

Date	09	28	15

Reporting Month January 2015

Date				Reporting Month	2013
	, q	C	Carrier Information	ha Amada a a a a a a a a a a a a a a a a a a	
Company Name	Total Ca	ll Mobile	e, Inc.	·	
Company Address	1411 W.	190th Str	reet, Suite	650	
Telephone / Fax	310-818-4	1300 / 310	0-818-4310	(fax)	
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
	3 % % mill (%) (Mon	thly Access Line D	ata	
Total Access I	lines in Service	*****		197	
2. Surcharge Per	Access Line			\$0.08_	
3. Amount of Su	charge Remitted	to Kentucky US	F	\$15.78	
4. Number of Ac	cess Lines Receiv	ing Lifeline Sup	port	0	
5. Amount of Re	imbursement Requ	uested from Ken	tucky USF	0.00	
.				\.	1111111 <u>1111</u> 2.00
M			Signature Block		
I hereby attest that the i	nformation report	ed herein is true	and accurate to the	e best of my knowledge.)
Company Official	(Printed)	Title (200	Company Official	(Signed)

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date	09/28/15	
Date	- - 1 ·	

Reporting Month February 2015

Date			Reporting Month 1001 dat 1 2013	
		Carrier Information		
Company Name	Total Call Mobil	e, Inc.		
Company Address	1411 W. 190th St	reet, Suite	650	
Telephone / Fax	310-818-4300 / 31	LO-818-4310	(fax)	
Vendor Number		-		
Classification Please Circle One	ILEC CLEC	Cellular	PCS	
	Mo	onthly Access Line Da	ata	
Total Access I	Lines in Service		195	
2. Surcharge Per	2. Surcharge Per Access Line			
3. Amount of Su	rcharge Remitted to Kentucky U	SF	\$15.60	
4. Number of Ac	cess Lines Receiving Lifeline St	upport	0	
5. Amount of Re	imbursement Requested from Ko	entucky USF	0.00	
		Signature Block		
I hereby attest that the i	information reported herein is tru	ue and accurate to the	e best of my knowledge.	
Company Official	Hideki Kato Title (Printed)	<u>COO</u>	Company Official (Signed)	
		_ ,		

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date	09	28	15	

Reporting Month March 2015

Jate	Reporting Month		
	Carrier Information		
Company Name	Total Call Mobile, Inc.		
Company Address	1411 W. 190th Street, Suite 650		
Telephone / Fax	310-818-4300 / 310-818-4310 (fax)		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular PCS		
	Monthly Access Line Data		
Total Access I	ines in Service		
2. Surcharge Per	Access Line		
3. Amount of Sur	charge Remitted to Kentucky USF		
4. Number of Ac	cess Lines Receiving Lifeline Support0		
5. Amount of Re	mbursement Requested from Kentucky USF		
Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official	(Printed) Company Official (Signed)		

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Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date	09/28/15	
Date	· I	

Reporting Month April 2015

ate U-(D-		Reporting Month APIII 2015
	Carrier Informa	ation
Company Name	Total Call Mobile, Inc.	
Company Address	1411 W. 190th Street, Su:	ite 650
Telephone / Fax	310-818-4300 / 310-818-43	10 (fax)
Vendor Number		
Classification Please Circle One	ILEC CLEC Cellular	PCS
	100000000000000000000000000000000000000	
	Monthly Access L	ine Data
Total Access I	ines in Service	157
 Surcharge Per 	Access Line	\$0.08_
3. Amount of Sur	charge Remitted to Kentucky USF	
4. Number of Ac	cess Lines Receiving Lifeline Support	
5. Amount of Rei	mbursement Requested from Kentucky USF	
	Signature Blo	ck
I hereby attest that the i	nformation reported herein is true and accurate	to the best of my knowledge.
Company Official	ideki Kato Title COO (Printed)	Company Official (Signed)

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date	09/28/15	

Reporting Month May 2015

Date				Reporting Month	
		Ca	arrier Information		
Company Name	Total Cal	l Mobile,	, Inc.		
Company Address	1411 W. 19	90th Stre	eet, Suite	650	
Telephone / Fax	310-818-43	00 / 310	-818-4310	(fax)	
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Month	nly Access Line D	ata	
Total Access I	Lines in Service			139	
	Access Line				
3. Amount of Su	rcharge Remitted to	Kentucky USF	······································	\$11.1	_2
4. Number of Ac	cess Lines Receiving	g Lifeline Supp	ort	0	
5. Amount of Re	imbursement Reques	sted from Kent	ucky USF	0.00	
					
