COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

IN THE MATTER OF:

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

Q LINK WIRELESS LLC'S 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

Q LINK WIRELESS LLC ("Q LINK" 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 Broward

CERTIFICATION

I, Issa Asad, first being duly sworn, depose and state that I am the CEO of Q LINK WIRELESS LLC, 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 4/25/16

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Issa Asad, CEO Q LINK WIRELESS LLC

Subscribed and sworn to before me this 25^{th} day of Apr. 2016.

My Commission Expires: October 29th 2017/



(Signature of person authorized to administer oath)

CERTIFICATE OF SERVICE

In accordance with 807 KAR 5:001, Section 8, I certify that the April 28, 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 28, 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 28, 2016.

s/ Lance J.M. Steinhart

Lance J.M. Steinhart

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: Q LINK 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 Q LINK 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: Q LINK 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, Q LINK does not issue customer bills; however, Q LINK anticipates it would take approximately 60 days to implement necessary changes.

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: During the application process, Q LINK validates each applicant's identity via a government issued ID card, passport, etc. The address of the applicant is verified via a USPS/Melissa Database and Q LINK submits the applicant's information to the National Lifeline Accountability Database (NLAD) in order to determine that the applicant's household does not already receive a Lifeline subsidy. Prior to enrolling a new subscriber, Q LINK verifies the eligibility of applicants first by accessing state or federal social services electronic eligibility databases, where available. If a database is used to establish eligibility, O LINK does not require documentation of the applicant's participation in a qualifying federal program; instead, Q LINK notes in its records what specific data was relied upon to confirm the applicant's initial eligibility for Lifeline. However, in states where there is no state administrator, the state commission or other state agency is not making eligibility determinations, and there is no automated means for Q LINK to check electronic databases for eligibility, Q LINK reviews acceptable documentation to determine eligibility based upon the income and program criteria enumerated at 47 C.F.R. § 54.409(a) and (b)), as well as any additional statespecific criteria

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: Q LINK 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: Q LINK focuses on internet-based marketing for Lifeline service and processes all enrollments online or over the phone; the Company does not at this time engage in person-to-person sales.

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 active during the month is considered for reimbursement.

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: Q LINK operates on a calendar month basis. Free minutes are replenished on the first day of each month. Each line active during the month is considered for reimbursement.

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 Reform¹ is concluded before rendering a decision in this proceeding, and explain the basis for your response.

Response: Q LINK believes it is reasonable and prudent for the Commission to take into account the FCC's recent Lifeline Reform before rendering a decision in this proceeding. The FCC adopted an Order at its March 31, 2016 Open Meeting to modernize and reform the Lifeline program, and released the corresponding Order on April 27, 2016. The FCC's reforms 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.

¹ 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.

EXHIBIT 1



Date 2/12/2014

Reporting Month 2014-01

	Carrier Information	
Company Name	Q LINK WIRELESS LLC	
Company Address	499 EAST SHERIDAN STREET, SUITE 300 DANIA, FL 33004	
Telephone / Fax	855-754-6543/855-837-5465	
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Company Official	Issa Asad (Printed)	Title	CEO	Company Official (Signed)
Make check puyable State Treasurer" and report to;				Send a copy of this report to:

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 3/10/2014

Reporting Month . 2014-02

	Carrier Information	
Company Name	Q LINK WIRELESS LLC	
Company Address Telephone / Fax	499 EAST SHERIDAN STREET, SUITE 300 DANIA, FL 33004	
	855-754-6543/855-837-5465	
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Company Official	Issa Asad (Printed)	Title	CEO	Company Official C (Signed)		
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ATTN: KY USF 702 Capital Ave. Capital Annex, Room 488A Frankfort, KY 40601

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4/9/2014 Date

2014-03 Reporting Month_

	Carrier Information
Company Name	Q LINK WIRELESS LLC
ompany Address	499 EAST SHERIDAN STREET, SUITE 300 DANIA, FL 33004
Telephone / Fax	855-754-8543/855-837-5465
Vendor Number	

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Company Official	Issa Asad	Title	CEO	Company Official
	(Printed)			(Signed)

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

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

Send a copy of this report to:

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



Date 5/12/2014

report to:

ATTN: KY USF

702 Capital Ave.

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601 Reporting Month 2014-04

Carrier Information

Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax -	855-754-6543/855-837-5465
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Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date 6/11/2014

Reporting Month 20

2014-05

	Carrier Information				
Company Name	Q LINK WIRELESS LLC				
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004				
Telephone / Fax	855-754-6543/855-837-5465				
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2014-06

7/9/2014

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		Carrier Information
Compan	y Name	Q LINK WIRELESS LLC
Company.	Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telepho	ne / Fax	855-754-6543/855-837-5465
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e 8/11/2014	Reporting Month 2014-07
	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
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9/11/2014	Reporting Month 2014-08
	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
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Date 10/10/2014

Reporting Month 2014-09

	Catrier Information			
Company Name	Q LINK WIRELESS LLC			
Company Address Telephone / Fax	499 E SHERIDAN ST, STE 300 DANIA, FL 33004			
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Date 11/11/2014

Frankfort, KY, 40601

Reporting Month 2014-10

	Carrier Information			
Company Name	Q LINK WIRELESS LLC			
Company Address Telephone / Fax	499 E SHERIDAN ST, STE 300 DANIA, FL 33004			
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Date 1/12/2015

Reporting Month 2014-12.

	Carrier Information			
Company Name	Q LINK WIRELESS LLC			
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004			
Telephone / Fax	855-754-6543/855-837-5465			
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Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave, Capital Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602



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Reporting Month 2015-01

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Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
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	Carrier Information	
Company Name	Q LINK WIRELESS LLC	
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004	
Telephone / Fax	855-754-6543/855-837-5465	
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5/11/2015	Reporting Month 2015-04
	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
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Date 6/9/2015

Reporting Month 2015-05

	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Eax	855-754-6543/855-837-5465
Vendor Number	

1/222 16167 14		Antiper (1997) (1997)			
Classification			(Cellular)		
Please Circle One	ILEC	CLEC	Conuia	PCS	
Please Chule Chie	11.46.4	LICC		14.5	



Signature Block							
I hereby attest that the	information reporte	d herein is tru	e and accurate to	the best of my knowledge.			
Company Official	Issa Asad (Printed)	Title	CEO	Company Official (Signed)			
Make check payable State Treasurer" and report to: Finance and Adminis ATTN; KY USF 792 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	t send with this tration 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			



7/9/2015	Reporting Month 2015-06
	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
Vendor Number	

Classification					
Please Circle One	ILEC	CLEC	(Cellular)	PCS	
There chere the	ILLE	CLEC		1.00	



Signature Block								
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.								
Company Official	Issa Asad (Printed)	Title	CEO	Company Official (Signed)				
Make check payable State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capital Anex, Roon Frankfort, KY 40601	t send with this tration 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 8/10/2015

Reporting Month 2015-07

	Carrier Information		
Company Name	Q LINK WIRELESS LLC		
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004		
Telephone / Fax	855-754-6543/855-837-5465		
Vendor Number			

Classification			Cellular	
Please Circle One	ILEC	CLEC	PCS	

	Monthly Access Line Data		
Ŀ	Total Access Lines in Service	a serie a sie	
2.	Surcharge Per Access Line	\$ 0.08	
i	Amount of Surcharge Remitted to Kentucky USF		
I.,	Number of Access Lines Receiving Lifeline Support		-
5.	Amount of Reimbursement Requested from Kentucky USF		

			Signature Bl	œk	
I hereby attest that the ir	oformation reported	d herein is true	e and accurate	to the	best of my knowledge.
Company Official	Issa Asad (Printed)	Title	CEO		Company Official (Signed)
Make check payable to State Treasurer" and so report to: Finance and Administrat ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 43 Frankfort, KY 40601	end 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



 Oute
 9/10/2015
 Reporting Month
 2015-08

 Carrier Information

 Company Name
 Q LINK WIRELESS LIC

 Company Address
 499 E SHERIDAN ST, STE 300 DANIA, FL 33004

 Telephone / Fax
 855-754-6543/855-837-5465

 Vendor Number
 1

Classification			(Cellular)		
Please Circle One	ILEC	CLEC	(Centular)	PCS	
Treate Cherce Cone	1 A 1 A 10	S. 1.1.C.	~	100	



		Signature Block	
I hereby attest that the informat	ion reported berein is tra	ie and accurate to	the best of my knowledge.
and the second s	Asad Title	CEO	Company Official (Signed)
Make check payable to: "Ke State Treasurer" and send wi report to: Finance and Administration Ca ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	th 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



10/12/201	5 Reporting Moath 2015-09
	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
Vendor Number	

				Concernance of the second s	
Classification			(Cellular)		
Please Circle One	HEC	CLEC	Central	PCS	
A. A. BARTING, AND PARTING COMPARIS	100 V 10 C		the second se		



			Signature Block	
I hereby attest that th	e information reporte	d herein is tru	e and accurate to)	the best of my knowledge.
Company Official	Issa Asad (Printed)	Title	CEO	Company Official (Signed)
Make check payable				Send a copy of this report to:
State Treasurer" and report to:	a send with this			Keritucky Public Service Commission

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



11/10/201	5 Reporting Month 2015-10
e en	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
Vendor Number	

and the second second		A. S. C. S. C. C. C. S. C. S.		
Classification			(Cellular)	
Please Circle One	1LEC	CLEC	Central pris	
Fighter Chese Che	n.r.s.	A. A. A. A.	No.	



