COMMONWEALTH OF KENTUCKY

BEFORE THE PUBLIC SERVICE COMMISSION

IN THE MATTER OF:		
		G 1 G 7 1 1 G
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.

County of Pinellas)
	CERTIFICATION
Communications Corp. d/b/a	duly sworn, depose and state that I am the President of AmeriMex SafetyNet Wireless, and do hereby declare under oath that the and accurate to the best of my knowledge, information, and belief puiry.
Executed on <u>04/22/2016</u>	Stephen Klein, President AmeriMex Communications Corp. d/b/a SafetyNet Wireless

State of Florida

SECTION I

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

REQUEST NO. 1

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

Response: Please see attached Exhibit 1.

SECTION I

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

REQUEST NO. 2

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

Response: See attached Exhibit 2.

SECTION I

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

REQUEST NO. 3

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

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

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

SECTION I

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

REQUEST NO. 4

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

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

SECTION I

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

REQUEST NO. 5

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

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

SECTION I

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

REQUEST NO. 6

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

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

SECTION I

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

REQUEST NO. 7

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

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

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

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

SECTION I

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

REQUEST NO. 8

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

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

SECTION I

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

REQUEST NO. 9

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

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

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

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

SECTION II

Responses to Requests for Information to All Parties

REQUEST NO. 1

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

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

SECTION II

Responses to Requests for Information to All Parties

REQUEST NO. 2

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

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

Page | 12

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.

SECTION II

Responses to Requests for Information to All Parties

REQUEST NO. 4

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

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

SECTION II

Responses to Requests for Information to All Parties

REQUEST NO. 5

State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform¹ is concluded before rendering a decision in this proceeding, and explain the basis for your response.

Response: 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.

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

SECTION II

Responses to Requests for Information to All Parties

REQUEST NO. 6

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

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

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.

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.

CERTIFICATE OF SERVICE

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

s/Lance J.M. Steinhart

Lance J.M. Steinhart

EXHIBIT 1



Date May 5, 2	014			Reporting Month	April 2014
		·	Carrier Information		
Company Name Company Address			AmeriMex Com	munications Corp.	
		200 Ma	nsell Ct. E, Suite	e 105 Roswell, GA	30076
Telephone / Fax			678-832-6210	/ 800-921-4823	
Vendor Number					
Classification Please Circle One	ILEC	CLEC	✓ Cellular	PCS	
		Mo	onthly Access Line Da	ata	
Total Access I.	ines in Service			0	
3. Amount of Su	charge Remitted	to Kentucky U	JSF	\$ 0.00	*****
4. Number of Ac	cess Lines Receiv	ring Lifeline S	upport	0	
5. Amount of Re	mbursement Req	uested from K	entucky USF	\$ 0.00	
			Signature Block		
I hereby attest that the i	_				
Company Official	Susan Cockerha (Printed)	am_Title	Attorney In Fact	Company Official_	Swan Cookerham (Signed)
<u> </u>					

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



Date June 5, 2014				Reporting Month	May 2014
			Carrier Information		
Company Name			AmeriMex Comr	munications Corp.	
Company Address		200 Mai	nsell Ct. E, Suite	105 Roswell, GA	30076
Telephone / Fax			678-832-6210	/ 800-921-4823	
Vendor Number					
Classification Please Circle One	ILEC	CLEC	√ Cellular	PCS	
		Мо	onthly Access Line Da	ta	
1. Total Access I	Lines in Service	********	••••	0	
2. Surcharge Per	Access Line		***************************************	\$0.08	
3. Amount of Su	rcharge Remitted to K	entucky U	SF	\$ 0.00	
			apport		
	_		entucky USF		
					
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I hereby attest that the	nformation reported h	erein is tru	ie and accurate to the	best of my knowledge.	
Company Official	Susan Cockerham (Printed)	Title	Attorney In Fact	Company Official 🔬	usan Coolerham (Signed)
	667				

