#### **COMMONWEALTH OF KENTUCKY**

#### **BEFORE THE PUBLIC SERVICE COMMISSION**

#### IN THE MATTER OF:

AN INQUIRY INTO THE STATE UNIVERSAL SERVICE FUND ) CASE NO. ) 2016-00059

# AMERIMEX COMMUNICATIONS CORP. D/B/A SAFETYNET WIRELESS' RESPONSES TO COMMISSION STAFF'S FIRST REQUEST FOR INFORMATION TO ALL PARTIES OF RECORD AND FIRST REQUEST FOR INFORMATION TO Q LINK WIRELESS LLC, AMERIMEX COMMUNICATIONS CORP., AND IM TELECOM, LLC D/B/A INFINITI MOBILE

AmeriMex Communications Corp. d/b/a SafetyNet Wireless ("SafetyNet" or the "Company") hereby submits its responses to the Kentucky Public Service Commission ("Commission") Staff's First Request for Information to All Parties of Record and First Request for Information to Q LINK WIRELESS LLC, AmeriMex Communications Corp., and IM Telecom, LLC d/b/a Infiniti Mobile dated April 6, 2016.

State of Florida ) ) County of Pinellas )

#### CERTIFICATION

I, Stephen Klein, first being duly sworn, depose and state that I am the President of AmeriMex Communications Corp. d/b/a SafetyNet Wireless, and do hereby declare under oath that the foregoing responses are true and accurate to the best of my knowledge, information, and belief formed after a reasonable inquiry.

Executed on \_\_\_\_\_04/22/2016

Stophon Klein

Stephen Klein, President AmeriMex Communications Corp. d/b/a SafetyNet Wireless

### SECTION I Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

# **REQUEST NO. 1**

Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

**Response: Please see attached Exhibit 1.** 

### SECTION I Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

# **REQUEST NO. 2**

Provide the Federal Communication Commission ("FCC") Form 497 submitted to the FCC from January 2014 to the present.

**Response: See attached Exhibit 2.** 

### SECTION I

# Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

### **REQUEST NO. 3**

Refer to the Lifeline plans you filed with the Commission with your Application for Designation as an Eligible Telecommunications Carrier ("ETC"). State whether there have been changes to these Lifeline plans since the Commission entered an Order designating you as an ETC for the purpose of offering Lifeline service in Kentucky. If there have been changes to the Lifeline plans, provide:

- a. Copies of all Lifeline plans currently offered to Kentucky subscribers.
- b. For each new or modified Lifeline plan, explain in detail:
  - 1) How the current Lifeline plan modifies the Lifeline plan in effect when you were designated as an ETC;
  - 2) Whether the current Lifeline plan was offered in addition to Lifeline plans in effect when you were designated as an ETC.
- c. An explanation for why existing Lifeline plans were changed or additional Lifeline plans were added.

#### **Response: There have been no changes to the Company's Lifeline plans.**

#### SECTION I Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

# **REQUEST NO. 4**

If the Commission's decision is to maintain state Lifeline support for only voice service, describe how that decision would affect whether and how you provide Lifeline service in Kentucky.

Response: SafetyNet intends to maintain a voice component in its Lifeline service offerings even if the service offerings include other components such as broadband, which will be required under FCC rules expected to be issued in the very near future. Therefore, as long as the Commission maintains state support for any service plans that include a voice component (even if bundled with other components) then the Company does not anticipate such a decision by the Commission would affect how the Company provides service in Kentucky.

#### SECTION I Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

#### **REQUEST NO. 5**

Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

**Response:** SafetyNet does not believe increased oversight of the Lifeline program by the Commission is necessary. The FCC has already implemented increased oversight with the implementation of the National Lifeline Accountability Database, more stringent reporting requirements, and multiple procedures for auditing ETCs on a routine basis. Furthermore, the FCC now intends to implement a National Eligibility Verifier in order to centralize eligibility verification.

#### SECTION I Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

# **REQUEST NO. 6**

If the Commission's decision is to change the amount of Lifeline support, state how soon upon the issuance of an Order by the Commission changing the Lifeline support amount that you are or anticipate being able to implement the changes on customer bills.

**Response:** As a prepaid wireless provider, the Company does not issue customer bills for its current offerings. However, we would request at least thirty (30) days from the date of an order to implement changes, test and comply with any applicable customer notice requirements.

# SECTION I

# Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

#### **REQUEST NO. 7**

Provide, in detail, the methods employed to verify the eligibility of customers who participate in the Lifeline program.

Response: All applications for Lifeline service are processed through CGM, LLC's (CGM) order entry system. CGM is a nationwide credited third party Lifeline consulting vendor. The first step of the application requires the SafetyNet agent to validate each applicant's identity via a government issued ID card, passport, etc. Once verified, the agent enters the customer's information into the CGM ordering system. As part of the CGM process, the application utilizes a series of validations to qualify the customer for enrollment into the Lifeline Program, based on the program's criteria enumerated in 47 C.F.R. § 54.409(a) and (b)), as well as any additional state-specific criteria. CGMs automated process includes address validation via the USPS/Melissa Database, duplicate customer subscriber checks within the ETC's own customer base, and customer enrollment eligibility into the National Lifeline Accountability Database (NLAD).

During the application intake process, there is also a real time review by a SafetyNet compliance auditor. The customer's application and proof of eligibility documentation is reviewed by the auditor, who compares information on the application to the proof of eligibility submitted in order to ensure validity and that it is sufficient to verify the method of qualification indicated by the applicant.

The compliance auditor will either pass or fail the order based on the company's audit procedures. If an order passes, CGM then submits the customer order along with an MDN to NLAD for final approval and enrollment into the National Lifeline Accountability Database. If an order fails the real time review process, it is classified as either a soft or hard failure. Soft failures are items which the agent may be able to correct, such as the spelling of the customer's name, and resubmit for additional review. Hard failures do not allow the agent to continue the enrollment for this customer and the order is cancelled.

### SECTION I Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

#### **REQUEST NO. 8**

State whether you have been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program. If you have been so subjected, provide in detail, including citations to the FCC action, the investigation, action, and/or penalties to which you were subjected.

**Response:** SafetyNet has not been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program.

# SECTION I

# Responses to Requests for Information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")

#### **REQUEST NO. 9**

Describe, in detail, your current marketing programs for Lifeline service in Kentucky, including, but not limited to, person-to-person sales.

**Response:** Person to person contact is handled through Independent Sales Agents hired by SafetyNet to represent the Company and the service offering within the state.

Person to person and mobile marketing programs for Lifeline services in Kentucky comprise of the following marketing items (all items listed below contain the SafeyNet name and logo):

- 1. Uniform embroidered t-shirts
- 2. Employee ID/Photo Name Badge
- 3. 10x10 E-Z Up Style Marketing Tents
- 4. Marketing Banners
- 5. Marketing Yard Signs
- 6. SafetyNet Logo Table Runners/Skirts
- 7. Welcome Cards with Customer Service & Top Up Information

### SECTION II Responses to Requests for Information to All Parties

# **REQUEST NO. 1**

Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

**Response: See response to Section I, No. 1.** 

### **SECTION II** Responses to Requests for Information to All Parties

# **REQUEST NO. 2**

Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer receives service in the middle of a month.

**Response:** Each line that is active in the month receives a full month's subsidy.

#### **SECTION II** Responses to Requests for Information to All Parties

#### **REQUEST NO. 3**

Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a customer leaves in the middle of a month.

Response: The calculation depends on the day of the month the line activated service (start date) and the day of the month the line cancelled. If a line cancels on a day of the month after the start date, they receive full subsidy. If the line cancels a day of the month prior to the start date, no subsidy will be requested. For example:

- i. If line activates 1/15/2015 and disconnects 5/7/2015, line is NOT eligible for Lifeline subsidy on the way out.
- ii. If line activates 1/15/2015 and disconnects 5/27/2015, line IS eligible for Lifeline subsidy on the way out.

#### **SECTION II** Responses to Requests for Information to All Parties

### **REQUEST NO. 4**

Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

**Response:** As a prepaid provider, the Company does not issue bills or experience bad debts.

### **SECTION II** Responses to Requests for Information to All Parties

### **REQUEST NO. 5**

State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform<sup>1</sup> is concluded before rendering a decision in this proceeding, and explain the basis for your response.