			Signature Block	
I hereby attest that the	e information reporte-	l herein is tru	e and accurate to t	he best of my knowledge.
Company Official Issa Asad Title CEO (Printed)		Company Officiat (Signed)		
Make check payable State Treasury?' and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Roott Frankfort, KY 40601	t send with this tratice Cabinet 1 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 12/08/2015

Capitol Annex, Room 488A Frankfort, KY 40601 Reporting Month 2015-11

	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA. FL 33004
Telephone / Fax	855-754-6543/855-B37-5465
Vendor Number	

a series and a series of the s					
Classification			(Cellular)		
Please Circle One	ILEC	CLEC	Continuar	PCS	
	CONTRACTOR OF A CONTRACTOR OF			and a second sec	



			Signature Block		
I hereby attest that ib	e information reported	l herein is tru	e and accurate to	the best of my knowledge.	
Company Official	Issa Asad	Title	CEO	Company Official	
(Printed)			(Signed)		
Make check payable State Treasurer® and report to:	I send with this			Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens	
Finance and Adminis ATTN: KY USF 702 Capital Ave.	tration Cabinet			211 Sower Blvd. P.O. Box 613 Frankfort, KY 40602	



e 1/11/2016	Reporting Month 2015-12
	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
Vendor Number	

the state of the second second					
Classification			(Cellular)	8	
Please Circle One	HEC	CLEC	(Celiulai)	PCS	
Lume Cher Out	11-1-1-	× 1.4.4	~ ~	1 2 22	



			Signature Block	
I hereby attest that the	e information reported	d herein is tru	e und accurate to t	the best of my knowledge.
Company Official	Issa Asad (Printed)	Title	CEO	Company Officiat (Signed)
Make check payable State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Room Frankfort, KY 40601	tration Cabinet			Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blyd, P.O. Box 615 Frankfort, KY: 40602

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2/09/2016	Reporting Month 2016-01
	Catrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone / Fax	855-754-6543/855-837-5465
Vendor Number	

Classification	11.50	0100	Cellular	Den	
Please Circle One	ILEC.	CLEC		PCS	



			Signature Block		
I hereby attest that th	e information reporte	d hérein is tru	e and accurate to t	the best of my knowledge.	
Company Official	Issa Asad (Printed)	Title	CEO	Company Official <	(Signed)
Make check payable State Treasurer" and report to:			10	Send a copy of th	is report to: Service Commission

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

ATTN: KY USF

702 Capital Ave.

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

Exhibit 1, Page 26

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ae 3/01	8/2016	Reporting Month 2016-02
		Carrier Information
Company	y Name	Q LINK WIRELESS LLC
Company /	Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephor	te / Fax	855-754-6543/855-837-5465
Vendor M	Sumber	

Classification			Callular		
Please Circle One	ILEC [*]	CLEC	Cellular	PCS	

	Monthly Access Line Data			
١.,	Total Access Lines in Service			
2	Surcharge Per Access Line	\$ 0.08	1000	
	Amount of Surcharge Remitted to Kentucky USF			
2	Number of Access Lines Receiving Lifeline Support.			
ā.	Amount of Reimhursement Requested from Kentucky USF			

			Signature Block	
bereby attest that th	e information reported	l herein is tru	e and accurate to t	the best of my knowledge.
Company Official	Issa Asad (Printed)	Tale	CEO	Company Officiat (Signed)
Make check payable State Treasurer" and report to: Finance and Adminis ATTN: KY USF 702 Capital Ave. Capitol Annex, Roon Frankfort, KY 3060	I send with this tration 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



16

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date 4/11/2016

Frankfort, KY 40601

Reporting Month 2016-03

	Carrier Information
Company Name	Q LINK WIRELESS LLC
Company Address	499 E SHERIDAN ST, STE 300 DANIA, FL 33004
Telephone Fax	855-754-6543/855-837-5465
Vendor Number	

Classification			Cellular		
Please Circle One	ILEC	CLEC	Cellular	PCS	



			Signature Block	
I hereby attest that th	e information reported	d herein is tro	e and accurate to	the best of my knowledge.
Company Official	Issa Asad	Title	CEO	Company Official
	(Printed)			(Signed)
	1			P
Make check payable State Treasurer ¹⁰ and				Send a copy of this report to:
report to				Kentucky Public Service Commission ATTN: Jun Stevens
Finance and Adminis	stration Cabinet			211 Sower Blvd,
ATTN: KY USF 702 Capital Ave.				P.O. Box 615
Capitol Annex, Roor	n 488A			Frankfort, KY 40602

Responses to First Request for Information to All Parties

EXHIBIT 2

					Exhibit 2, Page 1	
FCC Form 497 April 2012 Edition		LIFELINE WORK	KSHEET OMB A			
· · · · · · · · · · · · · · · · · · ·					3060-0819	
				Avg.	Burden Est. per Respondent: 2.5 Hrs.	
(1) USAC Service Provider	dentification Number	143036544		(2) Stu	dy Area Code <u>269038</u>	
(3) Filer 499 ID <u>829223</u>		(4) Technology T ₎	ype (check one) Wireli	ne 🔲 🛛 Wireless 🗹	
(5) ETC Designation Type (Check one): Lifelin	e Only 🗹 🛛 I	High	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information		
Company Legal Name:	Q Link Wireless	S LLC	a)	Submission Date	02/07/2014	
Contact Name:	Caitlyn Lumpki	า	b)	Data Month	January 2014	
Mailing Address:	499 EAST SHERI	DAN ST SUITE 300	c)	Type of Filing (check one)		
					Original 🔽 Revision 🗖	
	Dania, FL 3300	4	d)	State Reporting		
Telephone Number:	678-389-6024				· · · · · · · · · · · · · · · · · · ·	
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		
Non-Tribal Low-Income Sul	oscribers	Subscribers		Subscriber Sup	ороп	
Receiving federal L	ifeline Support	(8)		x \$9.2	5 = \$	
Tribal Low-Income Subscri		(9) <u>0</u>		x <u>\$_0.00</u>	= \$ 0	
Receiving federal L	ifeline Support	Тс	otal F	not to exce) ederal Lifeline Sup ⁻	ed \$34.25) port Claimed (10) \$	
Toll Limitation Servi	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0			
Number of TLS Sul	oscribers	(12) 0				
				Total TLS Supp	ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost su	рро	<i>t)</i>		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00		(for multiple rates	, use an average amount)	
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Un Sun	port Claimed (18) \$ <u>0</u>	
		I	ordi	mbai Link op Sup	ροιι Gianneu (10) φ <u></u>	
ETC Payment						
Total Lifeline \$	Total TLS \$ <u>0</u>		Fotal	Tribal Link Up \$ <u>0</u>		
				Tota	I Dollars (19) \$	
	If you have any me	tiono planar 11 + 11				
	If you have any ques	uons, piease cali Us	SAC	ai (000) 8/3-4/2/ 1	oli rree	

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.

Maybell Kelly

DATE	
------	--

Compliance

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.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

Maybell Kelly

OFFICER SIGNATURE

OFFICER NAME

FCC Form 407					Ex	hibit 2, Page 3
FCC Form 497 April 2012 Edition	RKSHEET OMB Ap					
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143036544		-	idy Area Cod	
(3) Filer 499 ID <u>829223</u>		(4) Technology T	ype (check one) Wireli	ine 🔲	Wireless 🔽
(5) ETC Designation Type	(Check one): Lifelin	e Only 🔽	High	Cost/Low Income		
(6) Organization Informatio	on		(7)	Filing Information		
Company Legal Name:	Q Link Wireless	S LLC	a)	Submission Date	03/07/20)14
Contact Name:	Caitlyn Lumpkir	1	b)	Data Month	February	/ 2014
Mailing Address:	499 EAST SHERIE	DAN ST SUITE 300) C)	Type of Filing (check one)	Oriniaal	
					Revision	
Telephone Number:	Dania, FL 3300	4	d)	State Reporting	KENTU	CKY
Fax Number:	678-389-6024		-			
	770-594-3878		4			
E-mail Address:	cmmurp@cgmi					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal		(8)		x \$		= \$
Tribal Low-Income Subscr	ibers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal					eed \$34.25)	
			ULAI F	ederal chemie Su	pport Glaime	
Toll Limitation Serve	ices (TLS)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	00			
Number of TLS Su	Ibscribers	(12) <u>0</u>				
				Total TLS Sup	oort Claimed	(13) \$0
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost su	ippor			(10) 4
Number of Connec	ctions Waived	(14) 0				
Charges Waived p	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an avera	ge amount)
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		т	otal '	Tribal Link Up Sup	oport Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$	Total TIS \$ 0	-	Tofal	Tribal Link Un \$ ()	
	<u> </u>					
				Tota	al Dollars (19) \$
	lf you have any ques	tions, please call U	SAC	at (866) 873-4727 1	Toll Free	

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.

03/07/2014

Maybell Kelly

DATE

Compliance

Maybell Kelly

OFFICER NAME

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.

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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.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER SIGNATURE

500 F 107				Exhibit 2, Page 5		
FCC Form 497 April 2012 Edition		LIFELINE WORKS	(SHEET OMB Appro			
				3060-081 Avg. Burden Est. per Respondent: 2.5 Hrs		
				Avg. Burden Est. per Nespondent. 2.3 mis		
(1) USAC Service Provider	Identification Number	143036544		(2) Study Area Code <u>269038</u>		
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	pe ((check one) Wireline 🔲 Wireless 🗹		
(5) ETC Designation Type (Check one): Lifeline	e Only 🗹 🛛 H	ligh	n Cost/Low Income 🎴		
(6) Organization Informatio	n		(7)	Filing Information		
Company Legal Name:	Q Link Wireless	LLC	a)	Submission Date 04/07/2014		
Contact Name:	Caitlyn Lumpkir)	b)	Data Month March 2014		
Mailing Address:	499 EAST SHERID	AN ST SUITE 300	c)	Type of Filing (check one)		
				Original Revision □		
	Dania, FL 3300	4	d)			
Telephone Number:	678-389-6024		ļ			
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
Encline	,	(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline		
Non-Tribal Low-Income Su	bscribers	Subscribers		Subscriber Support		
Receiving federal I	Lifeline Support	(8)		_ x \$ <u>9.25</u> = \$		
Tribal Low-Income Subscri		(9) <u>0</u>		x \$ 0.00 = \$ 0		
Receiving federal	Lifeline Support	То	tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$		
Tall Limitation Sand						
Toll Limitation Servi	ces (11.5)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	0			
Number of TLS Su		(12) <u>0</u>				
Number of TLO Ou	Dachbera	(12)				
Tribal Link Up (Availa	ble only to FTCs rece	ivina Hiah Cost sur	nna	Total TLS Support Claimed (13) \$ <u>0</u>		
			000	"Y		
Number of Connec		$(14) \frac{0}{0.00}$		(for multiple rates, use an average amount)		
Charges Waived p	er 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) \$ 0.00				
		Тс	otal	Tribal Link Up Support Claimed (18) \$ 0		
ETC Payment						
Total Lifeline \$	Total TLS \$ <u>0</u>	T	ota	ll Tribal Link Up \$		
				Total Dollars (19) \$		
	If you have any quee	tions, please call US	SAC	c at (866) 873-4727 Toll Free		

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

Exhibit 2, Page 6

(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.

