO	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		<u> </u>			
Deferred Interest		(17) \$	0.00		<u> </u>			
			T	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 4403	() 2 2 IT letoT		7	[Otal	Tribal Link Un ¢ ()	)		
rotal Elleffile p . 100	10lai 1£3 <u>3 ∪</u>			olai	-			
					Tota	l Dollars (19	s) \$ <u>4403</u>	

Avg. Burden Est. per Respondent: 2.5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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01/05/2016	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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(1) USAC Service Provider Identification Number 143037358				(2) Study Area Code <u>269045</u>			
(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID <u>829777</u> (4) Technology				check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	02/08/20	)16
Contact Name:	David Schmidt			b)	Data Month	January	2016
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)		
	Suite 925				,	Original Revision	
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY
Telephone Number:	8163001465					•	
Fax Number:							
E-mail Address:	david.schmidt@	myter	npo.com				
Lifeline			(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeline Subscriber Support		
Non-Tribal Low-Income Sub- Receiving federal Li		(8) <u>450</u>			x \$ 9.2		= \$ 4163
•	••	_			. 0.00	.5	= \$ 0
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			(not to exce	(not to exceed \$34.25)	
·			То	tal F	al Federal Lifeline Support Claimed (10) $\$ 4163$		
Toll Limitation Service	es (TLS)						
			0.00000	Ω.			
Cost of Providing To (the lesser of increment)	<b>LS per Subscriber</b> al cost or \$3 in 2012 /\$2 i	<b>(11)</b> in 2013)	0.00000	<u> </u>	<u> </u>		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	ige amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest	(17) \$ <u>0.00</u>		0.00				
			T	otal <sup>-</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 4163	Total TI S \$ 0		7	Γotal	Tribal Link Un \$ 0	)	
					-		 4163
					Tota	l Dollars (19	) \$

Avg. Burden Est. per Respondent: 2.5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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02/08/2016	Scott Murphy
DATE	OFFICER SIGNATURE
CFO	Scott Murphy
OFFICER TITLE	OFFICER NAME

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(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID <u>829777</u> (4) Technology				check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	03/07/20	)16
Contact Name:	David Schmidt			b)	Data Month	Februar	y 2016
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)	•	
	Suite 925				,	Original Revision	
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU(	CKY
Telephone Number:	8163001465					1	
Fax Number:							
E-mail Address:	david.schmidt@	myter	npo.com				
Lifeline			(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeline Subscriber Support		
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 439			x \$ 9.2		= \$ 4061
•	••				<u></u>	<u> </u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			x \$ <u>0.00</u>	(not to exceed \$34.25)	
<b>3</b> - 1 - 1			To	tal F	Il Federal Lifeline Support Claimed (10) \$ 4061		
Toll Limitation Service	es (TLS)						
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)			0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	rates, use an average amount)	
		(1101.10	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest	(17) \$ <u>0.00</u>		0.00				
			T	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
•	Total TLS \$ 0		7	[otal	Tribal Link IIn ¢ ()	)	
i otai Elienile p <u>iooi</u>	10lai 1£3 <u>3 ∪</u>			olal	-		— 4061
					Tota	l Dollars (19	)) \$ <u>4061</u>

Avg. Burden Est. per Respondent: 2.5 Hrs.

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OFFICER TITLE	OFFICER NAME
VP Accounting	Bill Parrish
DATE	OFFICER SIGNATURE
03/07/2016	Bill Parrish
00/07/00/0	

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(3) Filer 499 ID <u>829777</u>	(3) Filer 499 ID <u>829777</u> (4) Technology				check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information				(7) I	Filing Information			
Company Legal Name:	Tempo Telecon	n LLC		a)	Submission Date	04/05/20	)16	
Contact Name:	David Schmidt			b)	Data Month	March 2	016	
Mailing Address:	2323 Grand Blv	d		c)	Type of Filing (check one)			
	Suite 925				,	Original Revision	<b>A</b>	
	Kansas City, Mo	O 6410	08	d)	State Reporting	KENTU	CKY	
Telephone Number:	8163001465							
Fax Number:								
E-mail Address:	david.schmidt@	myter	npo.com					
Lifeline			ifeline cribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) <u>480</u>					= \$ 4440	
Receiving federal Li	teline Support				x \$ <u>9.2</u>	5		
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			$x = \frac{0.00}{\text{(not to exceed $34.25)}} = $$		= \$ 0	
Necelving lederal Li	neime Support		То	otal Federal Lifeline Support Claimed (10) \$ 4440				
Toll Limitation Service	es (TLS)							
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)			0.00000	0				
Number of TLS Sub	scribers	(12)	0					
Total Linds Hay on the					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	ie only to ETCs rece	eiving H	ign Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	(for multiple rates, use an average amount)		
		(1101.10	CXCCCQ \$100)					
Total Connection Cl	Total Connection Charges Waived (16) \$ $\frac{0}{2}$		0.0					
Deferred Interest	(17) \$ <u>0.00</u>			_				
			T	otal <sup>·</sup>	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_4440	Total TI S \$ 0		7	Γotal	Tribal Link Un \$ 0	)		
	<u> </u>				-		 .v.	
					Tota	l Dollars (19	) <b>5</b>	

