

**COMMONWEALTH OF KENTUCKY**  
**BEFORE THE PUBLIC SERVICE COMMISSION**

---

IN THE MATTER OF:

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

---

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

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

State of Florida            )  
  )  
County of Pinellas        )

CERTIFICATION

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

Executed on 04/22/2016



---

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

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

**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.**

**Responsible Witness:** Stephen Klein, President

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

**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.**

**Responsible Witness:** Stephen Klein, President

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

**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.**

**Responsible Witness:** Stephen Klein, President

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

**SECTION I**

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

**REQUEST NO. 4**

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

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

**Responsible Witness:** Stephen Klein, President

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

**SECTION I**

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

**REQUEST NO. 5**

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

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

**Responsible Witness:** Stephen Klein, President

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

**SECTION I**

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

**REQUEST NO. 6**

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

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

**Responsible Witness:** Stephen Klein, President



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

**SECTION I**

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

**REQUEST NO. 7**

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

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

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

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

**Responsible Witness: Stephen Klein, President**

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

**SECTION I**

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

**REQUEST NO. 8**

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

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

**Responsible Witness:** Stephen Klein, President

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

**SECTION I**

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

**REQUEST NO. 9**

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

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

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

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

**Responsible Witness:** Stephen Klein, President

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

**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.**

**Responsible Witness:** Stephen Klein, President

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

**SECTION II**

**Responses to Requests for Information to All Parties**

**REQUEST NO. 2**

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

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

**Responsible Witness:** Stephen Klein, President

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

**SECTION II**

**Responses to Requests for Information to All Parties**

**REQUEST NO. 3**

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

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

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

**Responsible Witness:** Stephen Klein, President

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

**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.**

**Responsible Witness:** Stephen Klein, President

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

**SECTION II**

**Responses to Requests for Information to All Parties**

**REQUEST NO. 5**

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

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

**Responsible Witness: Stephen Klein, President**

---

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



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

**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.**

**Responsible Witness:** Stephen Klein, President

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

**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.**

**Responsible Witness:** Stephen Klein, President

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

**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.**

**Responsible Witness:** Stephen Klein, President

**CERTIFICATE OF SERVICE**

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

*s/ Lance J.M. Steinhart*

---

Lance J.M. Steinhart

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

**EXHIBIT 1**



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date May 5, 2014

Reporting Month April 2014

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date June 5, 2014

Reporting Month May 2014

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date July 8, 2014

Reporting Month June 2014

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 8/11/2014

Reporting Month 2014-07

Carrier Information	
Company Name	AMERIMEX COMMUNICATIONS
Company Address	200 Mansell CT E STE 105 Roswell, GA 30076
Telephone / Fax	678-832-6233 / 770-594-3878
Vendor Number	VS1000004411

Classification Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>1236</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KentuckyUSF.....	<u>\$98.88</u>
1827 4. Number of Access Lines Receiving Lifeline Support.....	<u>1235</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>\$4,322.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Don Aldridge</u> (Printed)	Title <u>CEO</u> Company Official <u>[Signature]</u> (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 9/5/2014

Reporting Month 2014-08

Carrier Information	
Company Name	AMERIMEX COMMUNICATIONS
Company Address	200 Mansell CT E STE 105 Roswell, GA 30076
Telephone / Fax	678-832-6233 / 770-594-3878
Vendor Number	VS1000004411

Classification Please Circle One	ILEC	CLEC	<b>cellular</b>	PCS
-------------------------------------	------	------	-----------------	-----

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

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Don Aldridge</u> (Printed)	Title <u>CEO</u>
Company Official <u>[Signature]</u> (Signed)	

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date October 9, 2014

Reporting Month September 2014

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date November 7, 2014

Reporting Month October 2014

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	--	---------------------------

Monthly Access Line Data	
1. Total Access Lines in Service.....	2356
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$ 188.48
4. Number of Access Lines Receiving Lifeline Support.....	2,196
5. Amount of Reimbursement Requested from Kentucky USF.....	\$ 7,686.00