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

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07/	v		~	v		т

Maybell Kelly

DATE	
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Compliance

Maybell Kelly

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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F00 F 407					Exhibit 2, Page 7	
FCC Form 497 April 2012 Edition		LIFELINE WORKSHEET				
				Avg.	306 Burden Est. per Respondent: 2	
(1) USAC Service Provide	r Identification Number	143036544		(2) Stu	dy Area Code <u>269038</u>	
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	pe (e	check one) Wireli	ne 🔲 🛛 Wireless 🗹	
(5) ETC Designation Type	(Check one): Lifelin	e Only 🗹 🛛 - ŀ	ligh	Cost/Low Income		
(6) Organization Informati	ion	,	(7)	Filing Information		
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date	05/06/2014	
Contact Name:	Caitlyn Lumpkir	 ו	b)	Data Month	April 2014	
Mailing Address:	499 EAST SHERID		C)	Type of Filing (check one)	Original 🔽	
	Dania, FL 3300	4	d)	State Reporting	Revision L	
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
Liiciine		(a) # Lifeline		(b) Lifeline Sup		
Non-Tribal Low-Income S		Subscribers		Subscriber Su		
Receiving federal	I Lifeline Support	(8)		x \$ <u>9.2</u>		
Tribal Low-Income Subsc	ribers I Lifeline Support	(9) <u>0</u>		x \$ <u>0.00</u>	= \$ <u>0</u>	
Necerving recera	r chemie Support	То	tal F		oport Claimed (10) \$	
				•		
Toll Limitation Serv	vices (TLS)					
Toll Limitation Serv	vices (TLS)					
Cost of Providing	/ices (TLS) g TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)				
Cost of Providing	g TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11)				
Cost of Providing (the lesser of increm Number of TLS S	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers	in 2013) (12) <u>0</u>	0	 Total TLS Supp	oort Claimed (13) \$ <u>0</u>	
Cost of Providing (the lesser of increm	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers	in 2013) (12) <u>0</u>	0	 Total TLS Supp	oort Claimed (13) \$ <u>0</u>	
Cost of Providing (the lesser of increm Number of TLS S	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece	(12) 0 (12) 0 eiving High Cost sup	0 opor	Total TLS Supp <i>t</i>)		
Cost of Providing (the lesser of increm Number of TLS S Tribal Link Up (Avail	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived	(11) (12) 0 (12) 0 (12) 0 (14) 0 (15) \$ 0.00	0 opor	Total TLS Supp <i>t</i>)		
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived	(11) (12) 0 (12) 0 (12) 0 (14) 0 (15) 0.00 (not to exceed \$100)	0 opor	Total TLS Supp <i>t</i>)	port Claimed (13) \$ <u>0</u> s, use an average amount)	
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection	(11) (12) 0 (12) 0 (12) 0 (14) 0 (15) \$ 0.00	0 opor	Total TLS Supp <i>t</i>)		
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection	(11) (12) 0 (12) 0 (12) 0 (14) 0 (15) 0.00 (not to exceed \$100)	0 opor	Total TLS Supp <i>t</i>)		
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection	$(11) \qquad 0 \qquad (12) \qquad 0 \qquad (12) \qquad 0 \qquad (12) \qquad 0 \qquad (14) \qquad 0 \qquad (14) \qquad 0 \qquad (15) \ (not to exceed $100) \qquad (16) \ 0.0 \qquad (17) \ 0.00 \qquad (17$	0 opor	Total TLS Supp <i>t)</i> (for multiple rates		
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection	$(11) \qquad 0 \qquad (12) \qquad 0 \qquad (12) \qquad 0 \qquad (12) \qquad 0 \qquad (14) \qquad 0 \qquad (14) \qquad 0 \qquad (15) \ (not to exceed $100) \qquad (16) \ 0.0 \qquad (17) \ 0.00 \qquad (17$	0 opor	Total TLS Supp <i>t)</i> (for multiple rates	s, use an average amount)	
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up (Avail</i> Number of Conne Charges Waived Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection	$\begin{array}{c} \text{(11)} & \underline{0} \\ \text{(12)} & \underline{0} \\ \text{(12)} & \underline{0} \\ \text{(12)} & \underline{0} \\ \text{(13)} & \underline{0} \\ \text{(15)} & \underline{0} \\ \text{(not to exceed $100)} \\ \text{(16)} & \underline{0} \\ \text{(17)} & \underline{0} \\ \text{(17)} & \underline{0} \\ \end{array}$	0 ppor	Total TLS Supp t) (for multiple rates (for multiple rates Tribal Link Up Sup	s, use an average amount) port Claimed (18) \$_ <u>0</u>	
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection	$(11) \qquad 0 \qquad (12) \qquad 0 \qquad (12) \qquad 0 \qquad (12) \qquad 0 \qquad (14) \qquad 0 \qquad (14) \qquad 0 \qquad (15) \ (not to exceed $100) \qquad (16) \ 0.0 \qquad (17) \ 0.00 \qquad (17$	0 ppor	Total TLS Supp Total TLS Supp (for multiple rates (for multiple rates Tribal Link Up Sup Tribal Link Up \$ <u>C</u>	s, use an average amount) port Claimed (18) \$_ <u>0</u>	

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

Exhibit 2, Page 8

(20) CERTIFICATIONS AND SIGNATURES

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05/06/201	4
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Maybell Kelly

DATE

Compliance

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				Exhibi	t 2, Page 9	
FCC Form 497 April 2012 Edition		LIFELINE WORKSH	KSHEET OMB Appro			
,			٨٧٥	Purdon Est. por	3060-0819 Respondent: 2.5 Hrs.	
			Avy	, buiden Est. per	Aespondent. 2.5 Hrs.	
(1) USAC Service Provider	Identification Numbe	r <u>143036544</u>	(2) St	udy Area Code <u>2</u>	39038	
(3) Filer 499 ID <u>829223</u>		(4) Technology Type	(check one) Wire	line 🔲 🛛 🕚	Wireless 🔽	
(5) ETC Designation Type (6	Check one): Lifelir	ne Only 🔽 Hig	h Cost/Low Income			
(6) Organization Information	n	(7) Filing Information		·	
Company Legal Name:	Q Link Wireles	s LLC a) Submission Date	06/06/2014		
Contact Name:	Caitlyn Lumpki	n Þ) Data Month	May 2014		
Mailing Address:	499 EAST SHERI	DAN ST SUITE 300 C) Type of Filing (check one)			
				Original 🔽 Revision		
	Dania, FL 3300)4 d) State Reporting	KENTUCKY	(
Telephone Number: Fax Number:	678-389-6024					
	770-594-3878					
E-mail Address:	cmmurp@cgm	inc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>	(b) Lifeline Su		Total Lifeline	
Non-Tribal Low-Income Sul			Subscriber Su			
Receiving federal L	₋ifeline Support	(8)	X \$9.			
Tribal Low-Income Subscri Receiving federal L		(9) <u>0</u>	x \$ <u>0.00</u>	= (ceed \$34.25)	\$ 0	
noooning touchaile		Total	Federal Lifeline Su		0) \$	
Toll Limitation Servi	ces (TLS)					
Cost of Providing 7 (the lesser of increment	FLS per Subscriber Ital cost or \$3 in 2012 /\$2	(11) <u>0.000000</u> (in 2013)				
Number of TLS Sul	bscribers	(12) 0				
		()	Total TI S Sun	port Claimed (13	a ¢ 0	
Tribal Link Up (Availal	ble only to ETCs rec	eiving High Cost supp)Ψ	
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ <u>0.00</u> (not to exceed \$100)	(for multiple rate	s, use an average a	mount)	
Total Connection C	Charges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		Tota	l Tribal Link Up Su	pport Claimed (18	3) \$ <u>0</u>	
ETC Payment						
Total Lifeline \$	Total TLS \$ 0	Tot	al Tribal Link Up \$	0		
	· · · · · · · · · · · · · · · · ·		-			
			Iot	al Dollars (19) \$ J		
	If you have any ques	stions, please call USA	C at (866) 873-4727	Toll Free		

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

Exhibit 2, Page 10

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06/06/201	4
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Maybell Kelly

Compliance

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					Exhibit 2, Page 11
FCC Form 497 April 2012 Edition LIFELINE WORKSHEET OMB Appro					OMB Approval
				Ava. Bu	3060-0819 rden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143036544		-	Area Code <u>269038</u>
(3) Filer 499 ID 829223			vne (check one) Wireline	
					exourte 200002
(5) ETC Designation Type (Check one): Lifelin	e Only 🔽	_	Cost/Low Income	
(6) Organization Informatio			(7)	Filing Information	
Company Legal Name:	Q Link Wireless		a)		7/08/2014
Contact Name:	Caitlyn Lumpkir		b)		une 2014
Mailing Address:	499 EAST SHERIE	DAN ST SUITE 300) ()	Type of Filing (check one)	
				Rev	ginal 🖌 vision
Talaakana Nuushaa	Dania, FL 3300	4	d)	State Reporting K	ENTUCKY
Telephone Number: Fax Number:	678-389-6024		4		
	770-594-3878		4		
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline		(b) Lifeline Suppo	
Non-Tribal Low-Income Su	bscribers	Subscribers		Subscriber Suppo	
Receiving federal I	Lifeline Support	(8)		x \$ <u>9.25</u>	= \$
Tribal Low-Income Subscri		(9) <u>(</u>		x \$ <u>0.00</u>	= \$ 0
Receiving federal I	Lifeline Support	Т	otal F	not to exceed (ederal Lifeline Suppo ⁻	
Toll Limitation Servi	ces (TLS)				
		0.0000	00		
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00		
Number of TLS Su	bscribers	(12) <u>0</u>			
				Total TLS Support	Claimed (13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost su	uppol	rt)	
Number of Connec		(14) 0			
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100))	(for multiple rates, us	e an average amount)
		`	,		
Total Connection (Charges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00		<u></u>	
		٦	Total	Tribal Link Up Suppor	rt Claimed (18) \$ <u>0</u>
ETC Payment					
Total Lifeline \$	Total TLS \$ <u>0</u>		Tota	l Tribal Link Up \$ <u>0</u>	
				Total D	ollars (19) \$
	If you have any gues	tions place call 1	1510	at (866) 873-4727 Toll	
	in you have any ques	uono, picase call O	UNC	ac (000/073-4727 1011	1166

