

Date February	5, 2016	í

Company Name

Company Address

Telephone / Fax

Vendor Number

Classification

2.

3.

4.

5,

Please Circle One

ary 5, 2016				Reporting	Month January		
A-346-443	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C	arrier Information				
npany Name	Total Call Mob	ile. Inc.		<u>, , , , , , , , , , , , , , , , , , , </u>			
any Address	1411 W. 190 th	Street, Suite 65	0				
ephone / Fax	(310)-818-430	0 / (310)- 818-4	310				
ndor Number							
ation ircle One	ILEC	CLEC	Cellular	PCS		· · · · · · · · · · · · · · · · · · ·	
		Mon	thly Access Line D)ata			
Total Access	Lines in Service.			***	269		
Surcharge Per	Access Line		•••	···	\$0.14	,,	
Amount of St	ırcharge Remitted	i to Kentucky USF	R	• * * •	\$37.66		
Number of A	ccess Lines Recei	iving Lifeline Sup	port		0.00		
Amount of R	eimbursement Re	quested from Ken	tucky USF	••••	0.00		
			Signature Block				

-		Signature Block	
I hereby attest that t	he information reporte	herein is true and accurate to the best of my knowledge.	
Company Official_	Michael Morrissey	Title Secretary Company Official Manhan	
Company Ornow	(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 MARCH 5, 2016

Reporting	Month	FEBRUARY	

	,				
			Carrier Information		
Company Name	Total Call Mobil	e Inc			
Company Address	1411 W. 190 th S		50		
Telephone / Fax	(310)-818-4300	/ (310)- 818-4	4310		
Vendor Number					
and the second s					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Moi	nthly Access Line I	ata	
1. Total Access	Lines in Service	***************************************			257
2. Surcharge Per	Access Line	. 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		···	\$0.14
3. Amount of Su	rcharge Remitted	to Kentucky US	F		\$35.98
4. Number of A	ccess Lines Receiv	ring Lifeline Sur	pport		0.00
5. Amount of Ro	eimbursement Req	uested from Ker	atucky USF	1 + •	0.00
			Signature Block		
I hereby attest that the	information repor	ted herein is true	and accurate to the	best of my	knowledge.
Company Official	lichael Morrissey	Title	Secretary	Com	pany Official Machine
Company Official_	(Printed)	TIUO	(Si _l	ned)	

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 <u>APRIL 5, 2016</u>				Reporting Month	MARCH
		Ca	arrier Information		
Company Name Company Address	Total Call Mob	oile. Inc. ^h Street, Suite 650	0		
Telephone / Fax		00 / (310)- 818-43			
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Mont	hly Access Line D	ata	
1. Total Access	Lines in Service.			248	
2. Surcharge Per	Access Line	***************************************	*******	\$0.14	
3. Amount of Su	ırcharge Remitte	d to Kentucky USF	******************	\$34.7	2
4. Number of A	ccess Lines Rece	iving Lifeline Supp	ort	0.00	<u></u>
5. Amount of Ro	eimbursement Re	equested from Kenti	ucky USF	0.0	<u> </u>
			Signature Block		
I hereby attest that the	information repo	orted herein is true a	and accurate to the	best of my knowledge	2.
Company Official	Alchael Morrissey	Title Sec	cretary	Company Officia	al Mushing

(Signed)

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

(Printed)

Company Official_

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 MAY 5, 2016	
Date WAY 3. 2010	

Date MAY 5, 2016	4			Reporting Month A	PRIL			
		C	arrier Information					
Company Name	Total Call Mob	ile. Inc.		E				
Company Address		Street, Suite 65	0		-			
Telephone / Fax (310)-818-4300 / (310)- 818-4310								
Vendor Number								
Classification Please Circle One	ILEC	CLEC	Cellular	PCS				
		Mon	thly Access Line D)ata				
1. Total Access	Lines in Service.			245				
2. Surcharge Per	Access Line	****************	*******	\$0.14				
3. Amount of Su	ırcharge Remitte	d to Kentucky USF		\$34.30_	EXAMPLE AND ADDRESS OF THE PARTY OF THE PART			
4. Number of A	ccess Lines Rece	iving Lifeline Supp	ort	0.00				
5. Amount of Re	eimbursement Re	equested from Kent	rucky USF	0.00				
			Signature Block					
I hereby attest that the	information repo	orted herein is true	and accurate to the	best of my knowledge.				
Company Official	Nichael Morrissey	Title Se	ecretary	Company Official_	Mushen			

(Signed)

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

(Printed)

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 JUNE 5, 2016				Reporting Month	MAY				
		C	Carrier Information						
	Total Call Mobile. I								
Company Address	1411 W. 190 th Stre	11 W. 190 th Street, Suite 650							
Telephone / Fax	(310)-818-4300 /	(310)- 818-4	1310						
Vendor Number									
<u> </u>									
Classification Please Circle One	ILEC	CLEC	Cellular	PCS					
		Mo	nthly Access Line D	ata	·				
Total Access I	ines in Service			238					
2. Surcharge Per	Access Line	**********		\$0.14_					
3. Amount of Su	rcharge Remitted to	Kentucky US	F	\$33.32					
4. Number of Ac	cess Lines Receiving	g Lifeline Sup	port	0.00					
5. Amount of Re	imbursement Reque	sted from Ker	ntucky USF	0.00					
			Signature Block						
I hereby attest that the	nformation reported	herein is true	e and accurate to the	best of my knowledge.	-				
Company Official M	ichael Morrissey	Title	Secretary	Company Official	MuBher				
	(Printed)		(Sig	gned)					

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:



te <u>JULY 5, 2016</u>				Reporting Month_JUNE	<u>-</u>
		Ci	arrier Information		
Company Name Company Address Telephone / Fax Vendor Number		bile. Inc. ^{In} Street, Suite 650 00 / (310)- 818-4			
Classification Please Circle One	ÎLEC	CLEC	Cellular	PCS	
		Mon	thly Access Line D	Data	
 Surcharge Pe Amount of S Number of A 	er Access Line urcharge Remitt Access Lines Rec	ed to Kentucky USF eiving Lifeline Supp Requested from Ken	port		
			Signature Block		
I hereby attest that the	e information rej	oorted herein is true	and accurate to the	e best of my knowledge.	

Secretary

(Signed)

Title

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

Company Official

Michael Morrissey

(Printed)

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

Company Official Minches

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

Revised 03-10-2016