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



DateJuly 8, 20	14			Reporting Month	June 2014
		C	Carrier Information		
Company Name		Δ	AmeriMex Comr	munications Corp.	ANALOGIE PERIODE AND
Company Address	2	200 Man	sell Ct. E. Suite	105 Roswell, GA	30076
Telephone / Fax				/ 800-921-4823	
Vendor Number			<u> </u>	,	
Classification Please Circle One	ILEC (CLEC	√ Cellular	PCS	
		Mon	thly Access Line Da	ta	
1. Total Access L	nes in Service			0	
2. Surcharge Per A	Access Line	• • • • • • • • • • • • • • • • • • • •	••••	\$0.08	
3. Amount of Sur	harge Remitted to Ke	entucky US	F	\$ 0.00	
4. Number of Acc	ess Lines Receiving I	ifeline Sup	pport	0	
5. Amount of Rein	nbursement Requeste	d from Ker	ntucky USF	\$ 0.00	
		***************************************	Signature Block	A A A A A A A A A A A A A A A A A A A	
I hereby attest that the in	formation reported he	erein is true	and accurate to the	best of my knowledge.	
Company Official S	usan Cockerham (Printed)	Title	Attorney In Fact	Company Official_&	usan Cockerhan (Signed)

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



Date8	/11/2014	Reporting Month2014-0'	7					
		Carrier Information						
C	ompany Name	AMERIMEX COMMUNICATIONS						
Con	Company Address 200 Mansell CT E STE 105 Roswell, GA 30076							
Т	elephone / Fax	678-832-6233 / 770-594-3878						
V	endor Number	VS1000004411						
Classif	ication Circle One	ILEC CLEC cellular PCS						
	yar, 1100 1100 1100 1100 1100 1100 1100 11	Monthly Access Line Data						
1.	Total Access l	Lines in Service1236						
2.	Surcharge Per	Access Line						
3. 1827	Amount of Su	rcharge Remitted to KentuckyUSF\$98.88						
4.	Number of Ac	ccess Lines Receiving Lifeline Support12351235						
5. Amount of Reimbursement Requested from Kentucky USF\$4,322.50								
								
Signature Block								
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Orange Title Company Official Company Official (Signed)								

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



Date9	/5/2014								
		Carrier Information							
Co	ompany Name	AMERIMEX COMMUNICATIONS							
Com	Company Address 200 Mansell CT E STE 105 Roswell, GA 30076								
Те	elephone / Fax	678-832-6233 / 770-594-3878							
V	endor Number	VS1000004411							
Classifi Please	ication Circle One	ILEC CLEC Cellular PCS							
		Monthly Access Line Data							
1.	Total Access I	Lines in Service2233							
2.	Surcharge Per	Access Line <u>\$0.08</u>							
3.	Amount of Su	rcharge Remitted to KentuckyUSF\$178.64							
1827 4.	Number of Ac	cess Lines Receiving Lifeline Support2226							
5.	Amount of Re	imbursement Requested from Kentucky USF							
		Signature Block							
I hereb	y attest that the	information reported herein is true and accurate to the best of my knowledge.							
Compa	Company Official Dan Aldridge Title E Company Official O (Signed)								
Molco	chack navable	to: "Kentucky							

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



Date October 9,	2014			Reporting Month	September 2014	
			Carrier Information			
Company Name			AmeriMex Com	munications Corp.		
Company Address 200 Mansell Ct. E, Suite 105 Roswell, GA 30076						
Telephone / Fax 678-832-6210 / 800-921-4823						
Vendor Number						
Classification Please Circle One	ILEC	CLEC	√ Cellular	PCS		
		Мо	onthly Access Line Da	ita		
1. Total Access L	ines in Service	************		2356		
2. Surcharge Per	Access Line			\$0.08		
3. Amount of Sur	charge Remitted to	Kentucky U	JSF	\$ 188.48	Andrew A.	
4. Number of Acc	ess Lines Receivin	ng Lifeline S	upport	2,356		
5. Amount of Rei	mbursement Reque	ested from K	entucky USF	\$ 8,246.00		
			Signature Block			
I hereby attest that the is	nformation reported	l herein is tr	ue and accurate to the	best of my knowledge.		
Company Official	Susan Cockerhan (Printed)	nTitle	Attorney In Fact	Company Official <u>&</u>	Susan Cackerbane (Signed)	
Make check payable t	o: "Kentucky				Cath	