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

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07/08/2014

Maybell Kelly

DAT	٢E
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Compliance

Maybell Kelly

OFFICER NAME

OFFICER TITLE

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The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER SIGNATURE

500 F 407				Exhibit 2, Page 13
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET OMB A
·				306 Avg. Burden Est. per Respondent: 2
(1) USAC Service Provide	er Identification Numbe	r <u>143036544</u>		(2) Study Area Code <u>269038</u>
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	ype ((check one) Wireline 🔲 🦳 Wireless 🗹
(5) ETC Designation Type	e (Check one): Lifelir	e Only 🗹 🛛 I	High	Cost/Low Income
(6) Organization Informat	ion		(7)	Filing Information
Company Legal Name:	Q Link Wireles	s LLC	a)	Submission Date 08/07/2014
Contact Name:	Caitlyn Lumpki	n	b)	Data Month July 2014
Mailing Address:	499 EAST SHERII	DAN ST SUITE 300	c)	Type of Filing (check one)
				Original Revision □
	Dania, FL 3300)4	d)	State Reporting KENTUCKY
Telephone Number:	678-389-6024			
Fax Number:	770-594-3878	- B'	_	
E-mail Address:	cmmurp@cgm	nc.com		
Lifeline				
Linemite		(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income S	ubscribers	Subscribers		Subscriber Support
Receiving federa	I Lifeline Support	(8)		x \$ =\$
Tribal Low-Income Subsc		(9) 0		- x \$ 0.00 = \$ 0
Receiving federa	I Lifeline Support	Тс	otal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$
Toll Limitation Serv	vicas (TLS)			
Ton Linitation Ser	1003 (11.5)			
Cost of Providing	g TLS per Subscriber	(11) 0.00000	00	
(the lesser of increm	ental cost or \$3 in 2012 /\$2	in 2013)		
Number of TLS S	Subscribers	(12) <u>0</u>		
				Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Avail	lable only to ETCs rec	eiving High Cost su	ippo	rt)
Number of Conn	ections Waived	(14) 0		
Charges Waived		(15) \$ 0.00		(for multiple rates, use an average amount)
		(not to exceed \$100)		
Total Connectior	n Charges Waived	(16) \$ <u>0.0</u>		
Deferred Interest	:	(17) \$ 0.00		
		······································	-04-1	Tribal Link Up Support Claimed (18) \$ <u>0</u>
		I	otal	Tibai Link op Support Claimed (18) \$
ETC Payment				
Total Lifeline \$	Total TLS \$ <u>0</u>		Tota	l Tribal Link Up \$ <u>0</u>
				Total Dollars (19) \$
	If you have any ques	stions, please call U	SAC	at (866) 873-4727 Toll Free

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

Exhibit 2, Page 14

(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.

08/07/2014

Maybell Kelly

OFFICER NAME

DATE	OFFICER SIGNATURE
Compliance	Maybell Kelly

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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					Exh	ibit 2, Page	15
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE		Rurdon Est	OM per Responde	IB Approval 3060-0819
				-			лц. 2. 5 г н 5.
(1) USAC Service Provider	Identification Number	r <u>143036544</u>		(2) Stu	dy Area Cod	e <u>269038</u>	
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	/pe (check one) Wireli	ne 🔲	Wireless	
(5) ETC Designation Type (Check one): Lifelin	e Only 🗹 🕴 H	High	Cost/Low Income			
(6) Organization Informatio	n		(7)	Filing Information	T		
Company Legal Name:	Q Link Wireles	s LLC	a)	Submission Date	09/08/20	14	
Contact Name:	Caitlyn Lumpki	n	b)	Data Month	August 2	2014	
Mailing Address:	499 EAST SHERI	DAN ST SUITE 300	(c)	Type of Filing (check one)			
					Original Revision		
Talashasa Mushaw	Dania, FL 3300)4	d)	State Reporting	KENTUC	CKY	
Telephone Number: Fax Number:	678-389-6024		4				
	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lif	eline
Non-Tribal Low-Income Su Receiving federal I		(8)		x \$ 9.2		= \$	
-		0		. 0.00		= \$ <u>0</u>	
Tribal Low-Income Subscri Receiving federal		()		(not to exce			
		Тс	otal F	ederal Lifeline Sup	oport Claime	d (10) \$(
Toll Limitation Servi	ices (TLS)						
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0				
Number of TLS Su	bscribers	(12) 0					
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availa	ble only to ETCs rec	eiving High Cost su	рро	rt)			
Number of Connec		(14) 0					
Charges Waived p	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)	
		、					
Total Connection (Charges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>	<u>.</u>
ETC Payment							
Total Lifeline \$	Total TLS \$_0	7	Гota	Tribal Link Up \$_C)		
					l Dollars (19) \$	
	If you have any more	tions places cell 11	540			, ·	
	If you have any ques	aons, piease call Os	JAC	ai (000) 013-4121 1	UII FIEE		

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

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09/08/2014

Maybell Kelly

DATE

Compliance

OFFICER SIGNATURE Maybell Kelly

OFFICER NAME

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Exhibit 2, Page 16

					Exhi	bit 2, Page 17
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		ОМВ Арр
				Ava.	Burden Est. p	-3060 er Respondent: 2.5
(4) USAC Comise Dusside	n lata a difi a a di ana Alama ha a	143036544		-		·
(1) USAC Service Provide	er Identification Number				dy Area Code	
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	/pe (check one) Wirel	ne 🔲	Wireless 🗹
(5) ETC Designation Type	e (Check one): Lifelin	e Only 🗹 🕴 ł	High	Cost/Low Income		
(6) Organization Informat	ion		(7)	Filing Information		·
Company Legal Name:	Q Link Wireless	3 LLC	a)	Submission Date	10/07/20	14
Contact Name:	Caitlyn Lumpkir	า	b)	Data Month	Septemb	er 2014
Mailing Address:	499 EAST SHERIE	DAN ST SUITE 300	c)	Type of Filing (check one)		
					Original Revision	4
T . I	Dania, FL 3300	4	d)	State Reporting	KENTUC	KY
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 Suj <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income S						
_	I Lifeline Support	(8)		x \$ <u>9.2</u>	5	= \$
Tribal Low-Income Subsc Receiving federa	ribers I Lifeline Support	(9) 0		x \$ <u>0.00</u> (not to exce	eed \$34,25)	= \$
		То	otal I	Federal Lifeline Su	oport Claimed	i (10) \$
Toll Limitation Serv	vices (TLS)					
	g TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	0			
Number of TLS S	ubscribers	(12) 0				
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Avail	able only to ETCs rece	eiving High Cost su	рро	rt)		
Number of Conne	ections Waived	(14) 0				
Charges Waived per Connection		(15) \$ 0.00		(for multiple rates	s, use an averag	e amount)
		(not to exceed \$100)				
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	:	(17) \$ 0.00				
		Т	otal	Tribal Link Up Sup	port Claimed	(18) \$ 0
ETC Payment						
Total Lifeline \$	Total TIS\$0	1	[otal	Tribal Link IIn \$ ()	
	Ι Ο ται Ι ΕΟ Ψ <u></u>	· · · · · · · · · · · · · · · · · · ·		-		
				Tota	l Dollars (19)	\$
	lf you have any ques	tions, please call US	SAC	at (866) 873-4727 1	oll Free	

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

(20) CERTIFICATIONS AND SIGNATURES

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10/07/2014

Maybell Kelly

DAT	Е
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Compliance

OFFICER TITLE

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OFFICER SIGNATURE

OFFICER NAME

Exhibit 2, Page 18

					Exhibit 2,	Page 19
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
				Ava	Burden Est. per Re	3060-0819 spondent: 2.5 Hrs
		4 400005 4 4		-		
(1) USAC Service Provider I	dentification Numbe	r <u>143036544</u>		(2) Stu	dy Area Code <u>269</u>	038
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	/pe ((check one) Wireli	ne 🔲 🦷 Wi	reless 🔽
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🗹 🕴 H	ligh	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date	11/07/2014	
Contact Name:	Caitlyn Lumpki	n	b)	Data Month	October 2014	-
Mailing Address:	499 EAST SHERII	DAN ST SUITE 300	c)	Type of Filing (check one)		
					Original Revision	
	Dania, FL 3300)4	d)		KENTUCKY	
Telephone Number: Fax Number:	678-389-6024					
	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com	J			
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u> p	port/ (c) Te	otal Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8)				
_		0		× \$ <u>9.2</u> x \$ 0.00		0
Tribal Low-Income Subscrib Receiving federal L		(9) 0		_ x \$ <u>0.00</u> (not to exce	= \$ _	
		Τα	otal I	Federal Lifeline Sup	oport Claimed (10)	\$
Toll Limitation Servio	ces (TLS)					
		(11) 0.00000	5			
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11)	0			
Number of TLS Sub	oscribers	(12) 0				
		(ort Claimed (13) \$	•0
Tribal Link Up (Availat	le only to ETCs rec	eiving High Cost su	рро		fort Claimed (15) a	,
-		0				
Number of Connect Charges Waived pe		(14) 0 (15) 0.00		(for multiple rates	, use an average amo	unt)
g		(not to exceed \$100)		(,	
Total Connection C	harren Maivad	(16) \$ <u>0.0</u>				
	narges warved					
Deferred Interest		(17) \$ 0.00				_
		Т	otal	Tribal Link Up Sup	port Claimed (18)	\$ <u>U</u>
ETC Payment						
Total Lifeline \$	Total TLS \$_0	r	[ota	l Tribal Link Un \$ 0)	
	ΥΥΥΥΥΥΥΥ			-		
					I Dollars (19) \$	
	If you have any ques	tions, please call US	SAC	at (866) 873-4727 T	oll Free	