Response: SafetyNet does believe it is reasonable and prudent for the Commission to wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding. The FCC announced that it adopted an Order at its March 31, 2016 Open Meeting to modernize and reform the Lifeline program, and we are simply awaiting release of the Order. The FCC's reforms are anticipated to steer the Lifeline program towards broadband, and introduce minimum amounts of voice and data required for plans to qualify for Lifeline subsidy beginning as early as December 2016; these changes will certainly affect the cost at which ETCs are able to offer Lifeline service to the consumer, and therefore the KUSF subsidy may be more important for customers than ever before.

<sup>&</sup>lt;sup>1</sup> See Lifeline and Link Up Reform and Modernization, WC Docket No. 11-42; Telecommunications Carriers Eligible for Universal Service Support, WC Docket No 09-197; Connect America Fund, WC Docket No. 10-90.

### SECTION II Responses to Requests for Information to All Parties

# **REQUEST NO. 6**

State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are or anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of access lines for each account type.

**Response: See response to Section I, No. 6.** 

# <u>Responses to First Request for Information to Q LINK WIRELESS LLC,</u> <u>AmeriMex Communications Corp., and IM Telecom, LLC d/b/a Infiniti Mobile</u>

### **REQUEST NO.1**

Refer to the Joint Testimony of Issa Asad, Stephen Klein, and Trevan Morrow ("Joint Testimony"), page 5, lines 15-18. Explain how a decrease in the Lifeline subsidy could make it uneconomical for the eligible telecommunication carriers ("ETC") to continue their outreach efforts and decrease the number of ETCs willing to serve Kentucky Lifeline customers.

Response: The regulatory costs for an ETC to provide Lifeline service continue to increase, requiring ETCs to spend more money and resources on compliance rather than outreach efforts. Given the upcoming FCC reforms implementing minimum standards for voice and broadband in order for plans to qualify for Lifeline subsidy, the ability for ETCs to provide Lifeline plans at current rates will be impossible. Therefore, maintaining the KUSF support level is more important than ever.

# <u>Responses to First Request for Information to Q LINK WIRELESS LLC,</u> <u>AmeriMex Communications Corp., and IM Telecom, LLC d/b/a Infiniti Mobile</u>

### **REQUEST NO. 2**

Refer to the Joint Testimony, page 9, lines 9-12. Confirm that an ETC filing a copy of Form 497 with the Commission is not a fail-safe check on the accuracy of the KUSF remittance form as, although the forms could reconcile, they could both contain the same inaccurate information.

**Response:** Correct, the filing of a 497 would primarily be for reconciliation purposes, and not a fail-safe check for accuracy.

# **CERTIFICATE OF SERVICE**

In accordance with 807 KAR 5:001, Section 8, I certify that the April 27, 2016 electronic filing of these Data Responses is a true and accurate copy of the same document being filed in paper medium; that the electronic filing was transmitted to the Commission on April 27, 2016; that there are currently no parties that the Commission has excused from participation by electronic means in this proceeding; and that an original paper medium of these Data Responses will be mailed to the Commission by first class United States mail, postage prepaid, on April 27, 2016.

s/Lance J.M. Steinhart

Lance J.M. Steinhart

# **EXHIBIT 1**

Date	May 5, 2	014 Reporting Month April 2014
		Carrier Information
	Company Name	AmeriMex Communications Corp.
C	Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076
	Telephone / Fax	678-832-6210 / 800-921-4823
	Vendor Number	

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

		Signature Block	
I hereby attest that the information reported	d herein is tr	ue and accurate to the b	best of my knowledge.
Company Official Susan Cockerha (Printed)	nTitle	Attorney In Fact	Company Official <u>Sunan Cockerha</u> (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



Date	June 5, 2014

Frankfort, KY 40601

Reporting Month May 2014	
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Carrier Information						
Company Name	AmeriMex Communications Corp.					
Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076					
Telephone / Fax Vendor Number	678-832-6210 / 800-921-4823					

Classification			<b></b>		
Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data		
Total Access Lines in Service	0	
Surcharge Per Access Line	\$0.08	
Amount of Surcharge Remitted to Kentucky USF	\$ 0.00	
Number of Access Lines Receiving Lifeline Support	0	
Amount of Reimbursement Requested from Kentucky USF	\$ 0.00	
	Total Access Lines in Service	Total Access Lines in Service.       0         Surcharge Per Access Line.       \$0.08         Amount of Surcharge Remitted to Kentucky USF.       \$0.00         Number of Access Lines Receiving Lifeline Support.       0

		Ş	Signature Block		
I hereby attest that the	ne information reported her	ein is true a	and accurate to the b	est of my knowledge.	
Company Official	Susan Cockerham <sub>Title</sub> Attorney In Fact		Attorney In Fact	Company Official Susan Caclecham (Signed)	
	(Printed)			(Signed)	
Maka abaak mayabi	o tot "W ontrolize				
Make check payabl State Treasurer" an				Send a copy of this report to:	
report to:				Kentucky Public Service Commission ATTN: Jim Stevens	
Finance and Admini ATTN: KY USF	stration Cabinet			211 Sower Blvd.	
702 Capital Ave. Capitol Annex, Room	m 488A			P.O. Box 615 Frankfort, KY 40602	



Date	July	8,	20	14

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Reporting Month June 2014

Carrier Information					
Company Name	AmeriMex Communications Corp.				
Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076				
Telephone / Fax	678-832-6210 / 800-921-4823				
Vendor Number					

Classification			<u> </u>		
Please Circle One	ILEC	CLEC	Cellular	PCS	

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

	Signature Block					
-	nformation reported herein Susan Cockerham	is true and accurate to the b eAttorney In Fact	pest of my knowledge. Company Official <u>Susan Cockerhan</u> (Signed)			
Make check payable to State Treasurer" and so report to: Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	end with this tion Cabinet		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602			



Exhibit 1, Page 4

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date8/11/2014		Reporting Mo	nth2014-07			
[						
		Carrier Information				
Company Name AMERIMEX COMMUNICATIONS						
Company Address	200 Mansell CT E	STE 105 Roswell, GA 30076	6			
Telephone / Fax	678-832-6233 / `	770-594-3878				
Vendor Number	VS1000004411					
Classification Please Circle One	ILEC C	LEC Cellular PC	CS			
		Monthly Access Line Data				
1. Total Access Lir	nes in Service		1236			
2. Surcharge Per A	2. Surcharge Per Access Line					
	harge Remitted to Ke	ntuckyUSF	\$98.88			
18274.Number of Acce	ess Lines Receiving L	ifeline Support	1235			
5. Amount of Reimbursement Requested from Kentucky USF						
		Signature Block				
I hereby attest that the inf Company Official $2$		Title C C	f my knowledge.			
	]					
Make check payable to State Treasurer" and set report to:			Send a copy of this report to: Kentucky Public Service Commission			
Finance and Administrati ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 48	12.		ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602			
Frankfort, KY 40601			L			





9/5/2014	Reporting Month2014-08
	Carrier Information
Company Name	AMERIMEX COMMUNICATIONS
mpany Address	200 Mansell CT E STE 105 Roswell, GA 30076
elephone / Fax	678-832-6233 / 770-594-3878
endor Number	VS100004411
r	company Name npany Address elephone / Fax

Classification			cellular		
Please Circle One	ILEC	CLEC	cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	2233
2.	Surcharge Per Access Line	\$0.08
3. 1827	Amount of Surcharge Remitted to KentuckyUSF	\$178.64
4.	Number of Access Lines Receiving Lifeline Support	2226
5.	Amount of Reimbursement Requested from Kentucky USF	\$7,791.00

Signature Bl	ock
I hereby attest that the information reported herein is true and accurate Company Official $\underline{Dah}  \underline{Aldridp}  \text{Title}  \underline{CE0}$ (Printed)	to the best of my knowledge. Company Official(Signed)
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:

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

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

Revised 03-13-2008



Date October 9, 2014

Reporting Month September 2014

Carrier Information				
Company Name	AmeriMex Communications Corp.			
Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076			
Telephone / Fax	678-832-6210 / 800-921-4823			
Vendor Number				

Classification					
Please Circle One	ILEC	CLEC	✓ Cellular	PCS	

	Monthly Access Line Data				
1.	Total Access Lines in Service	2356			
2.	Surcharge Per Access Line	\$0.08	<b>_</b>		
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 188.48			
4.	Number of Access Lines Receiving Lifeline Support	2,356	*****		
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 8,246.00			
1					

