Date 09/28/15  Reporting Month January 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Total Call Mobile, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
</tbody>
</table>

Classification

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

Monthly Access Line Data

1. Total Access Lines in Service........................................... 197
2. Surcharge Per Access Line................................................ $0.08
3. Amount of Surcharge Remitted to Kentucky USF...................... $15.78
4. Number of Access Lines Receiving Lifeline Support............... 0
5. Amount of Reimbursement Requested from Kentucky USF............ 0.00

Signature Block

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

Company Official  Hideki Kato  Title  COO  Company Official  
(Printed)  (Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008
<table>
<thead>
<tr>
<th>Carrier Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Total Call Mobile, Inc.</td>
</tr>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>195</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>$0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>$15.60</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
<td></td>
</tr>
<tr>
<td>Company Official</td>
<td>Hideki Kato</td>
</tr>
<tr>
<td>(Printed)</td>
<td></td>
</tr>
</tbody>
</table>

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

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

Send a copy of this report to:

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

Revised 03-13-2008
Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Total Call Mobile, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
</tbody>
</table>

Classification

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

Monthly Access Line Data

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

Signature Block

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

Company Official: Hideki Kato, Title: COO

(Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008
<table>
<thead>
<tr>
<th><strong>Carrier Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
</tbody>
</table>

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

**Signature Block**

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

Company Official: Hideki Kato  Title: COO  Company Official: [Signature]

(Printed)  (Signed)

---

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

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

---

Send a copy of this report to:

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

---

Revised 03-13-2008
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Total Call Mobile, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One  
- ILEC  
- CLEC  
- Cellular  
- PCS

**Monthly Access Line Data**

1. Total Access Lines in Service.......................... 139
2. Surcharge Per Access Line.......................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF........... $11.12
4. Number of Access Lines Receiving Lifeline Support........ 0
5. Amount of Reimbursement Requested from Kentucky USF......... 0.00

**Signature Block**

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

Company Official [Signature]

(Please print)

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

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

**Send a copy of this report to:**

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

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

Date: **09/28/15**  
Reporting Month: **June 2015**

---

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Total Call Mobile, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

---

### Classification

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

---

### Monthly Access Line Data

1. Total Access Lines in Service: **128**
2. Surcharge Per Access Line: **$0.08**
3. Amount of Surcharge Remitted to Kentucky USF: **$10.24**
4. Number of Access Lines Receiving Lifeline Support: **0**
5. Amount of Reimbursement Requested from Kentucky USF: **0.00**

---

### Signature Block

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

**Company Official: Hideki Kato**  
**Title: COO**  
**Company Official** *(Signed)*

---

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

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

Send a copy of this report to:

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

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

Date: 6/28/15
Reporting Month: July 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Total Call Mobile, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
</tbody>
</table>

Classification
Please Circle One
ILEC	CLEC	Cellular	PCS

Monthly Access Line Data

1. Total Access Lines in Service................................. 118
2. Surcharge Per Access Line..................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF.............. $9.44
4. Number of Access Lines Receiving Lifeline Support......... 0
5. Amount of Reimbursement Requested from Kentucky USF..... 0.00

Signature Block

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

Company Official: Hideki Kato
Title: COO
(Printed)

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

Revised 03-13-2008
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Total Call Mobile, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
</tbody>
</table>

**Classification**

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

**Monthly Access Line Data**

1. Total Access Lines in Service .................................................. 117
2. Surcharge Per Access Line ......................................................... $0.08
3. Amount of Surcharge Remitted to Kentucky USF ............................. $9.36
4. Number of Access Lines Receiving Lifeline Support ....................... 0
5. Amount of Reimbursement Requested from Kentucky USF .................. 0.00

**Signature Block**

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

Company Official  Hideki Kato  Title  COO  Company Official  [Signature]

(Printed)  (Signed)

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

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

Send a copy of this report to:

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

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

**Date**

**Reporting Month** September 015

<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
</tbody>
</table>

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

**Monthly Access Line Data**

| 1. Total Access Lines in Service | 106 |
| 2. Surcharge Per Access Line | $0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF | $8,48 |
| 4. Number of Access Lines Receiving Lifeline Support | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF | 0.00 |

**Signature Block**

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

Company Official: [Signature]

(Paid)  
(Signed)

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

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

Send a copy of this report to:

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

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

**Date** 11/24/2015

**Reporting Month** October 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Total Call Mobile, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One

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

### Monthly Access Line Data

1. Total Access Lines in Service ........................................... 95
2. Surcharge Per Access Line ............................................. $0.08
3. Amount of Surcharge Remitted to Kentucky USF ........................ $7.60
4. Number of Access Lines Receiving Lifeline Support .................. 0
5. Amount of Reimbursement Requested from Kentucky USF .............. 0.00

### Signature Block

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

Company Official: Hideki Kato
Title: COO

(Signed)

---

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

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

Send a copy of this report to:

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

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

**Date**: 12/11/2015  
**Reporting Month**: November 2015

<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
</tbody>
</table>

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

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

**Signature Block**

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

Company Official: Hideki Kato  
Title: COO  
(Published)

(Signed)

---

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

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

Send a copy of this report to:

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

Revised 03-13-2008
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Total Call Mobile, Inc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1411 W. 190th Street, Suite 650</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>310-818-4300 / 310-818-4310 (fax)</td>
</tr>
</tbody>
</table>

## Classification

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

## Monthly Access Line Data

1. Total Access Lines in Service: 89
2. Surcharge Per Access Line: $0.08
3. Amount of Surcharge Remitted to Kentucky USF: $7.12
4. Number of Access Lines Receiving Lifeline Support: 32
5. Amount of Reimbursement Requested from Kentucky USF: 112

## Signature Block

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

Company Official: Hideki Kato  
Title: COO  
Company Official:  
(Printed)  
(Signed)

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

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

Send a copy of this report to:

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

Revised 03-13-2008