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

Exhibit 2, Page 20

(20) CERTIFICATIONS AND SIGNATURES

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11/07/2014	1	1/0)7/2	201	14
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Maybell Kelly

DATE

Compliance

OFFICER TITLE

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OFFICER SIGNATURE

OFFICER NAME

					Exhib	oit 2, Page 2	21
FCC Form 497 April 2012 Edition	LIFELINE WORK	LIFELINE WORKSHEET Avg. B			OMB Approval 3060-0819 Burden Est. per Respondent: 2.5 Hrs.		
(1) USAC Service Provide	r Identification Numbe	er 143036544		(2) Stu	dy Area Code	269038	
(3) Filer 499 ID 829223			ype (check one) Wireli		Wireless	
(5) ETC Designation Type	(Check one): Lifeli			Cost/Low Income			10010008
(6) Organization Informati		- 9000000	-	Filing Information			
Company Legal Name:	Q Link Wireles	s LLC	a)	Submission Date	12/04/201	4	
Contact Name:	Caitlyn Lumpk	in	b)	Data Month	Novembe	r 2014	
Mailing Address:	499 EAST SHER	IDAN ST SUITE 300	c)	Type of Filing (check one)	Original 🗸	7	
	Dania, FL 330	04	d)	State Reporting	KENTUC	ΚY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgm	ninc.com					
Lifeline Non-Tribal Low-Income S Receiving federal		(a) # Lifeline <u>Subscribers</u> (8)		(b) Lifeline Sup <u>Subscriber Sup</u> x \$ 9.2	oport	(c) Total Lif	eline
Tribal Low-Income Subsc Receiving federal	ribers	(9) <u>0</u> Tc	otal F	x \$ 0.00 (not to exce Federal Lifeline Sup	ed \$34.25)	Ŧ	
Toll Limitation Serv	rices (TLS)						
	TLS per Subscriber ental cost or \$3 in 2012 /\$	(11) 0.00000 2 in 2013)	00				
Number of TLS S	ubscribers	(12) 0					
Tribal Link Up (Avail	able only to ETCs re	ceiving High Cost su	ippo	Total TLS Supp rt)	ort Claimed	(13) \$ <u>0</u>	
Number of Connections Waived Charges Waived per Connection		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an averag	e amount)	
Total Connection	Charges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		Т	otal	Tribal Link Up Sup	port Claimed	(18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$	Total TLS \$		Tota	l Tribal Link Up \$ <u>C</u>)	_	
					l Dollars (19)	\$ 	
	lf you have any que	estions, please call US	SAC				

OMB Approval 3060-0819

Ava. Burden Est. per Respondent: 2.5 Hrs.

Exhibit 2, Page 22

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Maybell Kelly

OFFICER SIGNATURE

500 F (07			Exhibit 2, Page 23	
FCC Form 497 April 2012 Edition			Approval	
			30 Avg. Burden Est. per Respondent	060-0819 : 2.5 Hrs.
(1) USAC Service Provider	Identification Numbe	r <u>143036544</u>	(2) Study Area Code <u>269038</u>	-
(3) Filer 499 ID <u>829223</u>		(4) Technology T	ype (check one) Wireline 🔲 🦳 Wireless 🕻	כ
(5) ETC Designation Type	(Check one): Lifelin	ne Only	High Cost/Low Income 🛄	
(6) Organization Informatio	on		(7) Filing Information	
Company Legal Name:	Q Link Wireles	s LLC	a) Submission Date 01/06/2015	
Contact Name: Caitlyn Lumpkin		n	b) Data Month December 2014	
Mailing Address: 499 EAST SHERIDAN S		DAN ST SUITE 30	(check one)	
			Original V Revision	
Telephone Number:	Dania, FL 3300)4	d) State Reporting KENTUCKY	
Fax Number:	070-303-0024			
E-mail Address:	cmmurp@cgm	inc.com		
Lifeline			1	
LITEIIIIE		(a) # Lifeline	(b) Lifeline Support/ (c) Total Lifeli	ne
Non-Tribal Low-Income Su		Subscribers	Subscriber Support	
Receiving federal	Lifeline Support	(8)	x \$ <u>9.25</u> = \$ 	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0	$x \ \ \frac{0.00}{\text{(not to exceed $34.25)}} = \ \frac{0}{2}$	
-		Т	otal Federal Lifeline Support Claimed (10) \$	
Toll Limitation Serv	ices (TLS)			
Cost of Providing (the lesser of increme	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> 2 in 2013)	00	
Number of TLS Su	ubscribers	(12) <u>0</u>		
			Total TLS Support Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availa	able only to ETCs rec	eiving High Cost s	ipport)	
Number of Connections Waived Charges Waived per Connection		(14) 0		
		(15) \$ 0.00 (not to exceed \$100	(for multiple rates, use an average amount)	
		0.0		
Total Connection Charges Waived		(16) \$ <u>0.0</u>		
Deferred Interest		(17) \$ <u>0.00</u>		
			otal Tribal Link Up Support Claimed (18) \$ <u>0</u>	
ETC Payment				
Total Lifeline \$	Total TLS \$ <u>0</u>		Total Tribal Link Up \$ <u>0</u>	
			Total Dollars (19) \$	
		-4		

If you have any questions, please call USAC at (866) 873-4727 Toll Free
OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

Exhibit 2, Page 24

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

01	/06	5/20	15
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Maybell Kelly

DATE

Compliance

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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Maybell Kelly

OFFICER SIGNATURE

OFFICER NAME

			Exhibit 2,	Page 25
FCC Form 497 April 2012 Edition		LIFELINE WORKS	ET Avg. Burden Est. per Rø	OMB Approval 3060-0819 espondent: 2.5 Hrs.
(1) USAC Service Provide	er Identification Number	143036544	(2) Study Area Code 269	9038
(3) Filer 499 ID 829223				ireless 🔽
(5) ETC Designation Type	(Check one): Lifelin		Cost/Low Income	- Marine
	. ,			
(6) Organization Informat Company Legal Name:	Q Link Wireless		Filing Information Submission Date 02/05/2015	
Contact Name:	Caitlyn Lumpkir	1	Data Month January 201	5
Mailing Address:		DAN ST SUITE 300	Type of Filing (check one) Original	
	Dania, FL 3300	4	Revision State Reporting	
Telephone Number:	678-389-6024		1	
Fax Number:	770-594-3878			
E-mail Address:	cmmurp@cgmi	nc.com		
Lifeline		(a) # Lifeline <u>Subscribers</u>	(b) Lifeline Support/ (c) 1 <u>Subscriber Support</u>	otal Lifeline
Non-Tribal Low-Income S Receiving federa	Subscribers Il Lifeline Support	(8)	x \$ <u>9.25</u> = \$	
Tribal Low-Income Subso Receiving federa	cribers Il Lifeline Support	(9) <u>0</u>	$x \$ \frac{0.00}{(\text{not to exceed $34.25)}} = \$$ Federal Lifeline Support Claimed (10	
Toll Limitation Ser	vices (TLS)			
	g TLS per Subscriber nental cost or \$3 in 2012 /\$2	(11) <u>0.00000(</u> in 2013)		
Number of TLS S	Subscribers	(12) <u>0</u>		
			Total TLS Support Claimed (13)	\$ <u>0</u>
Tribal Link Up (Avai	lable only to EICs rece	eiving High Cost sup	t)	
Number of Conn Charges Waived		(14) (15) \$ 0.00 (not to exceed \$100)	(for multiple rates, use an average am	ount)
Total Connection	n Charges Waived	(16) \$ 0.0		,
Deferred Interest	t	(17) \$ 0.00		
		То	Tribal Link Up Support Claimed (18)	\$ <u>0</u>
ETC Payment				
Total Lifeline \$	Total TLS \$ <u>0</u>		Tribal Link Up \$_0	
			Total Dollars (19) \$	
	lf vou have anv ques	tions, please call US	at (866) 873-4727 Toll Free	
		,,	· · · · · · · · · · · · · · · · · · ·	

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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02/05/2015

Maybell Kelly

DA ⁻	ΓE
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Compliance

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OFFICER SIGNATURE

Maybell Kelly

OFFICER NAME

				Exhibit 2, Page 27
FCC Form 497 April 2012 Edition LIFELINE WORKS			SHE	ET OMB Approval
				3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.
		142026544		
(1) USAC Service Provider	· Identification Number	143030544		(2) Study Area Code <u>269038</u>
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	pe (check one) Wireline 🔲 🦳 Wireless 🗹
(5) ETC Designation Type	(Check one): Lifelin	e Only 🔽 💠 H	ligh	Cost/Low Income
(6) Organization Informatio	on		(7)	Filing Information
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date 03/05/2015
Contact Name:	Caitlyn Lumpki	n	b)	Data Month February 2015
Mailing Address:	499 EAST SHERI	DAN ST SUITE 300	C)	Type of Filing (check one)
				Original ✓ Revision
Talankana Numban	Dania, FL 3300	4	d)	State Reporting KENTUCKY
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/ (c) Total Lifeline Subscriber Support
Non-Tribal Low-Income Su				
Receiving federal		(8)		x \$ <u>9.25</u> = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		$x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
-		То	tal F	Federal Lifeline Support Claimed (10) \$
Toll Limitation Serv	ices (TLS)			
	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0	
Number of TLS St	(12) <u>0</u>			
				Total TLS Support Claimed (13) \$
Tribal Link Up (Availa	able only to ETCs rec	eiving High Cost su	рро	rt)
Number of Conne	ctions Waived	(14) 0		
	Number of Connections Waived Charges Waived per Connection			(for multiple rates, use an average amount)
		(not to exceed \$100)		
Total Connection	Charges Waived	(16) \$ <u>0.0</u>		
Deferred Interest		(17) \$ 0.00		
		Т	otal	Tribal Link Up Support Claimed (18) \$ <u>0</u>
ETC Payment				
Total Lifeline \$	Total TLS \$ 0	т	ſota	l Tribal Link Up \$ <u>0</u>
T, 	· · · · · · · · · · · · · · · · ·			
				Total Dollars (19) \$
	If you have any ques	stions, please call US	SAC	at (866) 873-4727 Toll Free