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

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND**

Date December 10, 2014

Reporting Month November 2014

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date January 12, 2015

Reporting Month December 2014

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date February 10, 2015

Reporting Month January 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date March 9, 2015

Reporting Month February 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date April 10, 2015

Reporting Month March 2015

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	--	---------------------------

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

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

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND**

Date May 8, 2016

Reporting Month April 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

Signature Block			
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			
Company Official _____	Title	Attorney In Fact	Company Official <u>Susan Cockerham</u>
(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: Executive Director  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date June 9, 2015

Reporting Month May 2015

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	--	---------------------------

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

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

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND**

Date July 7, 2015

Reporting Month June 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date August 6, 2015

Reporting Month July 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date September 8, 2015

Reporting Month August 2015

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	--	---------------------------

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date October 9, 2015

Reporting Month September 2015

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

Classification	Please Circle One    ILEC    CLEC <input checked="" type="checkbox"/> Cellular    PCS
----------------	---

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date November 6, 2015

Reporting Month October 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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





COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date December 7, 2015

Reporting Month November 2015

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="checkbox"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	--	---------------------------

Monthly Access Line Data	
1. Total Access Lines in Service.....	1261
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	\$ 100.88
4. Number of Access Lines Receiving Lifeline Support.....	1,102
5. Amount of Reimbursement Requested from Kentucky USF.....	\$ 3,857.00

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date January 8, 2016

Reporting Month December 2015

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

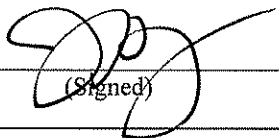
Date February 8, 2016

Reporting Month January 2016

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND**

Date March 9, 2016

Reporting Month February 2016

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

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input checked="" type="radio"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	---	---------------------------

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

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

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

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

Send a copy of this report to:

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



**COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND**


Date April 7, 2016

Reporting Month March 2016

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

Classification Please Circle One	ILEC	CLEC	<input checked="" type="checkbox"/> Cellular	PCS
-------------------------------------	------	------	--	-----

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

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

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

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

Send a copy of this report to:

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

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

**EXHIBIT 2**

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046  
 (3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	07/11/2014
Contact Name:	Caitlyn Lumpkin	b) Data Month	June 2014
Mailing Address:	200 Mansell Court East	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Suite 105		
	Roswell, GA 30076	d) State Reporting	KENTUCKY
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	CAITLYN.LUMPKIN@CGMINC.COM		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>588</u>	x \$ <u>9.25</u>	= \$ <u>5439</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5439</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 5439 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 5439

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

Certified Offline

DATE

OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.



**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046  
 (3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	08/07/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	July 2014
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1235</u>	x \$ <u>9.25</u>	= \$ <u>11424</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>11424</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 11424 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 11424**

**(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

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	09/05/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	August 2014
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Roswell, GA 30076		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2226</u>	x \$ <u>9.25</u>	= \$ <u>20591</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>20591</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 20591 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 20591

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

09/05/2014

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	10/03/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	September 2014
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2356</u>	x \$ <u>9.25</u>	= \$ <u>21793</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>21793</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 21793 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 21793

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

10/03/2014

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046  
 (3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	11/05/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	October 2014
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2196</u>	x \$ <u>9.25</u>	= \$ <u>20313</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>20313</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 20313 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 20313

**(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.

11/05/2014

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.



**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	12/05/2014
Contact Name:	CAITLYN LUMPKIN	b) Data Month	November 2014
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2075</u>	x \$ <u>9.25</u>	= \$ <u>19194</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>19194</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 19194 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 19194**

**(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.

12/05/2014

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	01/07/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	December 2014
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2027</u>	x \$ <u>9.25</u>	= \$ <u>18750</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18750</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 18750 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 18750

**(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.

01/07/2015

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	02/05/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	January 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2115</u>	x \$ <u>9.25</u>	= \$ <u>19564</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>19564</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 19564 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 19564**

**(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.

02/05/2015

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	03/05/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	February 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1989</u>	x \$ <u>9.25</u>	= \$ <u>18398</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18398</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 18398 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 18398

**(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.

03/05/2015

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.



