(1) USAC Service Provider Identification Number			10856		(2) Stud	(2) Study Area Code <u>269036</u>		
(3) Filer 499 ID <u>828504</u>	(4)		chnology Ty	/pe (pe (check one) Wireline		Wireless 🗾	
(5) ETC Designation Type (C	heck one): Lifeline	Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information	_		
Company Legal Name:	SI Wireless LLC	;		a)	Submission Date	07/10/2	014	
Contact Name:	Sarah Hagler			b)	Data Month	January	2014	
Mailing Address:	PO Box 2588			c)	Type of Filing (check one)			
						Original Revision	A	
	Carbondale, IL 6	62902		d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924							
Fax Number:	618-351-8953							
E-mail Address:	shagler@mymo	bilena	tion.com					
Lifeline		(a) # L	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
Non-Tribal Low-Income Sub	coriboro	Subsc	ribers		Subscriber Sup	Subscriber Support		
Receiving federal Li		(8) 67			x \$9.2	5	= \$ 620	
Tribal Low-Income Subscrib		(9) <u>O</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) \$ 620			
Toll Limitation Service	es (TLS)							
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	0	<u> </u>			
Number of TLS Sub	scribers	(12)	0					
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	igh Cost su	ppor	Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>	
Number of Connections Waived Charges Waived per Connection			0 0.00 exceed \$100)		(for multiple rates	, use an aver	age amount)	
Total Connection Cl	Total Connection Charges Waived		0.0		_			
Deferred Interest	(17) \$		0.00		_			
			Т	otal [*]	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$_620	Total TLS \$_0		1	Total	Tribal Link Up \$ 0			
					Tota	l Dollars (1	_{9) \$} <u>620</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.

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.

DATE	OFFICER SIGNATURE	
	Certified Offline	

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.

(1) USAC Service Provider Id	dentification Number	14304	0856		(2) Stu	dy Area Cod	de <u>269036</u>
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless					Wireless 🗹		
(5) ETC Designation Type (C	Check one): Lifelin	e Only	-	ligh	Cost/Low Income		
(6) Organization Information	<u> </u>			(7)	Filing Information		
Company Legal Name:	SI Wireless LLC			a)	Submission Date	07/10/20	014
Contact Name:	Sarah Hagler			b)	Data Month	Februar	y 2014
Mailing Address:	1275 N Reed S	tation F	₹d	c)	Type of Filing (check one)		
						Original Revision	
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY
Telephone Number:	731-602-4924						
Fax Number:							
E-mail Address:	shagler@mymo	bilenat	ion.com				
Lifeline				_			
Lifelifie		(a) # Li			(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribere	Subscr			Subscriber Sur	port	
Receiving federal Li		(8) <u>5</u> 4	1		x \$9.2	5	= \$ 500
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support		To	tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 500		
Tall Limitation Comin	oo (TI C)					•	
Toll Limitation Service	es (ILS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving Hig	gh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0		<u></u>		
Charges Waived pe	r Connection	(/ 4	0.00		(for multiple rates	, use an avera	age amount)
		(not to e.	xceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest	(17) \$ <u>0.00</u>		0.00				
				otal .	— Tribal Link Up Sup	nort Claime	d (18) \$ 0
				Jul	i i ibai Eilik op oup	port oranne	~ (10) \$ <u>-</u>
ETC Payment							
Total Lifeline \$ 500	Total TLS \$ 0		1	Total	Tribal Link Up \$ <u>C</u>)	<u></u>
					Tota	l Dollars (19	s 500

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

07/10/2014	Jason NArrell
DATE	OFFICER SIGNATURE
CFO	Jason NArrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>				
(3) Filer 499 ID <u>828504</u>		(4) Te	chnology Ty	/pe (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:	SI Wireless LLC)		a)	Submission Date	07/10/20)14	
Contact Name:	Sarah Hagler			b)	Data Month	March 2	014	
Mailing Address:	1275 N Reed St	tation	Rd	c)	Type of Filing (check one)			
					, ,	Original		
	Carbondale, IL	62902		d)	State Reporting	Revision KENTU(<u> </u>	
Telephone Number:	731-602-4924	02002				INLIVIO	JIC1	
Fax Number:	701 002 1021							
E-mail Address:	shagler@mymo	bilena	tion.com					
				1				
Lifeline		(-) #1	ifalina.		(h) I ifalina Cum		(a) Total Lifelina	
			ifeline cribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Subs Receiving federal Li		(8) 42			x \$ 9.2		= \$ 389	
Tribal Low-Income Subscrib	0.20	(9) O			x \$ 0.00 (not to exceed \$34.25)		= \$ 0	
Receiving federal Li		. ,						
		Tot			tal Federal Lifeline Support Claimed (10) \$ 389			
Toll Limitation Service	es (TLS)							
	()							
Cost of Providing TI	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	0	_			
Number of TLS Sub		(12)	0					
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving H	igh Cost su	ppor				
Number of Connecti	ions Waived	(14)	0					
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	ige amount)	
		(not to	exceed \$100)		•			
Total Connection Ch	narges Waived	(16) \$	0.0		_			
Deferred Interest	(17) \$ 0.00							
		, ,		otal ⁻	— Tribal Link Up Sup	nort Claime	d (18) \$ 0	
ETC Payment				Jul	sar ziiik op oap	port ordinio	- (.9) \$	
ETC Payment								
Total Lifeline \$ 389	Total TLS \$ 0			Total	Tribal Link Up \$ 0)	<u> </u>	
					Tota	l Dollars (19) \$ <u>389</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.

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

07/10/2014	Jason NArrell
DATE	OFFICER SIGNATURE
CFO	Jason NArrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID <u>828504</u>		(4) Te	chnology Ty	/pe (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)	Filing Information		
Company Legal Name:	SI Wireless LLC)		a)	Submission Date	07/10/20)14
Contact Name:	Sarah Hagler			b)	Data Month	April 20'	14
Mailing Address:	1275 N Reed St	tation	Rd	c)	Type of Filing (check one)		
						Original	
	Carbondale, IL	62902		d)	State Reporting	Revision KENTU	CKY
Telephone Number:	731-602-4924	OLOGE	<u>'</u>			INEI(I)	OICI
Fax Number:				1			
E-mail Address:	shagler@mymo	bilena	tion.com				
I if all and							
Lifeline		(a) # L	ifeline.		(b) Lifeline Sup	port/	(c) Total Lifeline
			cribers		Subscriber Sup	port	(-)
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 61			x \$ 9.2	5	= \$ 564
Tribal Low-Income Subscrib	ers	(9) <u>O</u>			x \$ 0.00 (not to exceed \$34.25) al Federal Lifeline Support Claim		= \$ 0
Receiving federal Li		()					
			To	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>564</u>
Toll Limitation Service	es (TLS)						
Cost of Providing Ti	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	0.00000	0			
,		,	0				
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$			(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0				
Deferred Interest	(17) \$ 0.00		0.00				
Deletted interest		(.,, ψ					0
			Т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>U</u>
ETC Payment							
	Total TLS \$_0		7	Fotal	Tribal Link Up \$ C)	
Total Ellenne p <u>oor</u>	TOTAL 123 \$ <u>0</u>			otal			— EGA
					Tota	l Dollars (19)) \$ <u>564</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.

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

07/10/2014	Jason NArrell
DATE	OFFICER SIGNATURE
CFO	Jason NArrell
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.