Exhibit 2, Page 28

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

(20) CERTIFICATIONS AND SIGNATURES

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Maybell Kelly

DATE

Compliance

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OFFICER NAME

OFFICER TITLE

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					Exhi	bit 2, Page 29
FCC Form 497 April 2012 Edition	LIFELINE WORKS			ET		OMB Approval
	*			Avg.	Burden Est. p	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provide	er Identification Number	143036544		(2) Stu	dy Area Code	<u>269038</u>
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type	e (Check one): Lifelin	e Only 🗹 🛛 H	High	Cost/Low Income		
(6) Organization Information	tion		(7)	Filing Information		······
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date	04/06/20	15
Contact Name:	Caitlyn Lumpki	า	b)	Data Month	March 20)15
Mailing Address:	499 EAST SHERI	DAN ST SUITE 300	c)	Type of Filing (check one)	Original [
	Dania, FL 3300	1	d)		Revision [KENTUC	
Telephone Number:	678-389-6024	<u>'</u>			INLINIOU	
Fax Number:	770-594-3878		1			
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income S	Subscribers al Lifeline Support			• • • •		- ¢
_		(8) <u>(9)</u>		× \$ <u>9.2</u> x \$ 0.00		= \$ <u>0</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		()		(not to exce ederal Lifeline Sup	• •	
Toll Limitation Ser	vices (TLS)			cucial Encline out		(10) ¢
	1000 (120)					
	g TLS per Subscriber nental cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0			
Number of TLS \$	Subscribers	(12) <u>0</u>				
-				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Ava	ilable only to ETCs rece	eiving High Cost su _l	рроі	rt)		
Charges Waived per Connection (1		(14) 0				
		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an averag	je amount)
` Total Connection	n Charges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
			otal	 Tribal Link Up Sup	port Claimed	(18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$)	
	·				l Dollars (19)	\$
	16	41 11 11	~ * ~			¥
	If you have any ques	auons, piease call US	SAC	at (800) 8/3-4/27 T	oii Free	

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

Exhibit 2, Page 30

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04/06/2015

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Maybell Kelly

OFFICER SIGNATURE

OFFICER NAME

500 F 107				Exhibit 2, Page 31
FCC Form 497 April 2012 Edition			SHE	
				3060-08 Avg. Burden Est. per Respondent: 2.5 H
(1) USAC Service Provider	Identification Number	143036544		(2) Study Area Code <u>269038</u>
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	/pe	(check one) Wireline
(5) ETC Designation Type	(Check one): Lifeline	e Only 🗹 🕴 H	ligh	n Cost/Low Income
(6) Organization Informatio	on		(7)	Filing Information
Company Legal Name:	Q Link Wireless	LLC	a)	Submission Date 05/05/2015
Contact Name:	Caitlyn Lumpkin		b)	<u> </u>
Mailing Address:	499 EAST SHERID	AN ST SUITE 300	C)	(check one)
,				Original Revision
Telephone Number:	Dania, FL 33004	4	d)	State Reporting KENTUCKY
Fax Number:	770-594-3878	awara		
E-mail Address:	cmmurp@cgmir	nc.com		
L			J	
Lifeline		(a) # Lifeline		(b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Su	ibecribore	Subscribers		Subscriber Support
Receiving federal		(8)		x \$ 9.25 = \$
Tribal Low-Income Subscr		(9) <u>0</u>		x \$ <u>0.00</u> = \$ <u>0</u>
Receiving federal	Lifeline Support	То	otal I	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$
Toll Limitation Serv	ices (TLS)			
	TLS per Subscriber ental cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0	
Number of TLS Su	ubscribers	(12) <u>0</u>		
				Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Availa	able only to ETCs rece	eiving High Cost su	рро	prt)
Number of Conne	ctions Waived	(14) 0		
Charges Waived p	per 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) \$ 0.00		
		Т	otal	l Tribal Link Up Support Claimed (18) \$ <u>0</u>
ETC Payment				
Total Lifeline \$	Total TLS \$ <u>0</u>		Tota	al Tribal Link Up \$ <u>0</u>
				Total Dollars (19) \$
	If you have any quee	tions plass call 11	540	C at (866) 873-4727 Toll Free
	you nuve uny ques	a eno, preuse can oc		

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.

Maybell Kelly

Compliance

Maybell Kelly

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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					Exh	nibit 2, Page 33
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approva
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs
(1) USAC Service Provider	Identification Numbe	r <u>143036544</u>		(2) Stu	dy Area Coo	te_269038
(3) Filer 499 ID <u>829223</u>			/pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type ((Check one): Lifelin	ne Only 🗹 🛛 ⊦	ligh	Cost/Low Income		noquebili
(6) Organization Informatio		• 0000000	-	Filing Information	Seconda	
Company Legal Name:	Q Link Wireles	s LLC	a)	Submission Date	06/05/20)15
Contact Name:	Caitlyn Lumpki	n	b)	Data Month	May 201	15
Mailing Address:	499 EAST SHERI	DAN ST SUITE 300	c)	Type of Filing (check one)	1	
				(,	Original Revision	
T-l	Dania, FL 3300)4	d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	678-389-6024					
	770-594-3878	•	_			
E-mail Address:	cmmurp@cgm	inc.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Suj <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal		(8)				- ¢
				0.00		= \$ <u>0</u>
Tribal Low-Income Subscr Receiving federal		(-)		(not to exce	eed \$34.25)	
		То	otal F	Federal Lifeline Su	oport Claime	ed (10) \$
Toll Limitation Serve	ices (TLS)					
Cost of Providing	TLS per Subscriber	(11) <u>0.00000</u>	0			
	ntal cost or \$3 in 2012 /\$2	(1)	_			
Number of TLS Su	bscribers	(12) 0				
				Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs red	eiving High Cost su	рро	rt)		
Number of Conne	ctions Waived	(14) 0				
Charges Waived p	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an avera	age amount)
		(not to exceed \$100)				
Total Connection	Charges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		Т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
-	Total TLS \$ <u>0</u>	г	Fotal	Tribal ink n \$ ()	
	· · · · · · · · · · · · · · · · ·				l Dollars (19	
				l ota	u Dollars (19	σ) φ
	If you have any que	stions, please call US	SAC	at (866) 873-4727 1	oll Free	

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

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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 gualifying 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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06/05/201	5
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Maybell Kelly

DATE	
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Compliance

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OFFICER SIGNATURE

				Exhibit 2, Page 35
FCC Form 497 April 2012 Edition		LIFELINE WORKS	θHE	ET OMB Appr 3060-0 Avg. Burden Est. per Respondent: 2.5
(1) USAC Service Provide	r Identification Number	143036544		(2) Study Area Code <u>269038</u>
(3) Filer 499 ID <u>829223</u>		(4) Technology Typ	pe ((check one) Wireline 🔲 🦳 Wireless 🗹
(5) ETC Designation Type	(Check one): Lifelin	e Only 🗹 🛛 Hi	igh	Cost/Low Income
(6) Organization Informati	on		(7)	Filing Information
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date 07/07/2015
Contact Name:	Caitlyn Lumpkir	ו	b)	Data Month June 2015
Mailing Address:	499 EAST SHERIE	DAN ST SUITE 300	C)	Type of Filing (check one)
				Original 🗹 Revision
	Dania, FL 3300	4	d)	2000
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/ (c) Total Lifeline <u>Subscriber Support</u>
Non-Tribal Low-Income S				
Receiving federal		(8)		$x \$ _{9.25} = \$ $
Tribal Low-Income Subsc Receiving federal		(9) <u>0</u>		$x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
-		Tota	al F	Federal Lifeline Support Claimed (10) \$
Toll Limitation Serv	rices (TLS)			
	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) <u>0.000000</u> in 2013))	
Number of TLS S	ubscribers	(12) <u>0</u>		
				Total TLS Support Claimed (13)\$ <u>0</u>
Tribal Link Up (Avail	able only to ETCs rece	eiving High Cost sup	por	rt)
Number of Conne	ections Waived	(14) 0		
Charges Waived		(15) \$ 0.00		(for multiple rates, use an average amount)
		(not to exceed \$100)		
Total Connection	Charges Waived	(16) \$ 0.0		<u> </u>
Deferred Interest		(17) \$ 0.00		
		То	otal	Tribal Link Up Support Claimed (18) \$
ETC Payment				
Total Lifeline \$	Total TLS \$ <u>0</u>	Та	otal	l Tribal Link Up \$ 0
	• • • • • • • • • • • • •			
				Total Dollars (19) \$
	If you have any ques	tions, please call US/	AC	at (866) 873-4727 Toll Free

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

(20) CERTIFICATIONS AND SIGNATURES

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07/	07/2	2015
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Maybell Kelly