Signature Block					
•	nformation reported herein i Susan Cockerham		pest of my knowledge. Company Official <u>Susan Cackerfant</u> (Signed)		
Make check payable t State Treasurer" and s report to: Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	end with this ation Cabinet		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602		



m .		
Date		

November 7, 2014

Reporting Month October 2014

	Carrier Information
Company Name	
	AmeriMex Communications Corp.
Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification Please Circle One	ILEC	CLEC	✓ Cellular	PCS	
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	Monthly Access Line Data		
1.	Total Access Lines in Service	2356	
2.	Surcharge Per Access Line	\$0.08	-trackers
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 188.48	
4.	Number of Access Lines Receiving Lifeline Support	2,196	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 7,686.00	

		Signature Block	
I hereby attest that the i	information reported herein is	true and accurate to the b	best of my knowledge.
Company Official	Susan CockerhamTitle	Attorney In Fact	Company Official <u>Susan Cackerhan</u> (Signed)
Make check payable t State Treasurer" and s report to: Finance and Administra ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 4 Frankfort, KY 40601	send with this ation Cabinet		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date December 10, 2014

Reporting Month November 2014

	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	2196	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 175.68	
4.	Number of Access Lines Receiving Lifeline Support	2,075	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 7,262.50	

		Signature Block	
I hereby attest that the	he information reported herein	is true and accurate to the t	pest of my knowledge.
Company Official	Susan Cockerham <sub>Tit</sub> (Printed)	tleAttorney In Fact	Company Official_ <u>Supar(Sckethar</u> (Signed)
Make check payab			Send a copy of this report to:
State Treasurer" an report to:	d send with this		Kentucky Public Service Commission

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date January 12, 2015

Reporting Month December 2014

	Carrier Information	
Company Name	AmeriMex Communications Corp.	
Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076	
Telephone / Fax	678-832-6210 / 800-921-4823	
Vendor Number		

Classification			[ 7]		
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	1
1.	Total Access Lines in Service	2075
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 166.00
4.	Number of Access Lines Receiving Lifeline Support	2,027
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 7,094.50

			Signature Block	
I hereby attest that the	he information reported he	erein is tru	ie and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham (Printed)		Attorney In Fact	Company Official Susan Cockerhom (Signed)
Make check payab				Send a copy of this report to:
State Treasurer" an report to:				Kentucky Public Service Commission

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



# Date February 10, 2015

Reporting Month January 2015

	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	2027	
2.	Surcharge Per Access Line	\$0.08	waterstyleste
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 162.16	
1.	Number of Access Lines Receiving Lifeline Support	2,115	
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 7,402.50	

Signature Block						
I hereby attest that th	e information reported herein is	true and accurate to the b	est of my knowledge.			
Company Official	Susan Cockerham Title (Printed)	Attorney In Fact	Company Official Suban Cockerham (Signed)			
Make check payable State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Roor Frankfort, KY 4060	1 send with this stration Cabinet n 488A		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



Date March 9, 2015

Reporting Month February 2015

Carrier Information				
Company Name	AmeriMex Communications Corp.			
Company Address	200 Mansell Ct. E, Suite 105 Roswell, GA 30076			
Telephone / Fax	678-832-6210 / 800-921-4823			
Vendor Number				

Classification			<b>L</b>		
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	и.)
1.	Total Access Lines in Service	2115
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 169.20
4.	Number of Access Lines Receiving Lifeline Support	1,989
5:	Amount of Reimbursement Requested from Kentucky USF	\$ 6,961.50

Signature Block							
I hereby attest that the information reported herein	n is true and accurate to the b	est of my knowledge.					
Company Official Susan Cockerham Ti (Printed)	itleAttorney In Fact	Company Official Susan Cookerham (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					





	Carrier Informa	ation		
ame	AmeriMex (	Communications Corp.		
ress			30076	
Fax				
iber				
	ame ress Fax	Carrier Informa ame <u>AmeriMex (</u> ress <u>200 Mansell Ct. E, s</u> Fax <u>678-832-6</u>	Carrier Information AmeriMex Communications Corp. Fax 678-832-6210 / 800-921-4823	

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data					
1.	Total Access Lines in Service	1989			
2.	Surcharge Per Access Line	\$0.08			
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 159.12			
4.	Number of Access Lines Receiving Lifeline Support	2,079			
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 7,276.50			

			Signature Block	
I hereby attest that th	e information reported he	rein is tru	ie and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham (Printed)	_Title	Attorney In Fact	Company Official <u>Sucon</u> Cockerham (Signed)
Make check payable State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 4060	I send with this stration Cabinet			Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date May 8, 2016	Reporting Month April 2015
	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	200 Mansell Court E, Suite 105 Roswell, GA 30076
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	2,079
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 166.32
4.	Number of Access Lines Receiving Lifeline Support	2,009
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 7,031.50

		Signature Block	
I hereby attest that the information reporte	d herein is tr	ue and accurate to the b	pest of my knowledge.
Company Official(Printed)	Title	Attorney In Fact	Company Official <u>Super Cocker her</u> (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: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date June 9, 2015	Reporting Month May 2015
	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Da	ta	
1. Total Access Lines in Service	2009	
2. Surcharge Per Access Line	\$0.08	
3. Amount of Surcharge Remitted to Kentucky USF	\$ 160.72	
4. Number of Access Lines Receiving Lifeline Support	2,207	
5. Amount of Reimbursement Requested from Kentucky USF	\$ 7,724.50	

		Signature Block	
I hereby attest that the	ne information reported here	ein is true and accurate to the b	best of my knowledge.
Company Official	Susan Cockerham (Printed)	Title Attorney In Fact	Company Official <u>Suran Centerhan</u> (Signed)
Make check payab State Treasurer" an report to:			Send a copy of this report to: Kentucky Public Service Commission

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

Revised 03-13-2008



Date

July 7, 2015

Reporting Month June 2015

	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Please Circle One ILEC CLEC V Centual PCS			Cellular		
---	--	--	----------	--	--

	Monthly Access Line Data	
1.	Total Access Lines in Service	2207
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 176.56
4.	Number of Access Lines Receiving Lifeline Support	2,797
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 9,789.50

Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company Official	Susan Cockerham		Attorney In Fact	Company Official_	Susan Cockerham
	(Printed)				(Signed)
		·	<u>`</u>		

Make check payable to: "Kentucky<br/>State Treasurer" and send with this<br/>report to:Send a copy of this report to:Finance and Administration Cabinet<br/>ATTN: KY USF<br/>702 Capital Ave.<br/>Capitol Annex, Room 488A<br/>Frankfort, KY 40601Send a copy of this report to:

Revised 03-13-2008


# **COMMONWEALTH OF KENTUCKY** UNIVERSAL SERVICE FUND

Date	August 6, 2015	Reporting Month July 2015
		Carrier Information
	mpany Name	AmeriMex Communications Corp.
Com	pany Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Te	lephone / Fax	678-832-6210 / 800-921-4823
Ve	ndor Number	

Classification					
Please Circle One	ILEC	CLEC	🖌 Cellular	PCS	

	Monthly Access Line Data	a
1.	Total Access Lines in Service	. 2797
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 223.76
4.	Number of Access Lines Receiving Lifeline Support	2,511
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 8,788.50

			Signature Block	
I hereby attest that th	e information reported he	erein is tru	ue and accurate to the b	est of my knowledge.
Company Official	Susan Cockerham (Printed)	Title	Attorney In Fact	Company Official Susan Carkerham (Signed)
Make check payabl State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Roor Frankfort, KY 4060	d send with this stration Cabinet n 488A			Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date

report to:

ATTN: KY USF

702 Capital Ave.

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

# September 8, 2015

Reporting Month August 2015

	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data					
1.	Total Access Lines in Service	2511	x		
2.	Surcharge Per Access Line	\$0.08			
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 200.88			
4.	Number of Access Lines Receiving Lifeline Support	2,162			
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 7,567.00			

			Signature Block					
I hereby attest that the	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.							
Company Official Susan Cockerham Title (Printed)			Attorney In Fact	Company Official <u>Su San Contenham</u> (Signed)				
Make check payabl State Treasurer" an				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



Date October 9, 2015	Reporting Month September 2015
· · · · · · · · · · · · · · · · · · ·	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

|--|

Monthly Access Lin	e Data
1. Total Access Lines in Service	2162
2. Surcharge Per Access Line.	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$ 172.96
4. Number of Access Lines Receiving Lifeline Support	1,671
5. Amount of Reimbursement Requested from Kentucky USF	\$ 5,848.50

		Signature Block	
I hereby attest that the	ne information reported herei	in is true and accurate to the	best of my knowledge.
Company Official		itleAttorney In Fact	Company Official Susan Cockerhan
	(Printed)		(Signed)
	······		
Make check payable State Treasurer" and			Send a copy of this report to:
report to:		· .	Kentucky Public Service Commission
Finance and Admini	stration Cabinet		ATTN: Jim Stevens 211 Sower Blvd.