(1) USAC Service Provider Id	dentification Number	14304	0856		(2) Stu	dy Area Co	de <u>269036</u>
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wi					Wireless 🗹		
(5) ETC Designation Type (C	Check one): Lifelin	e Only	□ +	ligh	Cost/Low Income		
(6) Organization Information	<u> </u>			(7)	Filing Information	_	
Company Legal Name:	SI Wireless LLC			a)	Submission Date	07/10/20	014
Contact Name:	Sarah Hagler			b)	Data Month	May 20	14
Mailing Address:	1275 N Reed S	tation F	₹d	c)	Type of Filing (check one)		
						Original Revision	
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY
Telephone Number:	731-602-4924						
Fax Number:							
E-mail Address:	shagler@mymo	bilenat	ion.com				
Lifeline							
Lifelifie		(a) # Lif			(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscr	ribers		Subscriber Su	pport	
Receiving federal Li		₍₈₎ <u>61</u>			x \$9.2	25	= \$ 564
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ 0.00		= \$ 0
Receiving federal Li	ifeline Support	To		tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 564		
Tall Limitation Comis	oo (T/ C)						(10) 4 (10)
Toll Limitation Service	es (ILS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	1 (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving Hig	gh Cost su	opor			(3-7, 7)
Number of Connect	ions Waived	(14)	0				
Charges Waived pe	r Connection	(/	0.00		(for multiple rates	s, use an avera	age amount)
		(not to e	xceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest	(17) \$ 0.00						
				otal '	— Tribal Link Up Sup	port Claime	nd (18) \$ 0
570.5				Jul	Ellik op out	port oranne	(10) ¥
ETC Payment							
Total Lifeline \$ 564	Total TLS \$ 0		1	otal	Tribal Link Up \$ ()	<u> </u>
					Tota	al Dollars (19	9) \$ 564

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

07/10/2014	Jason NArrell
DATE	OFFICER SIGNATURE
CFO	Jason NArrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID <u>828504</u>		(4) Te	chnology Ty	/pe (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)	Filing Information		
Company Legal Name:	SI Wireless LLC			a)	Submission Date	07/10/20)14
Contact Name:	Sarah Hagler			b)	Data Month	June 20	14
Mailing Address:	1275 N Reed S	tation	Rd	c)	Type of Filing (check one)	•	
					,	Original	PI I
	Carbondale, IL	62902		d)	State Reporting	Revision KENTU	_
Telephone Number:	731-602-4924	02302			ounte rioperung	KLIVIO	
Fax Number:	701-002-4024			1			
E-mail Address:	shagler@mymo	bilena	tion.com				
	0 0 7			J			
Lifeline							
			ifeline cribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li							= \$ <u>527</u>
Receiving rederal Li	reline Support	(8) 57			x \$ 9.2	:5	
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ 0.00		= \$ 0
Receiving federal Li	Teline Support	To		tal F	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 527		
	(71.0)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(10) ¢ <u>9=1</u>
Toll Limitation Service	es (ILS)						
Onet of Benedition T	O Oubouiber	(44)	0.00000	n			
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000				
Number of TLS Sub	scribers	(12)	0				
		. ,			Tatal TI S Summ		
Tribal Link Up (Availab	le only to ETCs rece	ivina H	iah Coet eu	nnor	Total TLS Supp	ort Claimed	1 (13) \$ 0
THOU LITT OF (Available	e only to £ 103 rece	aving in	igri cost su	ppoi	.,		
Number of Connect	ions Waived	(14)	0		_		
Charges Waived per	Connection	(15) \$			(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0				
Deferred Interest		(17) ¢	0.00				
Deletted litterest		(11) Φ			_		0
			Т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>U</u>
ETC Payment							
Total Lifeline \$ 527	Total TI O & O			Fa4-'	Tribal Link Up \$ C)	
Total Lifeline \$ 527	lotal ILS \$_O_			otal			
					Tota	l Dollars (19)) \$ <u>527</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.

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

07/10/2014	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856 (2) Study Area Code 269036				de <u>269036</u>				
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless								
(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income								
(6) Organization Information	1			(7) I	Filing Information			
Company Legal Name:	SI Wireless LLC	;		a)	Submission Date	Submission Date 08/28/2014		
Contact Name:	Sarah Hagler			b)	Data Month	July 20	14	
Mailing Address:	1275 N Reed S	tation Ro	b	c)	Type of Filing (check one)			
						Original Revision		
Talanhana Numbau	Carbondale, IL	62902_		d)	State Reporting	KENTU	CKY	
Telephone Number: Fax Number:	731-602-4924							
rax number:								
E-mail Address:	shagler@mymo	bilenatio	on.com					
Lifeline								
		(a) # Life Subscrib			(b) Lifeline Support/ Subscriber Support		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>59</u>			x \$ 9.2		= \$ 546	
-		_			0.00		= \$ 0	
Tribal Low-Income Subscrib Receiving federal Li	* - *	(-)			(not to exce			
			Tot	al F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>546</u>	
Toll Limitation Service	es (TLS)							
		,	2 000000	`				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(,	0.000000)				
Number of TLS Sub	scribers	(12) <u>(</u>)					
					Total TLS Supp	ort Claime	d (13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving High	Cost sup	pon	t)		. ,	
Number of Connect	ions Waived	(14))					
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>		(for multiple rates, use an		, use an aver	rage amount)	
		(not to exc	ceed \$100)					
Total Connection C	harges Waived	(16) \$ <u>C</u>	0.0					
Deferred Interest	(17) \$		0.00					
			То	tal 7	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
	Total TLS \$_0		Te	otal	Tribal Link Up \$ <u>C</u>)		
			``			l Dollars (1	 ov ¢ 546	
					iota	ווסט ו onars (1	a) a	

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.

08/28/2014	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856 (2) Study Area Code 269036					de <u>269036</u>			
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless					Wireless 🗹			
(5) ETC Designation Type (C	Check one): Lifelin	e Only	<u> </u>	High	Cost/Low Income			
(6) Organization Information	<u> </u>			(7)	Filing Information			
Company Legal Name:	SI Wireless LLC			a)	Submission Date	09/30/20	014	
Contact Name:	Sarah Hagler			b)	Data Month	Data Month August 2014		
Mailing Address:	1275 N Reed S	tation	Rd	c)	Type of Filing (check one)			
						Original Revision		
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924						_	
Fax Number:								
E-mail Address:	shagler@mymo	bilena	tion.com					
Lifeline				_				
Lifelific			.ifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers		<u>cribers</u>		Subscriber Sup	oport .		
Receiving federal Li		(8) <u>69</u>			x \$9.2	5	= \$ 638	
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>		= \$ 0	
Receiving federal L	ifeline Support		To	tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 638			
Tall Limitation Sanda	oos (TI S)						(, + ====	
Toll Limitation Service	es (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	00	_			
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	ı (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) \$ <u>0.00</u>			(for multiple rates	rates, use an average amount)		
		(not to	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00		<u></u>			
		-		otal '	— Tribal Link Up Sup	port Claime	d (18) \$ 0	
CTO Downson4				J.WI		- 3.0 3.0		
ETC Payment								
Total Lifeline \$ 638	Total TLS \$ 0			Γotal	Tribal Link Up \$ C)	<u>—</u>	
					Tota	l Dollars (19	9) \$ 638	

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.

09/30/2014	Jason Narrell					
DATE	OFFICER SIGNATURE					
CFO	Jason Narrell					
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>				
(3) Filer 499 ID <u>828504</u>		(4) Te	chnology Ty	/pe (check one) Wirelii	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information	<u></u>			(7)	Filing Information			
Company Legal Name:	SI Wireless LLC)		a)	Submission Date	11/04/20	014	
Contact Name:	Sarah Hagler			b)	Data Month	Septeml	per 2014	
Mailing Address:	1275 N Reed St	tation	Rd	c)	Type of Filing (check one)			
						Original		
	Carbondale, IL	62902		d)	State Reporting	Revision KENTU	CKY	
Telephone Number:	731-602-4924							
Fax Number:								
E-mail Address:	shagler@mymo	bilena	tion.com					
Lifeline				_				
Literine		(a) # L	ifeline.		(b) Lifeline Sup	port/	(c) Total Lifeline	
Non Tribal I au Incomo Cub	a a ribara	Subsc	cribers		Subscriber Sup		• •	
Non-Tribal Low-Income Subs Receiving federal Li		₍₈₎ <u>75</u>			x \$ 9.2	5	= \$ 694	
Tribal Low-Income Subscrib	ers	(9) <u>O</u>			x \$ 0.00 (not to exceed \$34.25) I Federal Lifeline Support Clain		= \$ 0	
Receiving federal Li				4-1-				
			10	tai F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>694</u>	
Toll Limitation Service	es (TLS)							
				_				
Cost of Providing Ti	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)	0.00000	00	<u> </u>			
,		,	0					
Number of TLS Sub	scribers	(12)	0					
						Total TLS Support Claimed (13) \$ 0		
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	<i>t</i>)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	age amount)	
		(not to	exceed \$100)					
Total Connection Cl	narges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
Dolottou intologe		(, φ					0	
			Т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>U</u>	
ETC Payment								
	Total TLS \$_0		7	[otal	Tribal Link Up \$ 0)		
Total Ellellile #_ 55 .				otal	• -		— 604	
					Total	Dollars (19)) \$ <u>694</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.