DATE

Compliance

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Exhibit 2, Page 36

OFFICER SIGNATURE

Maybell Kelly

F00 F (07				Exhibit 2, P	age 37
FCC Form 497 April 2012 Edition			SHE	ET	OMB Approval
				Avg. Burden Est. per Res	3060-0819 oondent: 2.5 Hrs
(1) USAC Service Provider	Identification Number	143036544		(2) Study Area Code <u>2690</u>	
(3) Filer 499 ID 829223					
					eless 🔽
(5) ETC Designation Type (Check one): Lifeline	e Only 🔽 🛛 H	High	Cost/Low Income	
(6) Organization Information			(7)	Filing Information	1
Company Legal Name:	Q Link Wireless		a)	Submission Date 08/06/2015	
Contact Name:	Caitlyn Lumpkir	۱	b)	Data Month July 2015	
Mailing Address:	499 EAST SHERID	OAN ST SUITE 300	c)	Type of Filing (check one)	
				Original 🗸 Revision	
	Dania, FL 3300	4	d)	State Reporting KENTUCKY	
Telephone Number: Fax Number:	678-389-6024		-		
Fax Number:	770-594-3878		-		
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline					
		(a) # Lifeline			al Lifeline
Non-Tribal Low-Income Sul	bscribers	Subscribers		Subscriber Support	
Receiving federal I	ifeline Support	(8)		x \$ <u>9.25</u> = \$	
Tribal Low-Income Subscri		(9) <u>0</u>		$x \ \ 0.00 = \ 0$)
Receiving federal I	Ifeline Support	То	otal F	(not to exceed \$34.25) ederal Lifeline Support Claimed (10) \$	
Toll Limitation Servi	ces (TLS)				
	()				
	FLS per Subscriber atal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0		
Number of TLS Su	bscribers	(12) <u>0</u>			
				Total TLS Support Claimed (13) \$ <u>(</u>)
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost su	ppor	<i>t)</i>	
Number of Connec	tions Waived	(14) 0			
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates, use an average amound	nt)
		(not to exceed \$100)			
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00			
		Т	otal	Tribal Link Up Support Claimed (18) \$	0
ETC Payment					
Total Lifeline \$	D a a IT IstoT	г	[[otal	Tribal Link Up \$ <u>0</u>	
	<u> </u>		Judi		
				Total Dollars (19) \$	
	If you have any ques	tions, please call US	SAC	at (866) 873-4727 Toll Free	

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

Exhibit 2, Page 38

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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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08/	06/	20	15
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500 F (05				Ex	hibit 2, Page 39
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE		OMB Approval 3060-0819 . per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143036544		(2) Study Area Co	de 269038
(3) Filer 499 ID <u>829223</u>			/pe (check one) Wireline 🗔	Wireless
(5) ETC Designation Type (Check one): Lifeling	e Only 🗹 🛛 I	High	Cost/Low Income	
(6) Organization Informatio	n		(7)	Filing Information	
Company Legal Name:	Q Link Wireless	LLC	a)	Submission Date 09/04/2	015
Contact Name:	Caitlyn Lumpkir)	b)	Data Month August	2015
Mailing Address:	499 EAST SHERID	OAN ST SUITE 300	c)	Type of Filing (check one) Original Revision	
	Dania, FL 3300	4	d)	State Reporting KENTU	CKY
Telephone Number:	678-389-6024				
Fax Number:	770-594-3878		-		
E-mail Address:	cmmurp@cgmi	nc.com			
Lifeline Non-Tribal Low-Income Sul Receiving federal I		(a) # Lifeline <u>Subscribers</u> (8)		(b) Lifeline Support/ <u>Subscriber Support</u> x \$ 9.25	(c) Total Lifeline
Tribal Low-Income Subscri Receiving federal I	bers	(9) 0	otal I	x \$ 0.00 (not to exceed \$34.25) Federal Lifeline Support Claim	= \$ <u>0</u> ed (10) \$
Toll Limitation Servi	ces (TLS)				
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	00		
Number of TLS Su	bscribers	(12) 0	-		
Tribal Link Up (Availa	blo only to ETCs roos	iving High Cost su	000	Total TLS Support Claime	d (13) \$ <u>0</u>
Number of Connec Charges Waived p	tions Waived	(14) <u>0</u> (15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates, use an aver	rage amount)
Total Connection (Charges Waived	(16) \$ 0.0			
Deferred Interest		(17) \$ 0.00			
		Т	otal	Tribal Link Up Support Claime	ed (18) \$ <u>0</u>
ETC Payment					
Total Lifeline \$	Total TLS \$ <u>0</u>		Гota	l Tribal Link Up \$ <u>0</u>	
				Total Dollars (1	9) \$
	lf you have any ques	tions, please call U	SAC	at (866) 873-4727 Toll Free	

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

Exhibit 2, Page 40

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09/04/2015

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OFFICER SIGNATURE

				I	Exhibit 2, Page 41
FCC Form 497 April 2012 Edition		LIFELINE WORKS	SHE	ET	OMB Approval
				Ava Burden F	3060-0819 st. per Respondent: 2.5 Hrs.
		440000544		-	
(1) USAC Service Provide	r Identification Number	143036544		(2) Study Area	Code 269038
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	pe (check one) Wireline 🔲	Wireless 🔽
(5) ETC Designation Type	(Check one): Lifelin	e Only 🗹 🛛 H	ligh	Cost/Low Income 🏼	
(6) Organization Informati	on		(7)	Filing Information	
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date 10/08	/2015
Contact Name:	Caitlyn Lumpkir	ר	b)	Data Month Septe	mber 2015
Mailing Address:	499 EAST SHERIE	DAN ST SUITE 300	c)	Type of Filing (check one)	
				Ó Original Revision	
	Dania, FL 3300	4	d)		UCKY
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 S	ubscribers	Subscribers		Subscriber Support	
Receiving federal	Lifeline Support	(8)		x \$ <u>9.25</u>	= \$
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ <u>0.00</u>	= \$ _0
Receiving federal	Lifeline Support	Tot	tal F	not to exceed \$34.25) ederal Lifeline Support Cla	
Toll Limitation Serv	vices (TLS)				
	TLS per Subscriber	(11) <u>0.000000</u>	0		
	ental cost or \$3 in 2012 /\$2	0			
Number of TLS S	ubscribers	(12) <u>U</u>			0
Tribal Link Up (Availa	able only to ETCs rece	niving High Cost sur	nnai	Total TLS Support Clain	ned (13) \$ <u>U</u>
		enning i ngn 00st sup	οροι	<i>y</i>	
Number of Conne		(14) 0			
Charges Waived	per Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an a	verage amount)
Total Connection	Charges Waived	(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00			
		Тс	otal	Tribal Link Up Support Clai	med (18) \$ <u>0</u>
ETC Payment					
Total Lifeline \$	Total TI S \$ 0	т	[otal	Tribal Link Up \$ <u>0</u>	
	Τσται ΤΕΟ φ <u>_</u>		Jul		
				Total Dollars	(19) \$
	lf you have any ques	tions, please call US	SAC	at (866) 873-4727 Toll Free	

OMB Approval 3060-0819 Ava, 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 gualifying 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.

10/08/2	2015
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Maybell Kelly

DATE

Compliance

OFFICER NAME

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.

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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.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER SIGNATURE

Maybell Kelly

500 F 407				Exhibit 2, Page 43
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	11
				3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider	⁻ Identification Number	143036544		(2) Study Area Code <u>269038</u>
(3) Filer 499 ID <u>829223</u>			ne ((check one) Wireline 🔲 Wireless 🔽
				Steening and seesing
(5) ETC Designation Type		e Only 🗹 🕴 ł	-	Cost/Low Income
(6) Organization Informatio				Filing Information
Company Legal Name:	Q Link Wireless		a)	Submission Date 11/09/2015
Contact Name:	Caitlyn Lumpkir		b)	Data Month October 2015
Mailing Address:	499 EAST SHERID	OAN ST SUITE 300	C)	Type of Filing (check one)
				Original V Revision
Telephone Number:	Dania, FL 3300	4	d)	State Reporting KENTUCKY
Fax Number:	678-389-6024		-	
	770-594-3878		-	
E-mail Address:	cmmurp@cgmii	nc.com		
Lifeline				
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Support/ (c) Total Lifeline Subscriber Support
Non-Tribal Low-Income Su				
Receiving federal	Lifeline Support	(8)		x \$ <u>9.25</u> = \$
Tribal Low-Income Subsci		(9) 0		$x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
Receiving federal	Lifeline Support	То	otal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$
Toll Limitation Serv	icos (TLS)			
	ices (123)			
	TLS per Subscriber ental cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	0	
Number of TLS St	ubscribers	(12) <u>0</u>		
				Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Availa	able only to ETCs rece	eiving High Cost su	рроі	
		<i>(</i> 1) 0		
Number of Conne Charges Waived r		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates, use an average amount)
5		(not to exceed \$100)		
Total Connection	Charges Waived	(16) \$ <u>0.0</u>		
Deferred Interest		(17) \$ 0.00		
		· · · · · · · · · · · · · · · · · · ·		
		T	otal	Tribal Link Up Support Claimed (18) \$ <u>0</u>
ETC Payment				
Total Lifeline \$	Total TLS \$_0		Гotal	l Tribal Link Up \$ <u>0</u>
				Total Dollars (19) \$
	If you have any ques	tions, please call US	SAC	at (866) 873-4727 Toll Free

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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11/09/2015

Maybell Kelly

DATE	
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Compliance

OFFICER TITLE

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OFFICER SIGNATURE

Maybell Kelly

OFFICER NAME

500 F 107				Exhibit 2, Page 45
FCC Form 497 April 2012 Edition			SHE	
				3060-08 Avg. Burden Est. per Respondent: 2.5 H
(1) USAC Service Provider	Identification Number	143036544		(2) Study Area Code <u>269038</u>
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	pe ((check one) Wireline 🔲 🦳 Wireless 🖸
(5) ETC Designation Type (Check one): Lifeline	e Only 🗹 🛛 H	ligh	Cost/Low Income
(6) Organization Informatio	<u>n</u>		(7)	Filing Information
Company Legal Name:	Q Link Wireless	LLC	a)	Submission Date 12/07/2015
Contact Name:	Caitlyn Lumpkin		b)	Data Month November 2015
Mailing Address:	499 EAST SHERID	AN ST SUITE 300	C)	Type of Filing (check one)
				Original Revision
	Dania, FL 33004	4	d)	State Reporting KENTUCKY
Telephone Number:	678-389-6024	·····		
Fax Number:	770-594-3878			
E-mail Address:	cmmurp@cgmir	nc.com		
Lifeline				
		(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeline <u>Subscriber Support</u>
Non-Tribal Low-Income Sul				
Receiving federal I	_ifeline Support	(8)		x \$ <u>9.25</u> = \$ 1
Tribal Low-Income Subscri		(9) _0		$- \times \$ \frac{0.00}{(-1.11 + 0.00)} = \$ \frac{0}{-1.00}$
Receiving federal I	Ineline Support	То	tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$
Toll Limitation Servi	ces (TLS)			
	ΓLS per Subscriber ntal cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	0	
Number of TLS Su	bscribers	(12) <u>0</u>		
				Total TLS Support Claimed (13)\$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rece	iving High Cost su	оро	rt)
Number of Connec	tions Waived	(14) 0		
Charges Waived p	er Connection	(15) \$ 0.00		(for multiple rates, use an average amount)
		(not to exceed \$100)		
Total Connection (Charges Waived	(16) \$ <u>0.0</u>		
Deferred Interest		(17) \$ 0.00		
		Т	otal	Tribal Link Up Support Claimed (18) \$
ETC Payment				
Total Lifeline \$	Total TLS \$ <u>0</u>	т	ota	l Tribal Link Up \$ 0
				Total Dollars (19) \$
	If you have any quest	tions, please call US	SAC	at (866) 873-4727 Toll Free