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

Revised 03-13-2008

Frankfort, KY 40602

P.O. Box 615



Date	November 6, 2015	

Reporting Month\_\_\_\_October 2015

	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification	ΠEO	CLEC		pre	
Please Circle One	ILEC		<b>V</b> Centular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1671
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 133.68
ŀ.	Number of Access Lines Receiving Lifeline Support	1,261
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 4,413.50

		Signature Block	
I hereby attest that the	information reported herein is	true and accurate to the t	best of my knowledge.
Company Official	Susan Cockerham	Attorney In Fact	Company Official(Signed)
Make check payable State Treasurer" and report to: Finance and Administr ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	send with this ation Cabinet		Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date December 7, 2015

Reporting Month November 2015

	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Please Circle One ILEC CLEC Clecular PCS	Classification Please Circle One	ILEC	CLEC	🖌 Cellular			
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Monthly Access Line Data					
1.	Total Access Lines in Service	1261			
2.	Surcharge Per Access Line	\$0.08_			
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 100.88			
4.	Number of Access Lines Receiving Lifeline Support	1,102			
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 3,857.00			

			Signature Block		
I hereby attest that th	e information reported h	erein is tri	ie and accurate to the b	est of my	knowledge.
Company Official	Susan Cockerham (Printed)	Title	Attorney in Fact	Compa	ny Official <u>Susan Cockerhan</u> (Signed)
Make check payabl State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Roon Frankfort, KY 4060	d send with this stration Cabinet n 488A				Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date January 8, 2016

Reporting Month December 2015

	Carrier Information	
Company Name		
~	AmeriMex Communications Corp.	
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698	
Telephone / Fax	678-832-6210 / 800-921-4823	
Vendor Number		

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data					
1.	Total Access Lines in Service	1102			
2.	Surcharge Per Access Line	\$0.08			
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 88.16			
4.	Number of Access Lines Receiving Lifeline Support	925			
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 3,237.50			

		Signature Block	
I hereby attest that the information report	ted herein is tru	e and accurate to the b	est of my knowledge.
Company Official Susan Cockerha (Printed)	am Title	Attorney In Fact	Company Official <u>Lusar Coverhan</u> (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



Date\_\_\_\_\_February 8, 2016

Reporting Month January 2016

	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	925
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 74.00
4.	Number of Access Lines Receiving Lifeline Support	631
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 2,208.50

	Signature Block	
I hereby attest that the information reported Company Official Jennifer Rabig (Printed)	ed herein is true and accurate to the b TitleAttorney In Fact	Company Official
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



# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date March 9, 2016	Reporting Month February 2016
	Carrier Information
Company Name	AmeriMex Communications Corp.
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 34698
Telephone / Fax	678-832-6210 / 800-921-4823
Vendor Number	

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	631
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 50.48
4.	Number of Access Lines Receiving Lifeline Support	520
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 1,820.00

		Signature Block		
I hereby attest that the information reported I Company Official Jennifer Rabig (Printed)	herein is tr Title	ue and accurate to the b Attorney In Fact	best of my knowledge. 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: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	n



# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date_	April 7, 2	016	Reporting Month	March 2016
		Carrier In	nformation	
	Company Name	AmeriMex Communications Corp.	÷	
	Company Address	2323 Curlew Road, Suite 7B Dunedi	n, FL 34698	
	Telephone / Fax	678-832-6210 / 800-921-4823		
	Vendor Number			

Classification				R.	8	
Please Circle One	ILEC	CLEC	Cellular	PCS		

	Monthly Access Line Data	
1.	Total Access Lines in Service	520
2.	Surcharge Per Access Line	\$0.14_
3.	Amount of Surcharge Remitted to Kentucky USF	\$ 72.80
4.	Number of Access Lines Receiving Lifeline Support	471
5.	Amount of Reimbursement Requested from Kentucky USF	\$ 1,648.50

μ.			Signature Block		
I hereby attest that the	information reported	herein is tr	ue and accurate to the b	best of my knowledge.	$\bigcirc$ /
Company Official	Jennifer Rabig (Printed)	Title	Attorney In Fact	_Company Official	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to: Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

# **Responses to First Request for Information to All Parties**

# **EXHIBIT 2**

					E:	xhibit 2, Page 1
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
				Δνα	Burden Est	3060-0819 per Respondent: 2.5 Hrs.
				C C		
(1) USAC Service Provider le	dentification Number	143035888		(2) Stu	dy Area Co	de <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	check one): Lifeline	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	l		(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date	07/11/2	014
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	June 20	14
Mailing Address:	200 Mansell Co	urt East	c)	Type of Filing (check one)		
	Suite 105			· ,	Original Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	Ċĸy
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	CAITLYN.LUMPKI	N@CGMINC.COM	I			
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su	oport	- /
Receiving federal L	ifeline Support	(8) 588		x \$ 9.2	5	= \$ 5439
Tribal Low-Income Subscrib		<b>(9)</b> <u>0</u>	x <u>\$</u> 0.00			= \$
Receiving federal L	ifeline Support	Тс	otal I	not to exce) Federal Lifeline Sup		ed (10) \$ <u>5439</u>
Toll Limitation Servio	nas (TI S)					
	.es (120)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	00			
Number of TLS Sub		(12) <u>0</u>				
		(12)				
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippo	Total TLS Supp rt)	ort Claimed	d (13) \$ <u>0</u>
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(14) = 0.00		(for multiple rates	s, use an average amount)	
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <sup>0</sup>
ETC Payment		·				
Total Lifeline \$ <u>5439</u>	Total TISE 0		Tota	Tribal   ink   n ¢ (	)	
	<u> </u>		, Jid	-		
				Tota	I Dollars (19	9) \$ <u>5439</u>

OMB Approval 3060-0819 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.

# **Certified Offline**

DATE

# **OFFICER SIGNATURE**

### **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.

500 5 407				E	Exhibit 2, Page 3
FCC Form 497 April 2012 Edition			SHE	ET	OMB Approval
				Ava Burden Es	3060-0819 t. per Respondent: 2.5 Hrs.
				-	
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area Co	ode <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🗹	High	Cost/Low Income 📮	
(6) Organization Information	1		(7)	Filing Information	1
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 08/07/2	2014
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month July 20	)14
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Original Revision	
	Roswell, GA 30	076	d)	State Reporting KENTU	JCKY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					
Receiving federal L	ifeline Support	(8) 1235		x \$ <u>9.25</u>	= \$ <u>11424</u>
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$
Receiving federal L	neine Support	т	otal F	ederal Lifeline Support Clain	ned (10) \$ <u>11424</u>
Toll Limitation Servio	ces (TLS)				
	(120)				
Cost of Providing T (the lesser of increment	<b>LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u>	00		
Number of TLS Sub		(12) 0			
		. ,		Total TLS Support Claime	ad (13) ¢ ()
<b>Tribal Link Up</b> (Availab	ole only to ETCs rece	eiving High Cost su	Ippoi		eu (13) \$ <u></u>
Number of Connect	ione Weived	(14) 0			
Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, use an ave	erage amount)
		(not to exceed \$100	)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		۲	Fotal <sup>*</sup>	 Tribal Link Up Support Claim	ned (18) \$ <sup>()</sup>
ETC Payment					
-	0			0	
Total Lifeline \$ <u>11424</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ 0	
				Total Dollars (	19) \$

OMB Approval 3060-0819 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.

08/0	)7/20	14
------	-------	----

Don Aldridge

CEO

# Don Aldridae

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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.

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				l	Exhibit 2, Page 5	
FCC Form 497 April 2012 Edition			KSHE	ET	OMB Approval	
				Ava Burden Fa	3060-0819 st. per Respondent: 2.5 Hrs.	
				-		
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area C	ode <u>269046</u>	
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype	check one) Wireline 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 09/05/2	2014	
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Augus	t 2014	
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
				Ó Original Revision		
Talaukana Numban	Roswell, GA 30	076	d)	State Reporting KENTU	JCKY	
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878		_			
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal L		(8) 2226		x \$ 9.25	<sub>= \$</sub> 20591	
-		0		. 0.00	= \$ <u>0</u>	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(-)		(not to exceed \$34.25)		
		T	otal I	Federal Lifeline Support Clair	ned (10) \$ <u>20591</u>	
Toll Limitation Servio	ces (TLS)					
		(11) 0.0000	00			
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(1)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Support Claim	ed (13) \$ <u>0</u>	
<b>Tribal Link Up</b> (Availab	ole only to ETCs rece	eiving High Cost su	uppo			
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an ave	es, use an average amount)	
		(not to exceed \$100)	)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Support Clain	and (18) \$ 0	
			ual	The support Claim	ieu (10)	
ETC Payment						
Total Lifeline \$ <u>20591</u>	Total TLS \$ <u>0</u>		Tota	l Tribal Link Up \$ <u>0</u>		
				Total Dollars (	19) \$_ <u>20591</u>	
				-		

OMB Approval 3060-0819 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/	05/2	014
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Don Aldridge

## CEO

Don Aldridae

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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.