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.

11/04/2014	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856 (2) Study Area Code 269036				de <u>269036</u>		
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless						
(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income						
(6) Organization Information	1		(7)	Filing Information	_	1
Company Legal Name:	SI Wireless LLC		a)	Submission Date	01/14/2	015
Contact Name:	Sarah Hagler		b)		October	2014
Mailing Address:	1275 N Reed S	tation Rd	c)	Type of Filing (check one)		
					Original Revision	
Talanhana Numban	Carbondale, IL	62902	d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	731-602-4924					
Fax Number:						
E-mail Address:	shagler@hotma	ail.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su	pport/	(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 85		x \$ 9.2		= \$ 786
-				0.00	.0	
Tribal Low-Income Subscrib Receiving federal Li	* - *	(9) U		^ V —	eed \$34.25)	= \$ 0
			Total	Federal Lifeline Sur	port Claim	ed (10)\$ <u>786</u>
Toll Limitation Service	es (TLS)					
		0.000				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.000 in 2013)	0000			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost	suppo	rt)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, us		age amount)
		(Hot to exceed \$ 1	00)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	(17) \$ <u>0.0</u>					
			Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 786	Total TLS \$_0		Tota	l Tribal Link Up \$ <u>C</u>)	
				Tota	l Dollars (1	9) \$ 786

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	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856 (2) Study Area Code 269036					de 269036		
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless					Wireless 🗹		
(5) ETC Designation Type (C	check one): Lifelin	e Only 📮	Higl	h Cost/Lov	v Income		
(6) Organization Information	1		(7)) Filing Info	ormation		
Company Legal Name:	SI Wireless LLC		a)) Submiss	sion Date	01/14/2	015
Contact Name:	Sarah Hagler		b	,		Novemb	per 2014
Mailing Address:	1275 N Reed S	tation Rd	c)) Type of I (check o			
						Original Revision	
	Carbondale, IL	62902	d)) State Re		KENTU	CKY
Telephone Number:	731-602-4924						_
Fax Number:							
E-mail Address:							
Lifeline							
		(a) # Lifeli Subscribe			feline Sup criber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 106			9.2		= \$ 981
_						<u> </u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>		x \$ <u>0.00</u> (not to exceed \$34.25)		= \$ 0	
noodining roddia: _	поше виррен		Total	tal Federal Lifeline Support Claimed (10) \$ 981			ed (10) \$ <u>981</u>
Toll Limitation Service	es (TLS)						
	, ,						
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2	\··/ —	.000000				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total	TLS Supp	ort Claime	d (13) \$ <u>O</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High	Cost suppo	ort)			
Number of Connect	ions Waived	(14) <u>0</u>					
Charges Waived per	r Connection	(/	.00	(for m	ultiple rates	, use an aver	age amount)
		(not to exce	ea \$ 100)				
Total Connection C	harges Waived	(16) \$ <u>0</u> .	0				
Deferred Interest	(17) \$ <u>0.00</u>		.00				
		-		I Tribal Lin	ık Up Sunı	port Claime	ed (18) \$ 0
ETC Boumont			10.0		- -		, +
ETC Payment	_				_		
Total Lifeline \$ 981	Total TLS \$ <u>0</u>		Tota	al Tribal Li	nk Up \$ <u>0</u>		
					Tota	l Dollars (1	9) \$ 981

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	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856 (2) Study Area Code 269036					de <u>269036</u>		
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless					Wireless 🗹		
(5) ETC Designation Type (C	Check one): Lifelin	e Only 📮	Hig	gh C	Cost/Low Income		
(6) Organization Information	<u> </u>		(7	7) F	iling Information		
Company Legal Name:	SI Wireless LLC		а	a)	Submission Date	02/04/20	015
Contact Name:	Sarah Hagler		k	b)	Data Month December 2014		
Mailing Address:	1275 N Reed S	tation Ro	٥		Type of Filing (check one)		
						Original Revision	
	Carbondale, IL	62902	С	d)	State Reporting	KENTU	CKY
Telephone Number:	731-602-4924						_
Fax Number:							
E-mail Address:	shagler@mymo	bilenatio	n.com				
Lifeline							
Lifelifie		(a) # Life			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	coribore	Subscrib	ers		Subscriber Sup	port	
Receiving federal Li		(8) 129			x \$ 9.2	5	= \$ 1193
Tribal Low-Income Subscrib		(9) <u>O</u>			× \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support		Total	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 119			ed (10) \$ 1193
Tall Limitation Comin	oo (TI C)						(10) +
Toll Limitation Service	es (ILS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2	(, _	0.000000		_		
Number of TLS Sub	scribers	(12))		_		
		. , _			Total TLS Supp	ort Claimed	ı (13) \$ O
Tribal Link Up (Availab	le only to ETCs rece	eiving High	Cost supp	ort)			(15) 4
Number of Connect	ions Waived	(14))				
Charges Waived per			.00		(for multiple rates	, use an avera	age amount)
		(not to exc	eed \$100)				
Total Connection Cl	harges Waived	(16) \$ <u>0</u>	.0		_		
Deferred Interest	(17) \$ <u>0.00</u>		.00				
		_		al T	— ribal Link Up Sup	port Claime	d (18) \$ 0
ETC Doumes and					zh eap		
ETC Payment							
Total Lifeline \$ 1193	Total TLS \$ <u>0</u>		Tot	tal 1	Гribal Link Up \$ <u>О</u>	1	
					Tota	l Dollars (19) \$ <u>1193</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.

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.

02/04/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504	(3) Filer 499 ID <u>828504</u> (4) Technology T				reline 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifelin	e Only	High	Cost/Low Inco	me 🗹		
(6) Organization Information	<u> </u>		(7)	Filing Informati	on	1	
Company Legal Name:	SI Wireless LLC		a)	Submission Da	te 03/24/2	2015	
Contact Name:	Sarah Hagler		b)		January	y 2015	
Mailing Address:	1275 N Reed S	tation Rd	c)	Type of Filing (check one)			
				, ,	Original Revision	A	
	Carbondale, IL	62902	d)	State Reporting		ICKY	
Telephone Number:	618-237-6252					_	
Fax Number:							
E-mail Address:	shagler@mymc	bilenation	.com				
Lifeline							
Lifelific		(a) # Lifelir		(b) Lifeline		(c) Total Lifeline	
Non-Tribal Low-Income Sub	scribers	Subscribe	<u>rs</u>	Subscriber	Support		
Receiving federal Li		(8) 124		x \$	9.25	= \$ 1147	
Tribal Low-Income Subscrib		(9) <u>O</u>		x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	ifeline Support		Total	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 1147			
Tall Limitation Sanda	oos (TI S)					(**/ +	
Toll Limitation Service	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	\···/ —	000000				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS S	upport Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High C	ost suppo	rt)			
Number of Connect	ions Waived	(14) <u>0</u>					
Charges Waived pe	r Connection	(15) \$ <u>0.0</u>		(for multiple r	ates, use an aver	rage amount)	
		(not to excee	d \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>)	_			
Deferred Interest	(17) \$ 0.00		00				
				Tribal Link Up S	Support Claim	ed (18) \$ 0	
ETC Downson			70101	ann op		(10) 4	
ETC Payment	_						
Total Lifeline \$ 1147	Total TLS \$_0		Tota	l Tribal Link Up	\$ <u>0</u>		
				7	otal Dollars (1	9) \$ 1147	

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.