**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	04/06/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	March 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Roswell, GA 30076		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2079</u>	x \$ <u>9.25</u>	= \$ <u>19231</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>19231</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 19231 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 19231**

**(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.

04/06/2015

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046  
 (3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	05/07/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	April 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2009</u>	x \$ <u>9.25</u>	= \$ <u>18583</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18583</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 18583 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 18583

**(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.

05/07/2015

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	06/04/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	May 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2207</u>	x \$ <u>9.25</u>	= \$ <u>20415</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>20415</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 20415 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 20415**

**(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.

06/04/2015

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	07/07/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	June 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2797</u>	x \$ <u>9.25</u>	= \$ <u>25872</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>25872</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 25872 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 25872**

**(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.

07/07/2015

Don Aldridge

DATE

OFFICER SIGNATURE

CEO

Don Aldridge

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.



**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	08/06/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	July 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2511</u>	x \$ <u>9.25</u>	= \$ <u>23227</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>23227</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 23227 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 23227**

**(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.

08/06/2015

Steve Klein

DATE

OFFICER SIGNATURE

President

Steve Klein

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	09/04/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	August 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Roswell, GA 30076		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2162</u>	x \$ <u>9.25</u>	= \$ <u>19999</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>19999</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 19999 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 19999**

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

09/04/2015

Steve Klein

DATE

OFFICER SIGNATURE

President

Steve Klein

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046  
 (3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	10/08/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	September 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1671</u>	x \$ <u>9.25</u>	= \$ <u>15457</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15457</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 15457 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 15457**

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

10/08/2015

Steve Klein

DATE

OFFICER SIGNATURE

President

Steve Klein

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046  
 (3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	11/05/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	October 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1261</u>	x \$ <u>9.25</u>	= \$ <u>11664</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>11664</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 11664 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 11664**

**(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.

11/05/2015

Steve Klein

DATE

OFFICER SIGNATURE

President

Steve Klein

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.



**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046  
 (3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	12/07/2015
Contact Name:	CAITLYN LUMPKIN	b) Data Month	November 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1102</u>	x \$ <u>9.25</u>	= \$ <u>10194</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>10194</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 10194 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 10194**

**(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.

12/07/2015

Steve Klein

DATE

OFFICER SIGNATURE

President

Steve Klein

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	01/06/2016
Contact Name:	CAITLYN LUMPKIN	b) Data Month	December 2015
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>925</u>	x \$ <u>9.25</u>	= \$ <u>8556</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>8556</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 8556 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 8556**

**(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.

01/06/2016

Steve Klein

DATE

OFFICER SIGNATURE

President

Steve Klein

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046  
 (3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	02/05/2016
Contact Name:	CAITLYN LUMPKIN	b) Data Month	January 2016
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Roswell, GA 30076		
Telephone Number:	678-389-6024	d) State Reporting	KENTUCKY
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>631</u>	x \$ <u>9.25</u>	= \$ <u>5837</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5837</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)  
 Total Connection Charges Waived (16) \$ 0.0  
 Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 5837 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 5837**

**(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.

02/05/2016

Steve Klein

DATE

OFFICER SIGNATURE

President

Steve Klein

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046

(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Amerimex Communications Corp	a) Submission Date	03/07/2016
Contact Name:	CAITLYN LUMPKIN	b) Data Month	February 2016
Mailing Address:	200 Mansell CT E STE 105	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Roswell, GA 30076		
Telephone Number:	678-389-6024		
Fax Number:	770-594-3878		
E-mail Address:	cmmurp@cgminc.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>520</u>	x \$ <u>9.25</u>	= \$ <u>4810</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4810</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

**Tribal Link Up** (Available only to ETCs receiving High Cost support)

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 4810 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4810

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

03/07/2016

Steve Klein

DATE

OFFICER SIGNATURE

President

Steve Klein

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PER, 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.