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					Exhibit 2, Page 7	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approval	
•				Avg. Burdon F	3060-0819 Est. per Respondent: 2.5 Hrs.	
				-		
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area	Code <u>269046</u>	
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🔽	
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income 📮		
(6) Organization Information	<u>ו</u>		(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 10/03	/2014	
Contact Name:	CAITLYN LUMF	PKIN	b)		ember 2014	
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
				Original Revision		
Talashasa Masakas	Roswell, GA 30	076	d)	State Reporting KEN1	UCKY	
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878		_			
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline	
Non-Tribal Low-Income Sub		(8) 2356			∞ 21703	
Receiving federal L	ifeline Support	0		x \$ <u>9.25</u>	_ =\$ <u>21793</u>	
Tribal Low-Income Subscrib Receiving federal L		(9) 0		_ x \$ <u>0.00</u> (not to exceed \$34.25	=  0	
		Т	otal F	ederal Lifeline Support Cla		
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	<b>'LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> in 2013)	00	_		
Number of TLS Sub	oscribers	(12) <u>0</u>				
		. ,		Total TLS Support Clair	med (13) \$ <u>0</u>	
<b>Tribal Link Up</b> (Availab	ble only to ETCs rece	eiving High Cost su	uppo		(13) \$ <u>-</u>	
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u> (not to exceed \$100	<u> </u>	(for multiple rates, use an a	s, use an average amount)	
		(not to exceed \$100)	)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		1	Fotal	Tribal Link Up Support Clai	imed (18) \$ <u>0</u>	
ETC Payment						
Total Lifeline <u>\$</u> 21793	Total TLS \$ <sup>0</sup>		Total	Tribal Link Up \$ 0		
· · · · · · · · · · · · · · · · · · ·				-	(19) \$ 21793	
				I otal Dollars	(19) \$	

OMB Approval 3060-0819 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.

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Don Aldridge

DATE
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# CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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.

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					Exhibit 2, Page 9
FCC Form 497 April 2012 Edition LIFELINE WORKS			SHE	ET	OMB Approval
		-	-	Ave Durden F	3060-0819
				Avg. buiden E	st. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area C	ode <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Amerimex Comn	nunications Corp	a)	Submission Date 11/05/	2014
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Octob	er 2014
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Ó Original Revision	
	Roswell, GA 30	076	d)	State Reporting KENT	UCKY
Telephone Number:	678-389-6024		_		
Fax Number:	770-594-3878		_		
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>2196</u>			♠ 20212
Receiving federal L	ifeline Support			x \$ <u>9.25</u>	= \$ 20313
Tribal Low-Income Subscribers Receiving federal Lifeline Support		<b>(9)</b> <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ 0
		Тс	otal F	ederal Lifeline Support Clai	
Toll Limitation Servio	ces (TLS)				
		0 0000			
Cost of Providing T (the lesser of increment	<b>'LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> in 2013)	0		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claim	ned (13) \$ <u>0</u>
<b>Tribal Link Up</b> (Availab	ble only to ETCs rece	eiving High Cost su	ppol	<i>t)</i>	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an av	verage amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_	
Deferred Interest		(17) \$ 0.00			
		т	otal	Tribal Link Up Support Clair	med (18) \$ <u>0</u>
ETC Payment					
Total Lifeline \$ <u>20313</u>	Total TLS \$ 0		Гotal	Tribal Link Up \$ 0	
				-	(19) \$ 20313
				i otal Dollars	(13) \$

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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

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

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Don Aldridge

DATE	
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## CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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500 5 407					Exhibit 2, Page 11
FCC Form 497 April 2012 Edition			SHE	ET	OMB Approval
				Ava Burd	3060-0819 en Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035888		-	rea Code <u>269046</u>
(3) Filer 499 ID <u>822058</u>			wpo (		Wireless 🗹
		_		_	
(5) ETC Designation Type (C	-	e Only 🔟	•	Cost/Low Income	
(6) Organization Information		aunicationa Corr		Filing Information	105/2014
Company Legal Name:	Amerimex Comn	•			/05/2014
Contact Name: Mailing Address:	CAITLYN LUMF		b)	Data Month NO	vember 2014
Maning Address.	200 Mansell CT	E STE 105	c)	(check one)	
				Origin Revis	
Telephone Number:	Roswell, GA 30	076	d)	State Reporting KE	NTUCKY
Fax Number:	678-389-6024		_		
	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ Subscriber Support	
Non-Tribal Low-Income Sub Receiving federal L		(8) 2075		x \$ 9.25	=\$ 19194
Tribal Low-Income Subscrib	bers	(9) 0		x <u>\$</u> 0.00	= \$ 0
Receiving federal Lifeline Support		т	otal F	(not to exceed \$3	<sup>4.25)</sup> Claimed (10) \$ 19194
Toll Limitation Servio	ces (TLS)				
Cost of Providing T		(11) <u>0.0000</u>	00		
	tal cost or \$3 in 2012 /\$2 i	•			
Number of TLS Sub	oscribers	(12) <u>(</u>			
Tribal Link Up (Availab	ole only to ETCs rece	eivina Hiah Cost sı	סממו	Total TLS Support C	laimed (13) \$ <u>0</u>
	,	0		,	
Number of Connect		(14)  0  0  0  0  0  0  0  0  0		(for multiple rates, use a	,
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$100)	)	(for multiple rates, use a	an average amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		r	Total	Tribal Link Up Support	Claimed (18) \$ <u>0</u>
ETC Payment					
Total Lifeline \$ <u>19194</u>	Total TLS \$_0		Total	Tribal Link Up \$ 0	
				-	lars (19) \$ _19194
				I otal Dol	iars (19) ֆ

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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12/05/2	2014
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Don Aldridge

DATE	
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# CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

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				E	xhibit 2, Page 13
FCC Form 497 April 2012 Edition			SHE	ET	OMB Approval
				Ava Burden F	3060-0819 st. per Respondent: 2.5 Hrs.
				-	
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area C	ode <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔽	High	Cost/Low Income 📮	
(6) Organization Information	<u>ו</u>		(7)	Filing Information	
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 01/07/	2015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Decen	nber 2014
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Ó Original Revision	
	Roswell, GA 30	076	d)	State Reporting KENT	UCRY
Telephone Number: Fax Number:	678-389-6024				
	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					40750
Receiving federal L	ifeline Support	(8) 2027		x \$ <u>9.25</u>	= \$ <u>18750</u>
Tribal Low-Income Subscribers		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ _0
Receiving federal Lifeline Support		т	otal F	ederal Lifeline Support Clair	
Toll Limitation Services (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claim	ed (13) \$0
<b>Tribal Link Up</b> (Availat	ole only to ETCs rece	eiving High Cost s	uppo	••	cu (10) ψ
Number of Connect	tions Waived	(14) 0			
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an av	erage amount)
		(not to exceed \$100	)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		-	Fotal	Tribal Link Up Support Clain	ned (18) \$ <sup>()</sup>
ETC Payment					
Total Lifeline <u>\$</u> 18750			Total	Tribal Link Line 0	
	<u> </u>		rold		
				Total Dollars (	(19) \$ 18750

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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01/07	7/2015
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Don Aldridge

# CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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.

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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