OFFICER TITLE	OFFICER NAME
CFO	Jason NArrell
DATE	OFFICER SIGNATURE
03/24/2015	Jason NArrell

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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code 269036			
(3) Filer 499 ID 828504	(3) Filer 499 ID 828504 (4) Technology T				check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifelin	e Only) +	ligh	Cost/Low Income		
(6) Organization Information	<u> </u>			(7)	Filing Information		
Company Legal Name:	SI Wireless LLC			a)	Submission Date	03/30/20	015
Contact Name:	Sarah Hagler			b)	Data Month	Februar	y 2015
Mailing Address:	1275 N Reed S	tation R	d	c)	Type of Filing (check one)		
						Original Revision	
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY
Telephone Number:	731-602-4924						
Fax Number:							
E-mail Address:	shagler@mymc	bilenati	on.com				
Lifeline				_			
Literine		(a) # Life			(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscri			Subscriber Su	port	
Receiving federal Li		₍₈₎ 131			x \$ 9.2	5	= \$ <u>1212</u>
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support	To		tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10)\$		ed (10) \$ 1212
Tall Limitation Comin	oo /T/ S)			-		.,,	· · · · · · · · · · · · · · · · · · ·
Toll Limitation Service	es (ILS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2	(,	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	ı (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving Higi	h Cost su	opor			
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	age amount)
		(not to ex	ceed \$100)				
Total Connection Cl	harges Waived	(16) \$ <u>(</u>	0.0		_		
Deferred Interest		(17) \$	0.00				
				otal '	— Tribal Link Up Sup	port Claime	d (18) \$ 0
ETO Daymand				- cai	su zak op sup	port oranine	(.0) ¥
ETC Payment							
Total Lifeline \$ 1212	Total TLS \$_0		1	otal	Tribal Link Up \$ C)	_
					Tota	l Dollars (19	9) \$ <u>1212</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.

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.

03/30/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504		(4) Te	chnology Ty	/pe (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)	Filing Information		
Company Legal Name:	SI Wireless LLC)		a)	Submission Date	04/30/20)15
Contact Name:	Sarah Hagler			b)	Data Month March 2015		
Mailing Address:	1275 N Reed S	tation	Rd	c)	Type of Filing (check one)		
					,	Original	
	Carbondale, IL	62902	1	d)	State Reporting	Revision KENTU(<u> </u>
Telephone Number:	731-602-4924	02002		ŕ		INC.	JIC1
Fax Number:	701 002 1021						
E-mail Address:	shagler@mymo	bilena	tion.com				
				<u>-1</u>			
Lifeline		(a) #1	ifolina		/h\ l ifoline Cun	nort!	(a) Total Lifelina
			ifeline cribers		(b) Lifeline Sup Subscriber Sup	port/ port	(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 1			x \$ 9.2		= \$ 1203
Tribal Low-Income Subscrib	ore	(9) O			x \$ 0.00		= \$ 0
Receiving federal Li		()			(not to exce		
			To	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>1203</u>
Toll Limitation Service	es (TLS)						
	()						
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 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 per		(15) \$			(for multiple rates	, use an avera	ige amount)
		(not to	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0		_		
Deferred Interest	(17) \$ 0.00						
20.0		(, φ					0
			Т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>U</u>
ETC Payment							
Total Lifeline \$_1203	Total TI S & O		-	Fata!	Tribal Link Up \$ 0)	
Total Lifeline \$ 1200	lotal ILS \$_O_			otal	• -		
					Tota	l Dollars (19) \$ 1203

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

04/30/2015	Jason Narrell				
DATE	OFFICER SIGNATURE				
CFO	Jason Narrell				
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504	3) Filer 499 ID <u>828504</u> (4) Technology T			/pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifelin	e Only 「	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information	<u> </u>			(7)	Filing Information		
Company Legal Name:	SI Wireless LLC			a)	Submission Date	06/11/20	015
Contact Name:	Sarah Hagler			b)	Data Month	April 20	15
Mailing Address:	1275 N Reed S	tation F	Rd	c)	Type of Filing (check one)		
						Original Revision	A
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY
Telephone Number:	731-602-4924						
Fax Number:							
E-mail Address:	shagler@mymo	bilenat	ion.com				
Lifeline							
Literine		(a) # Li			(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subsci			Subscriber Su	pport .	
Receiving federal Li		(8) <u>13</u>	30		x \$ 9.2	25	= \$ 1203
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support	To		tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10)		ed (10) \$ 1203
T-III imaitatian Camaia	(T/ C)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· (10) 0 <u>1200</u>
Toll Limitation Service	es (ILS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	<u> </u>		
Number of TLS Sub		(12)	0				
		(/			Total TLS Supp	ort Claimer	· (13) ¢ ()
Tribal Link Up (Availab	le only to ETCs rece	eiving Hig	gh Cost su	ppor		ore orannee	. (13) \$ <u>-</u>
Number of Connect	ione Waiyed	(14)	0				
Charges Waived pe		(15) \$	0.00		(for multiple rates	, use an avera	age amount)
		(not to e	xceed \$100)		(**************************************	,	,
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest	(17) \$ <u>0.00</u>						
				otal '	— Tribal Link Up Sup	nort Claime	nd (18) \$ 0
				Jiai	ттый шик ор ойр	port Gianne	· (10) ψ <u></u>
ETC Payment							
Total Lifeline \$ 1203	Total TLS \$ 0		1	Total	Tribal Link Up \$ C)	<u> </u>
					Tota	l Dollars (19	9) \$ 1203

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

06/11/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504	3) Filer 499 ID <u>828504</u> (4) Technology T			pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifelin	e Only	h H	ligh	Cost/Low Income	2	
(6) Organization Information	1			(7)	Filing Information		
Company Legal Name:	SI Wireless LLC			a)	Submission Date	08/13/20	015
Contact Name:	Sarah Hagler			b)	Data Month	May 20	15
Mailing Address:	1275 N Reed S	tation R	d	c)	Type of Filing (check one)		
						Original Revision	A
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY
Telephone Number:	731-602-4924						_
Fax Number:							
E-mail Address:	shagler@mymo	bilenation	on.com				
Lifeline							
Lifelific		(a) # Life			(b) Lifeline Sur		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscri	bers_		Subscriber Su	pport	
Receiving federal Li		(8) <u>16</u>	6		x \$9.2	25	= \$ 1536
Tribal Low-Income Subscrib	ers	(9) <u>O</u>			× \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support	To		tal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$		ed (10) \$ 1536
Tall Limitation Consid	oo /T/ S)						(10) ¥ <u>1000</u>
Toll Limitation Service	es (ILS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2	(,	0.00000	0	<u> </u>		
Number of TLS Sub		,	0				
		(,			Total TLS Supp	ort Claimer	· (13) « O
Tribal Link Up (Availab	le only to ETCs rece	eiving Higi	h Cost su	opor		ort olamict	. (13) ψ <u>-</u>
Number of Connect	ione Waiyed	(14)	0				
Charges Waived pe			0.00		(for multiple rates	s, use an avera	age amount)
		(not to ex	ceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>(</u>	0.0		_		
Deferred Interest	(17) \$ <u>0.00</u>						
				otal '	— Tribal Link Up Sup	port Claime	ed (18) \$ 0
5T0 B				Jui	Ellik op oup	port ordine	(10) \$
ETC Payment							
Total Lifeline \$ 1536	Total TLS \$ 0		т	otal	Tribal Link Up \$ C)	<u> </u>
					Tota	I Dollars (19	9) \$ 1536

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.