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OFFICER TITLE	OFFICER NAME
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DATE	OFFICER SIGNATURE
04/05/2016	Bill Parrish

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# TEMPO TELECOM, LLC LIFELINE SUBSCRIBER ELIGIBILITY VERIFICATION PROCESS

When reviewing a sales order and associated documents, it is imperative that the following guidelines be followed.

# Step 1 - Make sure all information is correct and accurate.

\*\*If you have any doubts about the validity of the order or documentation/information provided, do not proceed!

\*\*If there is anything that you do not feel 100% confident in approving, do not proceed!

Make sure if the paperwork is marked as a temporary address, it is marked as such in the Lifeline screen before enrolling in NLAD.

- Applicant must provide photo ID (Driver's license or another state issued ID) with name and household address. It is this address that will be used to qualify them for Lifeline.
- There is only one Lifeline assistance program available per household. If someone else
  in their household already has Lifeline service, either landline or wireless, they cannot
  obtain Tempo Lifeline wireless (mobile or home phone) service unless both qualify
  under the shared/multi-household residence conditions. See Step 3.
- Applicant cannot receive Lifeline service from more than one company. If they have
  Lifeline service from another company, and are interested in signing up for Tempo
  Lifeline service, they must immediately cancel their Lifeline service with their previous
  Lifeline service provider. Advise the customer that Tempo will initiate a benefit transfer
  via NLAD.
- Applicant cannot receive Lifeline reimbursement for both home phone (landline) and
  wireless service at the same time in the same household. If they currently have Lifeline
  service for wireless phone service through a Tempo affiliate, they must immediately
  cancel that if they wish to obtain Tempo home phone service.
- Applicant can only qualify for Lifeline if they participate in one of the eligible low income programs listed below and on the application for Lifeline.

# Step 2 - Program Eligibility

For prospective customers to be eligible for the Tempo Lifeline program, the applicant must participate in one of the eligible programs available in his or her state. The following are the most common eligibility programs:

 Lifeline Supplemental Nutrition Assistance Program (SNAP) – formerly known as Food Stamps

- Federal Public Housing Assistance (FPHA) or Section 8
- National School Lunch Program's free lunch program
- Low Income Home Energy Assistance Program (LIHEAP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Security Income (SSI)
- Medicaid

The applicant may also be eligible if he or she has a household income at or below 135% of the Federal Poverty Guidelines. The Federal Poverty Guidelines are attached to this Certification document. The following are acceptable types of documentation:

- The prior year's state, federal or Tribal tax return
- A current income statement from an employer or paycheck stub
- A Social Security statement of benefits
- A Veterans Administration statement of benefits
- A retirement or pension statement of benefits
- An Unemployment or Workers' Compensation statement of benefits
- A federal or Tribal notice letter of participation in General Assistance
- A divorce decree, child support award, or other official document containing income information

If the documentation relied on does not cover a full year, such as a current pay stub, the subscriber must present the same type of documentation covering three consecutive months within the previous twelve months.

The Applicant must fill out all information fields on the Tempo Lifeline Enrollment Form. If any of these fields are left blank, the application is not valid.

Applicant must be able to comply with every certification on the application, and applicant must confirm each certification by initialing on the provided line. If any certifications are left blank, or are simply check marked, the application is not valid.

Applicant must sign and date the Tempo Lifeline Enrollment Form, or the application is not valid.

# Step 3 – Shared Household

If the applicant has identified their address to be a shared, multi-household residence, the applicant must also complete the **Tempo Lifeline Household Worksheet**.

Applicant must read and complete the worksheet. In this shared, multi-household residence scenario, if the worksheet is not turned in or completed, the Lifeline Enrollment Form will not be valid.

PLEASE make sure the applicant signs and dates the worksheet.