				Ex	hibit 2, Page 15
FCC Form 497 April 2012 Edition LIFELINE WORK			SHE	ET	OMB Approval
				Ava Burden Est	3060-0819 . per Respondent: 2.5 Hrs.
				-	
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area Co	ode <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income 📮	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 02/05/2	.015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month January	y 2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Original Revision	
	Roswell, GA 30	076	d)	State Reporting KENTU	ICKY
Telephone Number: Fax Number:	678-389-6024				
	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline Subscribers		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 2115			<sub>= \$</sub> 19564
Receiving federal L	ifeline Support			x \$ <u>9.25</u>	·
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		_ x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ _0
		Т	otal F	ederal Lifeline Support Claim	ned (10)\$ <u>19564</u>
Toll Limitation Servio	ces (TLS)				
		(11) 0.0000	ററ		
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11)	00		
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Claime	d (13) \$ <u>0</u>
<b>Tribal Link Up</b> (Availab	le only to ETCs rece	eiving High Cost su	lppo	rt)	
Number of Connect	ions Waived	(14) 0			
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)	<u> </u>	(for multiple rates, use an aver	rage amount)
		(not to exceed \$100)	)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest (17) \$		(17) \$ 0.00			
		-	Fotal	Tribal Link Up Support Claim	ed (18) \$ <sup>()</sup>
ETC Payment				- F F F	
-	<b>T</b>		<b>-</b>	Tribal Link Up \$ <u>0</u>	
I otal Lifeline \$_13004			ı otal		
				Total Dollars (1	9) \$

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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Don Aldridge

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## CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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500 5 407				E	xhibit 2, Page 17
FCC Form 497 April 2012 Edition LIFELINE WORKS				ET	OMB Approval
				Ava Burden Es	3060-0819 t. per Respondent: 2.5 Hrs.
				-	
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area C	ode <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	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:	Amerimex Comn	nunications Corp	) a)	Submission Date 03/05/2	2015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Februa	ary 2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Original Revision	
Talaukana Newskar	Roswell, GA 30	076	d)	State Reporting KENTL	JCKY
Telephone Number: Fax Number:	678-389-6024		_		
	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 1989		x \$ 9.25	<sub>= \$</sub> 18398
-				0.00	= \$ <u>0</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(-)		(not to exceed \$34.25)	
		Т	otal F	ederal Lifeline Support Clain	ned (10) \$ <u>18398</u>
Toll Limitation Servio	ces (TLS)				
		(11) 0.0000	00		
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i		('')	00		
Number of TLS Subscribers		(12) <u>0</u>			
				Total TLS Support Claime	ed (13) \$ <sup>0</sup>
<b>Tribal Link Up</b> (Availab	eiving High Cost su	uppol			
Number of Connect	ions Waived	(14) 0			
Number of Connections Waived Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an ave	erage amount)
		(not to exceed \$100	)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00			
			Fotal	Tribal Link Up Support Claim	ned (18) \$ <sup>()</sup>
ETC Payment					
-	0				
Total Lifeline \$_10390	Total TLS \$ <u></u>		Total	Tribal Link Up \$ 0	
				Total Dollars (	19) \$

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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Don Aldridge

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CEO

# Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## OFFICER TITLE

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500 5 407				Exh	ibit 2, Page 19
FCC Form 497 April 2012 Edition LIFELINE WORKS				ET	OMB Approval
				Ava Burden Est	3060-0819 per Respondent: 2.5 Hrs.
				-	
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area Cod	le <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	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:	Amerimex Comn	nunications Corp	) a)	Submission Date 04/06/20	)15
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month March 20	015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Original Revision	
	Roswell, GA 30	076	d)	State Reporting KENTUC	CKY
Telephone Number: Fax Number:	678-389-6024				
	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Sub					<ul><li>10221</li></ul>
Receiving federal L	ifeline Support	(8) 2079		x \$ <u>9.25</u>	= \$ 19231
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$
		Т	otal F	ederal Lifeline Support Claime	d (10) \$ <u>19231</u>
Toll Limitation Services (TLS)					
Cost of Providing TLS per Subscriber		(11) <u>0.0000</u>	00		
	al cost or \$3 in 2012 /\$2 i	0			
Number of TLS Subscribers		(12) <u>U</u>			
Tribal Link Up (Available only to ETCs rece		eiving High Cost su	uppol	Total TLS Support Claimed	(13) \$ <u>0</u>
		<i>(u</i> ) 0			
Number of Connections Waived Charges Waived per Connection		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, use an avera	ge amount)
		(not to exceed \$100)	)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ <u>0.00</u>			
		1	Fotal	Tribal Link Up Support Claimed	d (18) \$ <u>0</u>
ETC Payment					- <i>·</i>
Total Lifeline \$ 19231	Total TI S \$ 0		Total	Tribal Link Up \$ <u>0</u>	
Ψ				Total Dollars (19	
				l otal Dollars (19	) \$

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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04/06/2015
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Don Aldridge

DATE
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## CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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500 5 407				Ext	nibit 2, Page 21
FCC Form 497 April 2012 Edition LIFELINE WORKSHE				ET	OMB Approval
				Ava Burden Est	3060-0819 per Respondent: 2.5 Hrs.
				-	
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area Coo	de <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income 📮	
(6) Organization Information	1		(7)	Filing Information	
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 05/07/20	015
Contact Name:	CAITLYN LUM	PKIN	b)	Data Month April 20	15
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Ó Original Revision	
	Roswell, GA 30	076	d)	State Reporting KENTU	CKY
Telephone Number:	678-389-6024		_		
Fax Number:	770-594-3878		_		
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline
Non-Tribal Low-Income Sub					. 10500
Receiving federal L	ifeline Support	(8) 2009		x \$ <u>9.25</u>	= \$ 18583
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$
		т	otal F	ederal Lifeline Support Claime	ed (10)\$ <u>18583</u>
Toll Limitation Services (TLS)					
Cost of Browiding TLS per Subscriber		(11) <u>0.0000</u>	00		
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i		(11)			
Number of TLS Sub	scribers	(12) <u>0</u>			
				Total TLS Support Claimed	I (13) \$ <u>0</u>
<b>Tribal Link Up</b> (Availab	le only to ETCs rece	eiving High Cost s	uppoi	<i>t</i> )	
Number of Connect	ions Waived	(14) 0			
Charges Waived per Connection		(15) \$ 0.00	<u>,</u>	(for multiple rates, use an avera	age amount)
		(not to exceed \$100	)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00			
		-	Total	Tribal Link Up Support Claime	d (18) \$ <u>0</u>
ETC Payment					. ,
-			Tete	Tribal Link Up \$ <u>0</u>	
Total Lifeline \$_10000	10tal 1LS \$		rotal	-	
				Total Dollars (19	)\$_10000

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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Don Aldridge

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## CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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F00 F 407				Ext	nibit 2, Page 23
FCC Form 497 April 2012 Edition LIFELINE WORKS				ET	OMB Approval
				Ava Burden Est	3060-0819 per Respondent: 2.5 Hrs.
				-	
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area Coo	de <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	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:	Amerimex Comn	nunications Corp	) a)	Submission Date 06/04/20	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month May 201	15
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Original Revision	
	Roswell, GA 30	076	d)	State Reporting KENTU	ĊŔŶ
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878				
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Support	00445
Receiving federal L	ifeline Support	(8) 2207		x \$ <u>9.25</u>	= \$ 20415
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ _0
		Т	otal F	ederal Lifeline Support Claime	ed (10) \$ <u>20415</u>
Toll Limitation Services (TLS)					
	(11) 0.0000	00			
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i		('')	00		
Number of TLS Subscribers		(12) <u>0</u>			
				Total TLS Support Claimed	1 (13) \$ <sup>0</sup>
<b>Tribal Link Up</b> (Availab	eiving High Cost su	uppo			
Number of Connect	ions Waived	(14) 0			
Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an avera	age amount)
		(not to exceed \$100)	)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00			
		1	Γotal	Tribal Link Up Support Claime	ed (18) \$ 0
ETC Payment					
-			Total	Tribal Link Up \$ <u>0</u>	
	10tal 115 \$ <u>0</u>		rotal	-	
				Total Dollars (19	9) \$

OMB Approval 3060-0819 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.