08/13/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504	(3) Filer 499 ID <u>828504</u> (4) Technology T				check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifelin	e Only	<u> </u>	High	Cost/Low Income	Ø	
(6) Organization Information	1			(7)	Filing Information		
Company Legal Name:	SI Wireless LLC			a)	Submission Date	08/13/20	015
Contact Name:	Sarah Hagler			b)	Data Month	June 20	15
Mailing Address:	1275 N Reed S	tation l	Rd	c)	Type of Filing (check one)		
						Original Revision	
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY
Telephone Number:	731-602-4924						
Fax Number:							
E-mail Address:	shagler@mymo	bilena	tion.com				
Lifeline							
Lifelifie		(a) # L	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non Tribal Law Income Cub	a a wilh a wa	Subsc	ribers		Subscriber Su	pport	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 265			x \$ 9.2	25	= \$ 2451
Tribal Low-Income Subscrib	ers	(9) 0			$ \times \$ \underbrace{0.00}_{\text{(not to exceed $34.25)}} = \$ \underbrace{0}_{\text{al Federal Lifeline Support Claimed (10) $24} $		= \$ 0
Receiving federal Li	ifeline Support	To		otal F			ed (10) \$ 2451
T-III imaitatian Camaia	(T/ C)					, port 01	2 (10) ¢ <u>2 10 1</u>
Toll Limitation Service	es (ILS)						
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	00			
Number of TLS Sub	scribers	(12)	0				
		. ,			Total TLS Supp	ort Claimed	ı (13) s O
Tribal Link Up (Availab	le only to ETCs rece	eiving Hi	igh Cost su	ppor			(== / ,
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates	s, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		<u> </u>		
Deferred Interest		(17) \$	0.00				
				otal '	— Tribal Link Up Sup	nort Claime	nd (18) \$ 0
5T0 B			•	Jui	Ellik op oup	Fart Sidinile	(.0) ¥
ETC Payment							
Total Lifeline \$ 2451	Total TLS \$ 0		1	Total	Tribal Link Up \$ <u>(</u>)	<u></u>
					Tota	I Dollars (19	9) \$ 2451

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.

08/13/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504		(4) Ted	chnology Ty	/pe (check one) Wireli	ine 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information	1			(7)	Filing Information	_	
Company Legal Name:	SI Wireless LLC			a)	Submission Date	08/19/2	015
Contact Name:	Sarah Hagler			b)	Data Month	July 201	15
Mailing Address:	1275 N Reed S	tation l	Rd	c)	Type of Filing (check one)		
						Original Revision	
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY
Telephone Number:	731-602-4924						_
Fax Number:							
E-mail Address:	shagler@mymo	bilena	tion.com				
Lifeline				_			
Lifelific			ifeline		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subsc	ribers		Subscriber Su	pport	
Receiving federal Li		(8) 319			x \$9.2	25	= \$ <u>2951</u>
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	ifeline Support			tal F	not to exce) ederal Lifeline Sup	ed (10) \$ 2951	
Tall I imitation Comis	200 /T/ C)					.,,	
Toll Limitation Service	es (ILS)						
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
		. ,			Total TLS Supp	ort Claime	ı (13) s O
Tribal Link Up (Availab	le only to ETCs rece	eiving Hi	igh Cost su	ppor			(,-
Number of Connect	ions Waived	(14)	0				
Charges Waived pe		(15) \$	0.00		(for multiple rates	s, use an aver	age amount)
		(not to e	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
				otal	Tribal Link Up Sup	port Claime	ed (18) \$ 0
CTO De			•	J. 141	= op oup	,	
ETC Payment							
Total Lifeline \$ 2951	Total TLS \$ <u>0</u>			Γotal	Tribal Link Up \$ _)	_
					Tota	l Dollars (1	9) \$ 2951

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.

08/19/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856			40856	(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504		(4) Te	chnology Ty	/pe (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)	Filing Information		
Company Legal Name:	SI Wireless LLC)		a)	Submission Date	09/24/20)15
Contact Name:	Sarah Hagler			b)	Data Month	August 2	2015
Mailing Address:	1275 N Reed S	tation	Rd	c)	Type of Filing (check one)		
						Original	
	Carbondale, IL	62902		d)	State Reporting	Revision KENTU(<u> </u>
Telephone Number:	731-602-4924	02002				I LIVIO	
Fax Number:				Ī			
E-mail Address:	shagler@mymo	bilena	tion.com				
Lifeline							
Litelitie		(a) # L	ifeline.		(b) Lifeline Sup	port/	(c) Total Lifeline
Non Triball on brown Oak			cribers		Subscriber Sur		()
Non-Tribal Low-Income Subs Receiving federal Li		(8) 369			x \$9.2	5	=\$ 3413
Tribal Low-Income Subscrib	are	(9) <u>O</u>			x \$ 0.00 (not to exceed \$34.25)		= \$ 0
Receiving federal Li		(-)					
			То	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>3413</u>
Toll Limitation Service	es (TLS)						
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	_		
Number of TLS Sub	scribers	(12)	0		<u> </u>		
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0		<u></u>		
Charges Waived per	Connection	(15) \$			(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
				otal '	— Tribal Link Up Sup	nort Claime	d (18) \$ 0
				otal	i iibai Lilik Op Sup	port Gianne	u (10) ş <u>-</u>
ETC Payment							
Total Lifeline \$ 3413	Total TLS \$ 0			Γotal	Tribal Link Up \$ 0)	
						l Dollars (19	3413
					iota	ı Dollars (19	1) 3

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.

09/24/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>				
(3) Filer 499 ID 828504		(4) Te	chnology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifelin	e Only	<u> </u>	High	Cost/Low Income			
(6) Organization Information	<u> </u>			(7)	Filing Information			
Company Legal Name:	SI Wireless LLC			a)	Submission Date	10/13/2	015	
Contact Name:	Sarah Hagler			b)	Data Month	Septem	ber 2015	
Mailing Address:	1275 N Reed S	tation	Rd	c)	Type of Filing (check one)			
						Original Revision	A	
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924						_	
Fax Number:								
E-mail Address:	shagler@mymo	bilena	tion.com					
Lifeline				_				
Lifelifie		(a) # L	ifeline.		(b) Lifeline Sup	port/	(c) Total Lifeline	
Non Tribal Law Income Cub	a a wilh a wa	Subsc	cribers		Subscriber Sur		. ,	
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>486</u>			x \$ 9.2	5	= \$ <u>4496</u>	
Tribal Low-Income Subscrib		(9) <u>O</u>			× \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	ifeline Support			tal F	not to exce ederal Lifeline Sup		ed (10) \$ 4496	
T-11 imaitatian Canada	(T/ C)					port Glam.	· (10) © <u>1100</u>	
Toll Limitation Service	es (ILS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	_			
Number of TLS Sub	scribers	(12)	0		<u></u>			
		, ,			Total TLS Supp	ort Claime	d (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		(15) \$			(for multiple rates	, use an aver	age amount)	
		(not to	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0		<u> </u>			
Deferred Interest		(17) \$	0.00					
				otal '	— Tribal Link Up Sup	port Claime	ed (18) \$ 0	
ETC Boursest					The same		(, +	
ETC Payment								
Total Lifeline \$ 4496	Total TLS \$ <u>0</u>			Total	Tribal Link Up \$ C)	<u> </u>	
					Tota	l Dollars (1	9) \$ 4496	

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.