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

Exhibit 2, Page 46

(20) CERTIFICATIONS AND SIGNATURES

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12/07/201

Maybell Kelly

DATE	-
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Compliance

Maybell Kelly

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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					Exh	nibit 2, Page 4	7
FCC Form 497 April 2012 Edition			SHE	ET			3 Approval 3060-0819
				Avg.	Burden Est.	per Responder	nt: 2.5 Hrs.
(1) USAC Service Provide	r Identification Number	143036544		(2) Stu	dy Area Coo	le <u>269038</u>	
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	vpe (check one) Wireli	ne 🔲	Wireless	
(5) ETC Designation Type	(Check one): Lifelin	e Only 🗹 🛛 H	ligh	Cost/Low Income			
(6) Organization Informat	ion		(7)	Filing Information			·
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date	01/06/20)16	
Contact Name:	Caitlyn Lumpki	ו	b)	Data Month	Decemb	er 2015	
Mailing Address:	499 EAST SHERI	DAN ST SUITE 300	C)	Type of Filing (check one)			
					Original Revision		
	Dania, FL 3300	4	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>Subsc</u> ribers		(b) Lifeline Sup Subseriber Su		(c) Total Life	line
Non-Tribal Low-Income S Receiving federa		(8)		Subscriber Su x \$ 9.2		= \$	
Tribal Low-Income Subsc		(9) 0		x \$ 0.00		= \$ 0	
Receiving federal Lifeline Support		()	tal F	(not to exce ederal Lifeline Sup			
Toll Limitation Serv	vices (TLS)				oport oranne	(10) ¢	
	1000 (120)						
	J TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	0				
Number of TLS S	ubscribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Avail	able only to ETCs rece	eiving High Cost sup	ороі	<i>t</i>)			
Number of Conne	ections Waived	(14) 0					
Charges Waived		(15) \$ 0.00		(for multiple rates	, use an avera	ige amount)	
		(not to exceed \$100)					
Total Connection	Charges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		Тс	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	<u></u>
ETC Payment							
Total Lifeline \$	() a a IT letoT	т	'otal	Tribal Link Un ¢ ()		
	10tai 110 <u>\$_0</u> _		otai	-			
				Tota	l Dollars (19) \$	
	If you have any ques	tions, please call US	SAC	at (866) 873-4727 7	oll Free		

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

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Compliance

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OFFICER SIGNATURE

Maybell Kelly

500 F 107					Exhit	oit 2, Page 49
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
				A	Develop Fotos	3060-0819
				Avg.	Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provide	r Identification Numb	er <u>143036544</u>		(2) Stu	dy Area Code	269038
(3) Filer 499 ID <u>829223</u>		(4) Technology T ₎	ype (check one) Wirel	ne 🔲	Wireless 🔽
(5) ETC Designation Type	(Check one): Lifeli	ne Only 🗹 🛛 I	High	Cost/Low Income		
(6) Organization Informati	on		(7)	Filing Information		
Company Legal Name:	Q Link Wireles	ss LLC	a)	Submission Date	02/05/201	16
Contact Name:	Caitlyn Lumpk	in	b)	Data Month	January 2	2016
Mailing Address:	499 EAST SHER	IDAN ST SUITE 300	c)	Type of Filing (check one)	· · · · · · · · · · · · · · · · · · ·	
				(check one)	Original	
	Dania, FL 330	04	d)	State Reporting	Revision L	
Telephone Number:	678-389-6024				1	
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgm	ninc.com]			
Lifeline			-			
Liteline		(a) # Lifeline		(b) Lifeline Su	oport/	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Su	pport	
		(8)		x \$9.2	25	= \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x <u>\$ 0.00</u>		= \$
		Тс	otal F	not to exce) ederal Lifeline Suj	eed \$34.25) oport Claimed	(10) \$
Tall Limitation Sam	(inco (TLS)					
Toll Limitation Serv	nces (TLS)					
	J TLS per Subscriber ental cost or \$3 in 2012 /\$	(11) 0.00000 2 in 2013))0			
Number of TLS S	ubscribers	(12) 0				
				Total TLS Supr	ort Claimod	(13) ¢ ()
Tribal Link Up (Avail	able only to ETCs re	ceiving High Cost su	рроі		ont Glaimed	(13) \$
	<i></i>	<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 averag	e amount)
<u>-</u>		(not to exceed \$100)		(,:y	
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		· · · · · · · · · · · · · · · · · · ·				(m • 0
		1	otal	Tribal Link Up Sup	poπ Claimed	(16) \$
ETC Payment				•		
Total Lifeline \$	Total TLS \$	1	Total	Tribal Link Up \$ <u>(</u>)	_
				Tota	l Dollars (19)	\$
	<i></i>	<i>,</i> ,	o			
	If you have any que	stions, please call US	SAC	at (866) 873-4727 1	oll Free	

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

Exhibit 2, Page 50

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/05/201	16
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Maybell Kelly

DATE

Compliance

Maybell Kelly

OFFICER NAME

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.

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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.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER SIGNATURE

500 F 407				Exhibit 2, Page 51
FCC Form 497 April 2012 Edition			SHE	EET OMB Approval 3060-0819
				Avg. Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143036544		(2) Study Area Code <u>269038</u>
(3) Filer 499 ID <u>829223</u>		(4) Technology Ty	/pe ((check one) Wireline 🔲 Wireless 🖸
(5) ETC Designation Type (Check one): Lifeline	e Only 🗹 🛛 H	High	n Cost/Low Income
(6) Organization Informatio	n		(7)	Filing Information
Company Legal Name:	Q Link Wireless	LLC	a)	Submission Date 03/04/2016
Contact Name:	Caitlyn Lumpkir)	b)	Data Month February 2016
Mailing Address:	499 EAST SHERID	AN ST SUITE 300	c)	Type of Filing (check one)
				Original 🔽 Revision
	Dania, FL 3300	4	d)	State Reporting KENTUCKY
Telephone Number:	678-389-6024	51	4	
Fax Number:	770-594-3878		-	
E-mail Address:	cmmurp@cgmi	nc.com		
Lifeline				
		(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeline <u>Subscriber Support</u>
Non-Tribal Low-Income Su				
Receiving federal I		(8)		_ x \$ <u>9.25</u> = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		$x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
		То	otal I	Federal Lifeline Support Claimed (10) \$
Toll Limitation Servi	ices (TLS)			
Cost of Providing (the lesser of increment	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013))0	
Number of TLS Subscribers		(12) <u>0</u>		
				Total TLS Support Claimed (13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost su	рро	ort)
Number of Connections Waived		(14) 0	-	
Charges Waived p	er 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) \$ 0.00		
		т	otal	Tribal Link Up Support Claimed (18) \$
ETC Payment				
Total Lifeline \$	Total TLS \$ <u>0</u>		Tota	ll Tribal Link Up \$ _0
				Total Dollars (19) \$
	16	4		
	n you nave any ques	uons, piease call US	SAC	C at (866) 873-4727 Toll Free

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

Exhibit 2, Page 52

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03/04/2016

Maybell Kelly

DATE

Compliance

OFFICER SIGNATURE

OFFICER TITLE

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Maybell Kelly

				Exhibit 2, Page	53
FCC Form 497 April 2012 Edition		LIFELINE WORKS	SHE	ET ON Avg. Burden Est. per Responde	/IB Approval 3060-0819
					πι. 2 .0 ms.
(1) USAC Service Provide	r Identification Number	143036544		(2) Study Area Code <u>269038</u>	
(3) Filer 499 ID <u>829223</u>		(4) Technology Typ	pe (check one) Wireline 🔲 Wireless	
(5) ETC Designation Type	(Check one): Lifelin	e Only 🗹 🛛 Hi	igh	Cost/Low Income	
(6) Organization Information	on	T	(7)	Filing Information	
Company Legal Name:	Q Link Wireless	s LLC	a)	Submission Date 04/06/2016	
Contact Name:	Caitlyn Lumpkir	<u> </u>	b)	Data Month March 2016	
Mailing Address:	499 EAST SHERIE	DAN ST SUITE 300	C)	Type of Filing (check one)	
				Original Revision	
	Dania, FL 3300	4	d)	State Reporting KENTUCKY	
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 Life	feline
Non-Tribal Low-Income S	ubscribers	Subscribers		Subscriber Support	
Receiving federal	Lifeline Support	(8)		x \$ <u>9.25</u> = \$	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		$x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	
		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$			
Toll Limitation Serv	rices (TLS)				
	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) 0.000000 in 2013)	0		
Number of TLS Subscribers		(12) <u>0</u>			
				Total TLS Support Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availe	able only to ETCs rece	eiving High Cost sup	por		
Number of Connections Waived		(14) 0		(for multiple rates, use an average amount)	
Charges Waived	per Connection	(15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates, use an average amount)	
Total Connection Charges Waived		(16) \$ <u>0.0</u>			
Deferred Interest		(17) \$ 0.00		<u></u>	
		То	otal	Tribal Link Up Support Claimed (18) \$	
ETC Payment					
Total Lifeline \$	Total TLS \$ <u>0</u>	Te	otal	Tribal Link Up \$ <u>0</u>	
				Total Dollars (19) \$	Ð
			_		
	If you have any ques	tions, please call US.	AC	at (866) 873-4727 Toll Free	

Exhibit 2, Page 54

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

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04/06/2016

Maybell Kelly

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