Don Aldridge

# CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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.

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500 5 407				Exhi	ibit 2, Page 25		
FCC Form 497 April 2012 Edition LIFELINE W			RKSHEET OMB Approval				
				Ava Burden Est r	3060-0819 per Respondent: 2.5 Hrs.		
(1) USAC Service Provider Identification Number <u>143035888</u> (2) Study Area Code <u>269046</u>							
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🗹		
(5) ETC Designation Type (Check one): Lifeline Only 🖾 High Cost/Low Income 🗖							
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Amerimex Communications Corp		) a)	Submission Date 07/07/20	15		
Contact Name:	CAITLYN LUMF	CAITLYN LUMPKIN		Data Month June 201	15		
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)			
				· · · · ·			
	Roswell, GA 30	076	d)	State Reporting KENTUC	CKY		
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878		_				
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline		
Non-Tribal Low-Income Sub					• 25972		
Receiving federal L	ifeline Support	(8) 2797		x \$ <u>9.25</u>	= \$ 25872		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ _0		
Necerving rederar L		Tota		Federal Lifeline Support Claimed (10) $25872$			
Toll Limitation Servio	ces (TLS)						
		0.0000	~~				
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i		(11) <u>0.000000</u> 2013)					
Number of TLS Subscribers		(12) <u>0</u>					
				Total TLS Support Claimed	(13) \$ <u>0</u>		
<b>Tribal Link Up</b> (Available only to ETCs receiving High Cost support)							
Number of Connections Waived Charges Waived per Connection		(14) 0					
		(15) \$ 0.00		(for multiple rates, use an average	use an average amount)		
		(not to exceed \$100)	)				
Total Connection Charges Waived		(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
Total Tribal Link Up Support Claimed (18) \$ $\frac{0}{2}$							
ETC Payment							
-		Total Tribal Link Up \$ <u>0</u>					
Total Dollars (19) \$ 25872							
				Total Dollars (19)	)\$		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

## (20) CERTIFICATIONS AND SIGNATURES

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

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

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07/0	)7/2	015
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Don Aldridge

D	Α.	Т	Ε

## CEO

Don Aldridge

**OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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				Exhibit 2, Page 27			
FCC Form 497 April 2012 Edition LIFELINE WOR				RKSHEET OMB Ap			
				3060-08 Avg. Burden Est. per Respondent: 2.5 H			
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area Code <u>269046</u>			
(3) Filer 499 ID <u>822058</u>			vne	(check one) Wireline 🔲 🛛 Wireless 🗹			
		_		_			
(5) ETC Designation Type (C	•	e Only 🔟	•	Cost/Low Income			
(6) Organization Information				Filing Information			
Company Legal Name:	Amerimex Comn	•					
Contact Name: Mailing Address:	CAITLYN LUMP		b) c)	Data Month July 2015 Type of Filing			
Maining Address.	200 Mansell CT	E STE 105	- 0	(check one)			
		070		Revision			
Telephone Number:	Roswell, GA 30 678-389-6024	076	d)	State Reporting KENTUCKY			
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline	•						
Lifenite		(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline			
Non-Tribal Low-Income Sub	oscribers	Subscribers		Subscriber Support			
Receiving federal L	ifeline Support	(8) 2511		x \$9.25 =\$ 23227			
Tribal Low-Income Subscrik Receiving federal L		(9) 0		$- x \$ \frac{0.00}{(\text{not to exceed \$34.25})} = \$ 0$			
Receiving lederal L	neime Support	Тс		Federal Lifeline Support Claimed (10) \$ 23227			
Toll Limitation Servio	ces (TLS)						
Cost of Providing T (the lesser of increment	<b>LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u>	00				
Number of TLS Sub		(12) 0					
		()		Total TLS Support Claimed (13) \$ <u>0</u>			
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ıppo	•• • • •			
Number of Connect	ions Waived	(14) <u>0</u>					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)			
			,				
Total Connection Charges Waived		(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
		1	Total	Tribal Link Up Support Claimed (18) \$ $\underline{0}$			
ETC Payment							
Total Lifeline \$ <u>23227</u>	Total TLS \$_0		Tota	l Tribal Link Up \$ 0			
- +				Total Dollars (19) \$ 23227			
				101al Dollars (19) \$			

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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08/06/2015

Steve Klein

DATE

President

Steve Klein

**OFFICER NAME** 

**OFFICER SIGNATURE** 

# OFFICER TITLE

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					Exh	ibit 2, Page 29
FCC Form 497 April 2012 Edition	CKSHEET OMB Appl					
•				Ava	Burdon Ect.	3060-0819 per Respondent: 2.5 Hrs.
				-		
(1) USAC Service Provider I	dentification Number	143035888		(2) Stuc	ly Area Cod	e <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wirelin	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🗹	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date	09/04/20	15
Contact Name:	CAITLYN LUM	PKIN	b)	Data Month	August 2	2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Driginal Revision	
Talankana Numkan	Roswell, GA 30	076	d)	State Reporting	KENTUC	CKY
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878		_			
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 2162		x \$ 9.25		<sub>= \$</sub> 19999
-		0		. 0.00	<u> </u>	= \$ <u>0</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(-)		(not to excee		
	То	otal I	Federal Lifeline Sup	port Claime	d (10)\$ <u>19999</u>	
Toll Limitation Servio	ces (TLS)					
		(11) 0.00000	חר			
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	('')				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
<b>Tribal Link Up</b> (Availab	ole only to ETCs rece	eiving High Cost su	ippo	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates,	s, use an average amount)	
		(not to exceed \$100)				
Total Connection Charges Waived		(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
				 Tribal Link Up Supp	ort Claimer	H (18) \$ O
		•	Jul			
ETC Payment						
Total Lifeline <u>\$19999</u>	······································	Tota	l Tribal Link Up \$ <u>0</u>			
				Total	Dollars (19)	) \$ _19999

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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09/04/2015

Steve Klein

DATE

President

Steve Klein

**OFFICER NAME** 

**OFFICER SIGNATURE** 

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500 F 407					Exhibit 2, Page 31
FCC Form 497 April 2012 Edition		RKSHEET OMB App			
				Ava Burden	3060-0819 Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143035888		-	Code <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🗹
(5) ETC Designation Type (C	·	e Only 🗹	•	Cost/Low Income 📮	
(6) Organization Information				Filing Information	
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 10/08	8/2015
Contact Name:	CAITLYN LUM	PKIN	b)		ember 2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	
				Original Revisior	
Tolonhono Numbor	Roswell, GA 30	076	d)	State Reporting KEN	TUCKY
Telephone Number: Fax Number:	678-389-6024		_		
	770-594-3878		_		
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 1671			<sub>= \$</sub> 15457
Receiving federal L	ifeline Support	•		x \$ <u>9.25</u>	_ +
Tribal Low-Income Subscrib Receiving federal I		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.2	=  0
Receiving federal Lifeline Support		т	otal F	ederal Lifeline Support Cl	
Toll Limitation Servio	ces (TLS)				
Cost of Providing T	LS per Subscriber	(11) <u>0.0000</u>	00		
	tal cost or \$3 in 2012 /\$2				
Number of TLS Sub	oscribers	(12) <u>0</u>			
				Total TLS Support Clai	med (13) \$ <u>0</u>
<b>Tribal Link Up</b> (Availab	ole only to ETCs rece	eiving High Cost s	uppoi	t)	
Number of Connect	ions Waived	(14) <u>0</u>			
Charges Waived pe	r Connection	(15) \$ 0.00		(for multiple rates, use an	average amount)
		(not to exceed \$100	)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_	
Deferred Interest (17) \$		(17) \$ <u>0.00</u>			
		-	Total	Tribal Link Up Support Cla	aimed (18) \$ <u>0</u>
ETC Payment					
Total Lifeline <u>\$</u> 15457			Total	Tribal Link Up ¢	
10(a) Litellile 9 <u>-10101</u>	10(a) 123 <u>3</u>		rotal	-	
				Total Dollars	s (19) \$ <u>15457</u>

OMB Approval 3060-0819 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.

10/08/2015

Steve Klein

DATE

President

Steve Klein

**OFFICER NAME** 

**OFFICER SIGNATURE** 

# OFFICER TITLE

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.

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500 5 407				Ext	nibit 2, Page 33	
FCC Form 497 April 2012 Edition		KSHEET OMB Appro				
				Ava Burden Est	3060-0819 per Respondent: 2.5 Hrs.	
				-		
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area Coo	de <u>269046</u>	
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	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:	Amerimex Comn	nunications Corp	) a)	Submission Date 11/05/20	015	
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month October	2015	
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
				Original Revision		
	Roswell, GA 30	076	d)	State Reporting KENTU	CKY	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline	
Non-Tribal Low-Income Sub					. 11001	
Receiving federal L	ifeline Support	(8) 1261		x \$ <u>9.25</u>	= \$ 11664	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$	
Receiving federal Lifeline Support		Т	otal F	ederal Lifeline Support Claime	ed (10)\$ <u>11664</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	1 C nor Cubooribor	(11) 0.0000	00			
Cost of Providing T (the lesser of increment	tal cost or \$3 in 2012 /\$2	('')				
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Support Claimed	l (13) \$ <sup>()</sup>	
<b>Tribal Link Up</b> (Availab	le only to ETCs rece	eiving High Cost su	Ippol	• •		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an avera	s, use an average amount)	
		(not to exceed \$100)	)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		-	<b>Fotal</b>	Tribal Link Up Support Claime	d (18) \$ <sup>()</sup>	
ETC Payment						
-	0		<b>-</b>	<b>- - - - - - - - - -</b>		
I otal Lifeline \$_11004	I otal TLS \$ <u></u>		ı otal	Tribal Link Up \$ 0		
				Total Dollars (19	) \$	