10/13/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>				
(3) Filer 499 ID 828504		(4) Tec	hnology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information	<u> </u>			(7)	Filing Information			
Company Legal Name:	SI Wireless LLC			a)	Submission Date	11/12/20	015	
Contact Name:	Sarah Hagler			b)	Data Month	October	2015	
Mailing Address:	1275 N Reed S	tation F	Rd	c)	Type of Filing (check one)			
						Original Revision	A	
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924							
Fax Number:								
E-mail Address:	shagler@mymc	bilenat	tion.com					
Lifeline				_				
Lifelifie		(a) # Li	ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
Non Tribal Law Income Cub	a a wilh a wa	Subscribers			Subscriber Sur		, ,	
Non-Tribal Low-Income Sub Receiving federal Li		₍₈₎ <u>561</u>			x \$ 9.2	5	= \$ 5189	
Tribal Low-Income Subscrib	ers	(9) <u>O</u>			× \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	ifeline Support	To		tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 5189		ed (10) \$ 5189	
Tall I imitation Comis	oo (TLC)					port orani	σα (10) φ <u>σ 100</u>	
Toll Limitation Service	es (ILS)							
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	ı (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving Hig	gh Cost su	ppor	t)		-	
Number of Connect	ions Waived	(14)	0					
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	age amount)	
		(not to e	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
				otal '	— Tribal Link Up Sup	port Claime	d (18) \$ 0	
ETC Doumes and			•	J 2441	2mm 3p 3ap		, +	
ETC Payment								
Total Lifeline \$ 5189	Total TLS \$ <u>0</u>			Total	Tribal Link Up \$ 0		<u> </u>	
					Tota	l Dollars (19	9) \$ 5189	

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.

11/12/2015	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>				
(3) Filer 499 ID 828504		(4) Te	chnology Ty	/pe (check one) Wireli	ine 🔲	Wireless 🗹	
(5) ETC Designation Type (C	check one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information	1			(7)	Filing Information	_		
Company Legal Name:	SI Wireless LLC			a)	Submission Date	01/05/20	016	
Contact Name:	Sarah Hagler			b)	Data Month	Novemb	per 2015	
Mailing Address:	1275 N Reed S	tation l	Rd	c)	Type of Filing (check one)			
						Original Revision		
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924						_	
Fax Number:								
E-mail Address:	shagler@mymo	bilena	tion.com					
Lifeline				_				
Lifeline		(a) # L	ifeline		(b) Lifeline Sup	pport/	(c) Total Lifeline	
			Subscribers		Subscriber Su		(0)	
Non-Tribal Low-Income Sub Receiving federal Li		₍₈₎ 614			x \$ 9.2	25	= \$ 5680	
Tribal Low-Income Subscrib	ers	(9) <u>O</u>			x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	ifeline Support			ıtal F	(not to exce	eed \$34.25)	ed (10) \$ 5680	
			10	rtai r	ederai Ellellile Su	pport Claim	ed (10) \$ <u>5000</u>	
Toll Limitation Service	es (TLS)							
Cook of Duoviding T	I C was Cubaasibas	(44)	0.00000	00				
Cost of Providing To (the lesser of increment	al cost or \$3 in 2012 /\$2	(11) in 2013)	0.0000					
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving Hi	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived per		(15) \$			(for multiple rates	s, use an avera	age amount)	
		(not to	exceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
		(,+	•	otal '	— Tribal Link Up Sup	nort Claima	.d (48) e ()	
				Jidi	ттыаг шик ор эцр	Port Glainle	ω (10) φ <u></u>	
ETC Payment								
Total Lifeline \$ 5680	Total TLS \$_0			Γotal	Tribal Link Up \$ C)	<u> </u>	
					Tota	ıl Dollars (19	9) \$ <u>5680</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.

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.

01/05/2016	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline				ne 🔲	Wireless 🗹		
(5) ETC Designation Type (C	Check one): Lifeline	e Only	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	SI Wireless LLC		a)	Submission Date 01/29/2016			
Contact Name:	Sarah Hagler		b)	Data Month	Decemb	per 2015	
Mailing Address:	1275 N Reed S	tation Rd	c)	Type of Filing (check one)			
					Original Revision		
	Carbondale, IL	62902	d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924		4				
Fax Number:							
E-mail Address:	shagler@mymo	bilenation.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	port/	(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 711		' <u>'</u>		_ c 6577	
Receiving federal L	ireline Support			x \$ 9.25		= \$ <u>6577</u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>		x \$ <u>0.00</u>	eed \$34.25)	= \$ 0	
	cupper	To	otal F	ederal Lifeline Sup		ed (10)\$ <u>6577</u>	
Toll Limitation Service	es (TLS)						
	, ,						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> in 2013)	00				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi	t)			
Number of Connect	ions Waived	(14) <u>0</u>					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		for multiple rates	rates, use an average amount)		
		(not to exceed \$100)	1				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest	(17) \$ <u>0.00</u>						
		T	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 6577	Total TLS \$ 0		Total	Tribal Link Up \$ 0)	<u></u>	
· -				_		_{9) \$} 6577	

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.

01/29/2016	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>				
(3) Filer 499 ID 828504	(3) Filer 499 ID 828504 (4) Technology T				check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifelin	e Only) н	ligh	Cost/Low Income			
(6) Organization Information	<u> </u>			(7) I	Filing Information			
Company Legal Name:	SI Wireless LLC			a)	Submission Date	03/07/20	016	
Contact Name:	Sarah Hagler			b)	Data Month	January	2016	
Mailing Address:	1275 N Reed S	tation R	d	c)	Type of Filing (check one)			
						Original Revision		
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924						_	
Fax Number:								
E-mail Address:	shagler@mymo	bilenatio	on.com					
Lifeline				-				
Lifelifie		(a) # Life			(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	aaribara	Subscri	bers		Subscriber Su	port	. ,	
Receiving federal Li		₍₈₎ <u>801</u>			x \$ 9.2	5	= \$ 7409	
Tribal Low-Income Subscrib		(9) <u>O</u>			× \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	ifeline Support			tal F	not to exce ederal Lifeline Sup	ed (10) \$ 7409		
Tall Limitation Comin	oo (T/ C)						(10) \$	
Toll Limitation Service	es (ILS)							
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2	(,	0.00000	0	_			
Number of TLS Sub	scribers	(12)	0					
		` ,			Total TLS Supp	ort Claimed	ı (13) s O	
Tribal Link Up (Availab	le only to ETCs rece	eiving Higl	n Cost sup	por			, , , <u></u>	
Number of Connect	ions Waived	(14))					
Charges Waived per		(15) \$	0.00		(for multiple rates	, use an avera	age amount)	
		(not to ex	ceed \$100)					
Total Connection Cl	harges Waived	(16) \$ <u>(</u>	0.0		_			
Deferred Interest		(17) \$ _(0.00		<u></u>			
		_		otal '	— Tribal Link Up Sup	port Claime	d (18) \$ 0	
ETC Doumes and				- 141	- o p o up			
ETC Payment								
Total Lifeline \$ 7409	Total TLS \$ <u>0</u>		т	otal	Tribal Link Up \$ C)	<u></u>	
					Tota	l Dollars (19	9) \$ 7409	

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.