		S	Signature Block		
I hereby attest that the i	nformation reported	herein is true a	and accurate to the	e best of my knowledge	
Company Official	Iideki Kato (Printed)	TitleC	00	Company Official_	(Signed)
	-				

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Data	09/2	18/15
Date	09/2	18/18

Reporting Month June 2015

Date		Reporting Month 6 une 2013
	Carrier Information	
Company Name	Total Call Mobile, Inc.	
Company Address	1411 W. 190th Street, Suite	650
Telephone / Fax	310-818-4300 / 310-818-4310	(fax)
Vendor Number		
1		
Classification Please Circle One	ILEC CLEC Cellular	PCS
	Monthly Access Line I	Data
Total Access L	ines in Service	128
2. Surcharge Per	Access Line	\$0.08
3. Amount of Sur	rcharge Remitted to Kentucky USF	\$10.24
4. Number of Ac	cess Lines Receiving Lifeline Support	
5. Amount of Rei	imbursement Requested from Kentucky USF	0.00
	Signature Block	
I hereby attest that the i	nformation reported herein is true and accurate to th	e best of my knowledge.
Company OfficialE	Hideki Kato Title COO (Printed)	Company Official (Signed)

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



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09/28/15 Date			Reporting Month_	July 2015	and the second s
		Carrier Information	W 107 .		
Company Name	Total Call Mo	obile, Inc.			
Company Address	1411 W. 190th	n Street, Suite	650		
Telephone / Fax	310-818-4300	/ 310-818-4310	(fax)		
Vendor Number					
Classification Please Circle One	ILEC CLE	EC Cellular	PCS		
		Monthly Access Line I)ata		
Total Access I	Lines in Service	•••••	118		
2. Surcharge Per	Access Line	•••••	\$0.08	s and the second second districts	
3. Amount of Su	rcharge Remitted to Kentı	ucky USF	<u>\$9,</u>	44	
4. Number of Ac	cess Lines Receiving Life	eline Support	0_	- Marin	
5. Amount of Re	imbursement Requested fi	rom Kentucky USF	0.00	0	
		-			
	and the second s	Signature Block			
		in is true and accurate to the	e best of my knowledCompany Offici	a 265	2-
	(Printed)			(Signed)	

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

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

Send a copy of this report to:



Date	69	28	115
Date	04	120	13

Reporting Month August 2015

Date				Reporting N	iontn	agust 2	
		Ca	arrier Information				
Company Name	Total Cal	ll Mobile	, Inc.				
Company Address	1411 W. 1	.90th Stre	eet, Suite	650			
Telephone / Fax	310-818-43	300 / 310	-818-4310	(fax)			
Vendor Number							·
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Monti	nly Access Line D	oata			
							-
1. Total Access I	lines in Service			•••	117	···	
2. Surcharge Per	Access Line	• • • • • • • • • • • • • • • • • • • •			\$0.08		
3. Amount of Sur	charge Remitted to	Kentucky USF		****	\$9.36	-	
4. Number of Ac	cess Lines Receivin	ng Lifeline Supp	oort	****	0		
5. Amount of Rei	imbursement Reque	ested from Kent	ucky USF	···· <u>·</u>	0.00		
.,,,,				, <u>u</u> ,			Workship and Associated and Associat
		S	Signature Block				-
I hereby attest that the i	nformation reported	d herein is true a	and accurate to th	e best of my kr	owledge.		
Company Official	(Printed)	TitleC	00	Company	Official	(Signer	d)