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



Date 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	· · · · · · · · · · · · · · · · · · ·	200 IVIA			00070	
Vendor Number			078-832-0210	/ 800-921-4823		
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Classification Please Circle One	ILEC	CLEC	√ Cellular	PCS		
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		Mo	onthly Access Line Da	ta		
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				· · · · · · · · · · · · · · · · · · ·		
2. Surcharge Per	Access Line			\$0.08	territoria en estado	
3. Amount of Sur	charge Remitted to K	entucky U	JSF	\$ 188.48		
4. Number of Acc	ess Lines Receiving	Lifeline S	upport	2,196		
5. Amount of Rei	mbursement Request	ed from K	entucky USF	\$ 7,686.00		

Signature Block						
I hereby attest that the in	nformation reported h	erein is tr	ue and accurate to the	best of my knowledge.		
Company Official	Susan Cockerham (Printed)	Title	Attorney In Fact	Company Official &	owan Cockerhani (Signed)	

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



Pate December	10, 2014		I	Reporting Month	November 2014			
		Car	rier Information	<u></u>				
Company Name		An	neriMex Comm	unications Corp.	, AMELINEA DE LA CONTRACTOR DE LA CONTRA			
Company Address 200 Mansell Ct. E, Suite 105 Roswell, GA 30076								
Telephone / Fax 678-832-6210 / 800-921-4823								
Vendor Number			010-032-02101	000-921-4023				

Classification Please Circle One	ILEC	CLEC	√ Cellular	PCS				
		Month	ly Access Line Data					
1. Total Access	Lines in Service	***************************************		2196				
2. Surcharge Pe	r Access Line			\$0.08	***************************************			
3. Amount of S	urcharge Remitted to	Kentucky USF.	******************************	\$ 175.68				
4. Number of A	ccess Lines Receiving	g Lifeline Supp	ort	2,075				
5. Amount of R	eimbursement Reque	sted from Kentu	icky USF	\$ 7,262.50				
			ignature Block	······································				
I hereby attest that the Company Official	Susan Cockerham (Printed)		nd accurate to the b		<u>Susan Cookerha</u> (Signed)			
Make check payable	to: "Kentucky	WWW.		Send a con	y of this report to:			

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



ateJanuary 12, 2015			Reporting Month	December 2014
	Саттіет	r Information		AND THE STATE OF T
Company Name Company Address			nunications Corp.	
Telephone / Fax Vendor Number			105 Roswell, G/ / 800-921-4823	A 30076
vendor Number			1.22.010.140.000.000.000.000.000.000.000.000	
Classification Please Circle One ILEC	CLEC 🗸	Cellular	PCS	
	Monthly A	Access Line Dat	ta	
Total Access Lines in S	ervice		. 2075	was a soften was a reaching the add the add the
2. Surcharge Per Access L	ine		\$0.08	
3. Amount of Surcharge R	emitted to Kentucky USF		\$ 166.00	······································
4. Number of Access Line	s Receiving Lifeline Support.		2,027	•
5. Amount of Reimbursen	nent Requested from Kentuck	y USF	\$ 7,094.50	
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I hereby attest that the information Company Official Susan C (Print	ockerham _{Title} Att	orney In Fact		Susan Cockerho (Signed)
Make sheek povable to "Ven			<u> </u>	(Signeu)

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



Date February 1	0, 2015			Reporting Month	January 2015		
			Carrier Information				
Company Name AmeriMex Communications Corp.							
Company Address Telephone / Fax		200 Ma		105 Roswell, GA / 800-921-4823	X 30076		
Vendor Number			078-032-0210	7 000-921-4023			
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Мо	onthly Access Line Da	ata			
1. Total Access	Lines in Service.			2027			
_				A 400 40	handa assa mada manada anda ada ada ada ada ada ada ada a		
	-	·	upport	~			
5. Amount of Ro	eimbursement Re	quested from K	entucky USF	\$ 7,402.50			
			Signature Block				
I hereby attest that the Company Official	information repo Susan Cockerh (Printed)		ue and accurate to the Attorney In Fact	best of my knowledge. Company Official	Susan Cockerham (Signed)		