03/07/2016	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(3) Filer 499 ID 828504	(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(c) Organization Information Company Legal Name: SI Wireless LLC a) Submission Date O3/22/2016 Contact Name: Sarah Hagler b) Data Month February 2016 Mailing Address: 1275 N Reed Station Rd Carbondale, IL 62902 Telephone Number: Fax Number: E-mail Address: Shagler@mymobilenation.com Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 7863 Total Federal Lifeline Support (15) Subscriber	(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless					Wireless 🗹		
Company Legal Name: SI Wireless LLC a) Submission Date 03/22/2016	(5) ETC Designation Type (C	Check one): Lifeline	e Only 📮	Hig	gh (Cost/Low Income		
Contact Name: Sarah Hagler b) Data Month February 2016 Mailing Address: 1275 N Reed Station Rd c) Type of Filing (check one) Griginal Revision	(6) Organization Information			(7	7) F	iling Information		
Mailing Address: 1275 N Reed Station Rd c) Type of Filing (check one) Griginal Revision R	Company Legal Name:	SI Wireless LLC		а	a)	Submission Date	03/22/2	016
Telephone Number: 731-602-4924 Fax Number: 8hagler@mymobilenation.com Lifeline Carbondale, IL 62902	Contact Name:	Sarah Hagler		k	b)	Data Month	Februa	ry 2016
Telephone Number: 731-602-4924 Fax Number: 731-602-4924 E-mail Address: Shagler@mymobilenation.com Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Receiving federal Lifeline Support Total Federal Lifeline Support Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$32 in 2013) Number of TLS Subscribers (12) (12) (13) (14) (15) (15) (15) (15) (15) (15) (15) (15	Mailing Address:	1275 N Reed St	tation Rd	C	c)		-	
Tribal Low-Income Subscribers Receiving federal Lifeline Support Cost of Providing TLS per Subscribers (12) Cost of Providing TLS per Subscribers (15) Number of TLS Subscribers (15) Number of Connections Waived Charges Waived per Connection Charges Waived per Connection Charges Waived Deferred Interest Carbondale, IL 62902 d) State Reporting KENTUCKY State Reporting KENTUCKY Total Federal Lifeline Support (c) Total Lifeline Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber (a) # Lifeline Subscriber Subscriber (b) Lifeline Support (c) Total Lifeline Subscriber Subscriber Subscriber (a) # Subscriber Subscriber (a) #						,		
Fax Number: E-mail Address: Shagler@mymobilenation.com Lifeline Shagler@mymobilenation.com		Carbondale, IL	62902	c	d)			CKY
E-mail Address: Shagler@mymobilenation.com	_	731-602-4924						
Lifeline (a) # Lifeline Subscribers Subscribers Receiving federal Lifeline Support (a) # Subscribers Receiving federal Lifeline Support (b) Lifeline Support (c) Total Lifeline Support (d) Subscribers Receiving federal Lifeline Support (e) 0	Fax Number:							
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Total Federal Lifeline Support Claimed 10) \$ 7863 Total Federal Lifeline Support Claimed 10) \$ 7863	E-mail Address:	shagler@mymo	bilenation.c	om				
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 7863 Total Federal Lifeline Support Claimed (10) \$ 7863	l ifeline							
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Claimed (10) \$ 7863 Total Federal Lifeline Support Claimed (10) \$ 7863 Total Limitation Services (TLS) Cost of Providing TLS per Subscriber (Ithe lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) Total Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived Charges Waived per Connection (15) \$ 0.00	Literine					(b) Lifeline Sup	port/	(c) Total Lifeline
Tribal Low-Income Subscribers Receiving federal Lifeline Support Total Federal Lifeline Support Claimed (10) \$ 7863								7000
Total Federal Lifeline Support Claimed (10) \$ 7863 Total 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 (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$ 0.0 (for multiple rates, use an average amount) (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0	Receiving federal Li	ifeline Support			_		5	•
Total Federal Lifeline Support Claimed (10) \$ 7863 Total 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 Charges Waived per Connection (15) \$ 0.00 (not to exceed \$100) Total Connection Charges Waived (16) \$ 0.0 (17) \$ 0.00 Deferred Interest (17) \$ 0.00 ETC Payment Total Lifeline \$ 7863 Total TLS \$0 Total Tribal Link Up \$ 0		* - *	(9) <u>O</u>			^ 4		= \$ 0
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 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 (17) \$ 0.00 Deferred Interest (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0	Receiving federal Li	Teline Support		Tota				ed (10) \$ 7863
(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 Charges Waived per Connection (14) 0 0.00 (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 \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0	Toll Limitation Service	es (TLS)						
(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 Charges Waived per Connection (14) 0 0.00 (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 \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0								
Total TLS Support Claimed (13) \$\frac{0}{2}\$ Number of Connections Waived Charges Waived per Connection (15) \$\frac{0}{0.00}\$ (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$\frac{0.0}{0.00}\$ Deferred Interest (17) \$\frac{0.00}{0.00}\$ Total Tribal Link Up Support Claimed (18) \$\frac{0}{2}\$ ETC Payment Total Lifeline \$\frac{7863}{2}\$ Total TLS \$\frac{0}{2}\$ Total Tribal Link Up \$\frac{0}{2}\$			(00000				
Number of Connections Waived Charges Waived per Connection (15) \$ \frac{0}{0.00} \tag{(for multiple rates, use an average amount)} \tag{(for multiple rates, use an average amount)} \text{Total Connection Charges Waived} \tag{(16) \$ \frac{0.0}{0.00} \tag{(17) \$ \frac{0.00}{0.00} \tag{0.00} 0.	Number of TLS Sub	scribers	(12) <u>0</u>			_		
Number of Connections Waived Charges Waived per Connection (14) 0/0.00 (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$ 0.0 (17) \$ 0.00 (17) \$ 0.00 (17) \$ 0.00 (18) \$ 0 (ort Claime	d (13) \$ <u>O</u>
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount) Total Connection Charges Waived (16) \$ 0.0 (17) \$ 0.00 (17) \$ 0.00 (18) \$	Tribal Link Up (Availab	le only to ETCs rece	eiving High Co	st supp	ort	t)		
Total Connection Charges Waived Deferred Interest (16) \$ \frac{0.0}{0.00} Total Tribal Link Up Support Claimed (18) \$ \frac{0}{0.00} ETC Payment Total Lifeline \$ \frac{7863}{0.00} Total TLS \$ \frac{0}{0.00} Total Tribal Link Up \$ \frac{0}{0.00}	Number of Connect	ions Waived				_		
Total Connection Charges Waived Deferred Interest (17) \$ \frac{0.00}{0.00} Total Tribal Link Up Support Claimed (18) \$ \frac{0}{0.00} ETC Payment Total Lifeline \$ \frac{7863}{0.00} Total TLS \$ \frac{0}{0.00} Total Tribal Link Up \$ \frac{0}{0.00}	Charges Waived per	r Connection				(for multiple rates	, use an ave	rage amount)
Deferred Interest (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0			(Hot to exceed	ψ100)				
Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0	Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>			_		
ETC Payment Total Lifeline \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0	Deferred Interest		(17) \$ 0.00					
Total Lifeline \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0				Tota	al T	Fribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
Total Lifeline \$ 7863 Total TLS \$ 0 Total Tribal Link Up \$ 0	ETC Payment							
	-	Total TLS \$ 0		Tot	tal	Tribal Link Up \$ 0)	
	 							 a) ¢ 7863

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.

03/22/2016	Jason Narrell
DATE	OFFICER SIGNATURE
cfo	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>				
(3) Filer 499 ID 828504		(4) Tech	nology Ty	pe (check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	check one): Lifelin	e Only) +	ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information	•		
Company Legal Name:	SI Wireless LLC			a)	Submission Date	04/15/20	016	
Contact Name:	Sarah Hagler			b)	Data Month	March 2	016	
Mailing Address:	1275 N Reed S	tation R	d	c)	Type of Filing (check one)			
						Original Revision		
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924						_	
Fax Number:								
E-mail Address:	shagler@mymo	bilenati	on.com					
Lifeline				_				
Lifelifie		(a) # Lif			(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecribere	Subscri	bers		Subscriber Sup	port		
Receiving federal Li		(8) <u>85</u>	0		x \$ 9.2	5	= \$ 7863	
Tribal Low-Income Subscrib	* - *	(9) <u>O</u>			× \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	ifeline Support		То	(not to exceed \$34.25) tal Federal Lifeline Support Clair			ed (10) \$ 7863	
Tall Limitation Comin	oo (TI C)						(10) + 1000	
Toll Limitation Service	es (ILS)							
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(,	0.00000	0	_			
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	ı (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving Hig	h Cost su	opor			(,-	
Number of Connect	ions Waived	(14)	0		_			
Charges Waived per	r Connection	(/ -	0.00		(for multiple rates	, use an avera	age amount)	
		(not to ex	ceed \$100)					
Total Connection Cl	harges Waived	(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
				otal '	— Tribal Link Up Sup	port Claime	d (18) \$ 0	
CTO Daymer 1					- op ou p	- 3 3	- () +	
ETC Payment								
Total Lifeline \$ 7863	Total TLS \$ <u>0</u>		т	otal	Tribal Link Up \$ C)	<u> </u>	
					Tota	l Dollars (19	7863	