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date				Reporting Month_	September	015
			Carrier Informat	on		
Company Name	Total (Call Mobi	le, Inc.	***************************************		
Company Address	1411 W	190th S	treet, Suit	e 650		
Telephone / Fax	310-818	-4300 / 3	310-818-431	0 (fax)		
Vendor Number						****
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		M	Ionthly Access Lin	e Data		
1. Total Access I	Lines in Service	*************	•••••	106		
2. Surcharge Per	Access Line	• • • • • • • • • • • • • • • • • • • •	*******	\$0.08		
3. Amount of Su	rcharge Remitte	ed to Kentucky	USF	\$8	4.8	
4. Number of Ac	cess Lines Reco	eiving Lifeline	Support	0		
5. Amount of Re	imbursement R	equested from F	Kentucky USF	0.00)	
<u> </u>						
		****************	Signature Bloc	K		
I hereby attest that the i	nformation rep	orted herein is t	rue and accurate to	the best of my knowled	ge.	_
Company Official 1	Hideki Ka (Printed)	to Title_	C00	Company Offici	al (Signed)	7_
<u> </u>						

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date	24	2015	

Reporting Month October 2015

Date 11 2 11 70				Reporting Ivio	nth	
		Сал	ier Information			,
Company Name	Total Call	Mobile,	Inc.	· · · · · · · · · · · · · · · · · · ·		•
Company Address	1411 W. 190	Oth Stree	et, Suite	650		
Telephone / Fax	310-818-430	0 / 310-	818-4310	(fax)		
Vendor Number						
Classification Please Circle One	ILEC (CLEC	Cellular	PCS		
		Monthly	Access Line D	ata		
1. Total Access I	ines in Service	**************	**************	9	5	
2. Surcharge Per	Access Line	********		<u> </u>	0,08	
3. Amount of Sur	charge Remitted to K	entucky USF		••••	\$7.60	
4. Number of Ace	cess Lines Receiving I	Lifeline Suppo	rt		0	
5. Amount of Rei	mbursement Requeste	d from Kentuc	ky USF	0	.00	

		Sig	gnature Block			
I hereby attest that the is	nformation reported he	erein is true an	d accurate to the	best of my know	wledge.	
Company Official H	(Printed)	_TitleCO	0	Company O	fficial (Signed)	

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date	21	11	2015
Date		-11	

ATTN: KY USF

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 Reporting Month November 2015

			Carrier Information		
Company Name	Total C	all Mobile	e, Inc.		
Company Address	1411 W.	190th St	reet, Suite	650	
Telephone / Fax	310-818-	4300 / 31	0-818-4310	(fax)	A STATE OF THE STA
Vendor Number		· · · · · · · · · · · · · · · · · · ·			
		<u>, " </u>			
Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	18/14/24
		Mor	nthly Access Line D	ata	
I. Total Access I	ines in Service.				96
2. Surcharge Per	Access Line		*********		\$0.08_
3. Amount of Su	rcharge Remitted	to Kentucky US	SF	* * * *	\$7.68
4. Number of Ac	cess Lines Recei	ving Lifeline Su	pport	****	32
		-	ntucky USF		
		•			

			Signature Block		
I hereby attest that the i	nformation repoi	rted herein is true	e and accurate to th	e best of my	knowledge.
Company Official	Hideki Kat	O Title	C00	Compa	any Official
	(Printed)				(Signed)
Make check payable of State Treasurer" and s					Send a copy of this report to:
report to:					Kentucky Public Service Commission
Finance and Administra	tion Cabinet				ATTN: Jim Stevens 211 Sower Blvd.

Revised 03-13-2008

Frankfort, KY 40602

P.O. Box 615



ate 01 09 11	P Reporting Month December 2015	
	Carrier Information	
Company Name	Total Call Mobile, Inc.	
Company Address	1411 W. 190th Street, Suite 650	
Telephone / Fax	310-818-4300 / 310-818-4310 (fax)	ĺ
Vendor Number		
	_	
Classification Please Circle One	ILEC CLEC Cellular PCS	
		1
	Monthly Access Line Data	
1. Total Access	Lines in Service	
 Surcharge Per 	r Access Line <u>\$0.08</u>	
3. Amount of Su	urcharge Remitted to Kentucky USF	
4. Number of A	ccess Lines Receiving Lifeline Support	
5. Amount of Re	eimbursement Requested from Kentucky USF112	
]
The state of the s	Signature Block	À
·	information reported herein is true and accurate to the best of my knowledge.	
Company Official	Hideki Kato Title COO Company Official (Signed)	V

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

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 21 1 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

Revised 03-13-2008