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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

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11/05/2015

Steve Klein

DATE

President

Steve Klein

**OFFICER NAME** 

**OFFICER SIGNATURE** 

# OFFICER TITLE

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500 F 407				Exh	ibit 2, Page 35	
FCC Form 497 April 2012 Edition		KSHEET OMB Appro				
				Ava Burden Est	3060-0819 per Respondent: 2.5 Hrs.	
				-		
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area Cod	le <u>269046</u>	
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🗹	
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income 📮		
(6) Organization Information	<u>ו</u>		(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 12/07/20	)15	
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Novemb	er 2015	
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
				Original Revision		
	Roswell, GA 30	076	d)	State Reporting KENTUC	CKY	
Telephone Number: Fax Number:	678-389-6024		_			
	770-594-3878		_			
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline	
Non-Tribal Low-Income Sub					. 10101	
Receiving federal L	ifeline Support	(8) 1102		x \$ <u>9.25</u>	= \$ 10194	
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ <u>0.00</u> (not to exceed \$34.25)	= \$	
Receiving federal Lifeline Support		Т	otal F	ederal Lifeline Support Claime	d (10) \$ <u>10194</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T		(11) <u>0.00000</u>	00			
(the lesser of increment	tal cost or \$3 in 2012 /\$2 i	in 2013)				
Number of TLS Sub	oscribers	(12) <u>(</u>				
Tribal Link Up (Availab	ble only to ETCs rece	eivina Hiah Cost sı	rogal	Total TLS Support Claimed	(13) \$ <u>0</u>	
		0				
Number of Connect Charges Waived pe		(14)  0  0  0  0  0  0  0  0  0		(for multiple rates, use an avera		
Charges walved pe		(not to exceed \$100)	)		ge amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest (17) \$ 0.0		(17) \$ 0.00				
		-	rotal <sup>-</sup>	Tribal Link Up Support Claimed	d (18) \$ 0	
ETC Payment				• •••	. ,	
Total Lifeline \$ 10194	Total TLS \$ 0		Total	Tribal Link Up \$ <u>0</u>		
	<u> </u>			Total Dollars (19		
				Total Dollars (19	) \$	

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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

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12/07/2015

Steve Klein

DATE

# President

Steve Klein

**OFFICER NAME** 

**OFFICER SIGNATURE** 

# OFFICER TITLE

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500 F 407					Exhibit 2, Page 37		
FCC Form 497 April 2012 Edition LIFELINE WORK				CKSHEET OMB A			
				Ava Burder	3060-0819 n Est. per Respondent: 2.5 Hrs.		
				-			
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Are	a Code <u>269046</u>		
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 匚	Wireless 🗹		
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income			
(6) Organization Information	<u>ו</u>		(7)	Filing Information			
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 01/(	06/2016		
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Dec	ember 2015		
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)			
				Origina Revisio			
	Roswell, GA 30	076	d)		ITUCKY		
Telephone Number:	678-389-6024		_				
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Support/ <u>Subscriber Support</u>	(c) Total Lifeline		
Non-Tribal Low-Income Sub					0550		
Receiving federal L	ifeline Support	(8) 925		x \$ <u>9.25</u>	= \$ <u>8556</u>		
Tribal Low-Income Subscrib		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to exceed \$34.	= \$ _0		
Receiving federal L	inenne Support	Т	otal I	Federal Lifeline Support C			
Toll Limitation Servio	ces (TLS)						
Cost of Providing T (the lesser of increment	<b>LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u> in 2013)	00				
Number of TLS Sub	oscribers	(12) <u>0</u>					
				Total TLS Support Cla	aimed (13) \$ <sup>()</sup>		
<b>Tribal Link Up</b> (Availab	ole only to ETCs rece	eiving High Cost su	ippo				
Number of Connect	tions Waived	(14) 0					
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates, use ar	n average amount)		
		(not to exceed \$100)					
Total Connection Charges Waived		(16) \$ <u>0.0</u>					
Deferred Interest (17		(17) \$ <u>0.00</u>					
		т	otal	Tribal Link Up Support C	laimed (18) \$ <u>0</u>		
ETC Payment							
Total Lifeline \$ <u>8556</u>	Total TI S ¢ 0		Tota	Tribal   ink lin \$ 0			
. σται Εποίπιο ψ <u></u>	<u> </u>		. 510	-			
				Total Dolla	rs (19) \$_ <u>8556</u>		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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

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01/06/2016

Steve Klein

DATE

President

Steve Klein

**OFFICER NAME** 

**OFFICER SIGNATURE** 

# OFFICER TITLE

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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

					Exhibit 2, Page 39		
FCC Form 497 April 2012 Edition LIFELINE WORK				RKSHEET OMB Appro			
		_	-		3060-0819		
				Avg. Burden	Est. per Respondent: 2.5 Hrs.		
(1) USAC Service Provider I	dentification Number	143035888		(2) Study Area	Code <u>269046</u>		
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wireline 🔲	Wireless 🗹		
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🗹	High	Cost/Low Income			
(6) Organization Information	<u>ו</u>		(7)	Filing Information			
Company Legal Name:	Amerimex Comn	nunications Corp	) a)	Submission Date 02/05	5/2016		
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month Janua	ary 2016		
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)			
				Original Revision			
	Roswell, GA 30	076	d)		<b>LICKY</b>		
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmii	nc.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline		
Non-Tribal Low-Income Sub		Subscribers		Subscriber Support	5007		
Receiving federal L	ifeline Support	(8) 631		x \$ <u>9.25</u>	_ =\$ <u>5837</u>		
Tribal Low-Income Subscrib		<b>(9)</b> <u>0</u>		_ x \$ <u>0.00</u>	= \$		
Receiving federal L	ireine Support	То		not to exceed \$34.29) Federal Lifeline Support Cla			
Toll Limitation Servio	ces (TLS)						
	()						
Cost of Providing T (the lesser of increment	<b>'LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u> in 2013)	00				
Number of TLS Sub	oscribers	(12) <u>0</u>					
				Total TLS Support Clair	med (13) \$ <sup>()</sup>		
<b>Tribal Link Up</b> (Availab	ble only to ETCs rece	eiving High Cost su	ıppo				
Number of Connect	tions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an a	use an average amount)		
		(not to exceed \$100)	)				
Total Connection Charges Waived		(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
		г	Total	Tribal Link Up Support Cla	imed (18) \$ 0		
ETC Payment							
Total Lifeline <u>\$5837</u>			Tota	Tribal Link Un ¢ ()			
	<u> </u>		TOLA	-			
				Total Dollars	s (19) \$ <u>5837</u>		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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02/05/2016

Steve Klein

DATE

President

Steve Klein

**OFFICER NAME** 

**OFFICER SIGNATURE** 

# OFFICER TITLE

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500 5 407					Exh	ibit 2, Page 41
FCC Form 497 April 2012 Edition	RKSHEET OMB Appro					
				Δνα	Burden Est	3060-0819 per Respondent: 2.5 Hrs.
				-		
(1) USAC Service Provider I	dentification Number	143035888		(2) Stud	ly Area Cod	le <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Technology T	ype (	check one) Wirelin	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:	Amerimex Comm	nunications Corp	) a)	Submission Date	03/07/20	016
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	February	/ 2016
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Driginal Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024		_			
Fax Number:	770-594-3878		_			
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup		1010
Receiving federal L	ifeline Support	(8) 520		x \$ <u>9.25</u>	5	= \$ 4810
Tribal Low-Income Subscrib		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to excee	ad \$24.05)	= \$
Receiving federal L	neine Support	Т	otal F	Federal Lifeline Sup		d (10)\$ <u>4810</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	<b>'LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>
<b>Tribal Link Up</b> (Availab	ole only to ETCs rece	eiving High Cost su	ippo	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe		(15) \$ 0.00		(for multiple rates, use an average amount)		ge amount)
		(not to exceed \$100)				
Total Connection Charges Waived		(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		г	otal	Tribal Link Up Supp	oort Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>4810</u>	Total TLS \$ 0		Total	Tribal Link Up \$ 0		
Ψ				-		
				Total	Dollars (19	)\$

OMB Approval 3060-0819 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

Steve Klein

DATE

President

Steve Klein

**OFFICER NAME** 

**OFFICER SIGNATURE** 

# OFFICER TITLE

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.