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

04/15/2016	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>				
(3) Filer 499 ID 828504		(4) Tecl	hnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🗹	
(5) ETC Designation Type (C	check one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information	1			(7)	Filing Information			
Company Legal Name:	SI Wireless LLC			a)	Submission Date	05/09/20	016	
Contact Name:	Sarah Hagler			b)	Data Month	April 20	16	
Mailing Address:	1275 N Reed S	tation R	Rd	c)	Type of Filing (check one)			
						Original Revision		
	Carbondale, IL	62902		d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924							
Fax Number:								
E-mail Address:	shagler@mymo	bilenati	ion.com					
Lifeline								
Lifelifie		(a) # Lif			(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecribare	Subscr	ibers		Subscriber Sur	port		
Receiving federal Li		(8) <u>83</u>	37		x \$ 9.2	5	= \$ <u>7742</u>	
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	ifeline Support		To	tal F	not to exce ederal Lifeline Sup		ed (10) \$ 7742	
T-11 1 innite tion 0 in	(T/ O)					port orani.	· · · · · · · · · · · · · · · · · · ·	
Toll Limitation Service	es (ILS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	_			
Number of TLS Sub	scribers	(12)	0					
		. ,			Total TLS Supp	ort Claimed	ı (13) \$ O	
Tribal Link Up (Availab	le only to ETCs rece	eiving Hig	gh Cost suj	opor			(,-	
Number of Connect	ions Waived	(14)	0		<u></u>			
Charges Waived pe	r Connection	(/ -	0.00		for multiple rates	, use an avera	age amount)	
		(not to ex	xceed \$100)					
Total Connection C	harges Waived	(16)\$.	0.0					
Deferred Interest		(17) \$	0.00		<u></u>			
				otal .	 Tribal Link Up Sup	port Claime	ed (18) \$ 0	
ETC Boursest						- 3.2 3.6	(/ -	
ETC Payment								
Total Lifeline \$ 7742	Total TLS \$ <u>0</u>		1	otal	Tribal Link Up \$ C		<u> </u>	
					Tota	l Dollars (19	9) \$ 7742	

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.

05/09/2016	Jason Narrell
DATE	OFFICER SIGNATURE
cfo	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856				(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless					Wireless 🗹		
(5) ETC Designation Type (C	Check one): Lifeline	e Only	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	SI Wireless LLC		a)	Submission Date	Submission Date 06/27/2016		
Contact Name:	Sarah Hagler		b)	Data Month	May 20	16	
Mailing Address:	1275 N Reed S	tation Rd	c)	Type of Filing (check one)			
					Original Revision		
Talanhana Numbau	Carbondale, IL	62902	d)	State Reporting	KENTU	CKY	
Telephone Number: Fax Number:	731-602-4924		4				
rax number:			4				
E-mail Address:	shagler@mymo	bilenation.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup	port/	(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 841		Subscriber Support x \$ 9.25		= \$ 7779	
Receiving federal Li	ireline Support			0.00	5	= \$ <u>7779</u> = \$ <u>0</u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>		x \$ <u>0.00</u>	(not to exceed \$34.25)		
		Te	otal F	ederal Lifeline Sup		ed (10)\$ <u>7779</u>	
Toll Limitation Service	es (TLS)						
	. ,						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	00				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi	t)			
Number of Connect	ions Waived	(14) <u>0</u>		<u></u>			
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an aver	age amount)	
		(not to exceed \$100)	,				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ <u>0.00</u>					
		1	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 7779	Total TLS \$ 0		Total	Tribal Link Up \$ C)		
						9) \$ 7779	

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

06/27/2016	Jason Narrell
DATE	OFFICER SIGNATURE
cfo	Jason Narrell
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.

(1) USAC Service Provider Identification Number 14304085				6 (2) Study Area Code 269036			
(3) Filer 499 ID 828504		(4) Te	chnology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifeline	Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	SI Wireless LLC	;		a)	Submission Date	07/13/20)16
Contact Name:	Sarah Hagler			b)	Data Month	June 20	16
Mailing Address:	1275 N Reed St	tation	Rd	c)	Type of Filing (check one)		
					, ,	Original Revision	
	Carbondale, IL	62902		d)	State Reporting	KENTU(CKY
Telephone Number:	731-602-4924						_
Fax Number:							
E-mail Address:	shagler@mymo	bilena	tion.com				
l ifalina				_			
Lifeline		(a) # L	.ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
N 772-11			ribers		Subscriber Sur	port	(-,
Non-Tribal Low-Income Subs Receiving federal Li		(8) <u>846</u>			x \$ 9.2	5	= \$ 7826
Tribal Low-Income Subscrib	ers	(9) <u>O</u>			x \$ 0.00 (not to exceed \$34.25) al Federal Lifeline Support Claim		= \$ 0
Receiving federal Li	feline Support	To		ıtal F			od (10) \$ 7826
				rtai i	ederai Ellellile Oup	port Glanne	,α (10) φ <u>7 02 0</u>
Toll Limitation Service	es (TLS)						
			0.00000	n			
Cost of Providing TI (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000				
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>O</u>
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	t)		
Number of Connect	ons Waived	(14)	0				
Charges Waived per		(15) \$			(for multiple rates	, use an avera	ige amount)
		(not to	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			Т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						-	. , ,
-	^				~		
Total Lifeline \$ 7826	Total TLS \$ 0			Γotal	Tribal Link Up \$ <u>0</u>)	<u> </u>
					Tota	l Dollars (19	7826

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

07/13/2016	Jason Narrell
DATE	OFFICER SIGNATURE
CFO	Jason Narrell
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.

(1) USAC Service Provider Identification Number 143040856					(2) Study Area Code <u>269036</u>			
(3) Filer 499 ID 828504 (4) Technology Type (check one) Wireline Wireless								
(5) ETC Designation Type (C	check one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income			
(6) Organization Information	1			(7)	Filing Information			
Company Legal Name:	SI Wireless LLC			a)	Submission Date 08/16/2016			
Contact Name:	Sarah Hagler			b)	Data Month			
Mailing Address:	1275 N Reed Station Rd			c)	Type of Filing (check one)			
						Original Revision		
	Carbondale, IL 62902			d)	State Reporting	KENTU	CKY	
Telephone Number:	731-602-4924						_	
Fax Number:								
E-mail Address:	shagler@mymobilenation.com							
Lifeline				_				
Lifelifie	(a) # Lifeline				(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecribere	Subscribers			Subscriber Sup	port		
Receiving federal Li		(8) <u>8</u>	63		x \$ 9.2	5	= \$ <u>7983</u>	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>O</u>			× \$ <u>0.00</u>		= \$ 0	
		To		tal F	(not to exceed \$34.25) Federal Lifeline Support Claim		ed (10) \$ 7983	
Toll Limitation Service	es (ILS)							
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in		(11)	0.00000	0	_			
Number of TLS Subscribers		(12)	0					
Number of TLO Subscribers		(12)	<u> </u>					
Total TLS Support Claimed (13) \$\frac{0}{2}\$ Tribal Link Up (Available only to ETCs receiving High Cost support)								
The first and th								
Number of Connections Waived Charges Waived per Connection		(14)	0.00				-	
		(15) \$ <u>U.UU</u> (not to exceed \$100)			(for multiple rates	es, use an average amount)		
		·						
Total Connection Charges Waived		(16) \$	0.0		_			
Deferred Interest		(17) \$	0.00					
			Т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
-						١		
Total Lifeline \$ 7983	Total TLS \$ <u>U</u>		7	Total	Tribal Link Up \$ C)		
					Tota	l Dollars (1	9) \$ 7983	

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.

08/16/2016	Jason Narrell
DATE	OFFICER SIGNATURE
cfo	Jason Narrell
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.