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



Pate	March 9,	2015			Reporting Month	February 2015		
			Car	Tier Information				
-	Company Name AmeriMex C				nunications Corp.			
Compar	ny Address		200 Manse	200 Mansell Ct. E, Suite 105 Roswell, GA 30076				
Telep	elephone / Fax 678-832-6210 / 800-921-4823							
Vend	or Number	***************************************						
			- Ju. 10					
Classificat Please Circ		ILEC	CLEC	√ Cellular	PCS			
PARAMETER PROGRAMMENT CONTROL								
WINITE			Month	ly Access Line Da	ta			
1. T	otal Access I	ines in Service	a		2115			
2. S	Surcharge Per Access Line Amount of Surcharge Remitted to Kentucky USF.				\$0.08			
3. A				********	\$ 169.20			
4. Number of Access Lines Receiving Lifeline Support			ort	1,989				
5: A	5. Amount of Reimbursement Requested from Kentucky USF			icky USF	\$ 6,961.50			
		140mus Annies Annie	S	ignature Block				
I hereby at	ttest that the i	nformation rep	oorted herein is true a	nd accurate to the	best of my knowledge.			
Company	Official	Susan Cocke (Printed)	rham Title	Attorney In Fact	Company Official	Susan Cockerhan (Signed)		
λ σ-1 (1)	.1	to: "Kentucky						
IVIAKE CDE	ck bayable i	io: Nentucky	1		l C t	641		

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



Date April 10, 2015			Reporting Month	March 2015		
i (1886) ka ka sa						
		Carrier Information				
Company Name		Amarilday Cana	inations Com	1		
Company Address	AmeriMex Communications Corp.					
Tolonhone / Fox	200 Mansell Ct. E, Suite 105 Roswell, GA 30076					
Telephone / Fax	678-832-6210 / 800-921-4823					
Vendor Number						
		,				
Classification Please Circle One ILL	EC CLEC	Cellular	PCS			
	M	fonthly Access Line D	ata			
Total Access Lines in	n Service		1989			
2. Surcharge Per Acces	s Line	\$0.08				
3. Amount of Surcharge	e Remitted to Kentucky	\$ 159.12				
4. Number of Access L	ines Receiving Lifeline	2,079	***************************************			
5. Amount of Reimburs	sement Requested from I	\$ 7,276.50				
		Signature Block				
I hereby attest that the inform	ation reported herein is t	rue and accurate to the	e best of my knowledge.			
Company Circum	Cockerham Title	Attorney In Fact	tCompany Official_\(\square\)	Swan Cockerhan (Signed)		

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



Date May 8, 20	16		Reporting Month	April 2015	
		Carrier Information			
Company Name Company Address		AmeriMex Comm	unications Corp.		
	200 Mansell Court E, Suite 105 Roswell, GA 30076				
Telephone / Fax	678-832-6210 / 800-921-4823				
Vendor Number					
\.					
Classification Please Circle One	ILEC CLEC	Cellular	PCS		
	Mo	nthly Access Line Data	ı		
1. Total Access Li	ines in Service		2,079		
2. Surcharge Per A	Access Line		\$0.08		
3. Amount of Sur	charge Remitted to Kentucky U	SF	\$ 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 in	nformation reported herein is tru	e and accurate to the be	est of my knowledge.		
Company Official	Title	Attorney In Fact	Company Official&	usan Cockerham (Signed)	

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

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



Date June 9, 2	2015		Reporting Month	May 2015	
		Carrier Information			
Company Name Company Address		AmeriMex Communications Corp. 2323 Curlew Road, Suite 7B Dunedin, FL 34698			
Telephone / Fax 678-832-6210 / 800-921-4823 Vendor Number				,	
Classification Please Circle One	ILEC CLEC	Cellular	PCS		
	Мо	nthly Access Line Date	a		
	Lines in Service				
_	Access Linercharge Remitted to Kentucky U		A 400 TO		
4. Number of Ac	cess Lines Receiving Lifeline Su	pport			
5. Amount of Re	imbursement Requested from Ke	ntucky USF	\$ 7,724.50		
		Signature Block			
I hereby attest that the Company Official	information reported herein is tru Susan Cockerham Title (Printed)	e and accurate to the b		Susan Conkenhan (Signed)	

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



ateJuly 7, 2015		Reporting Month June 2015				
			Carrier Information			
Company Name		AmeriMex Communications Corp.				
Company Address		2323 Curlew Road, Suite 7B Dunedin, FL 34698 678-832-6210 / 800-921-4823				
Telephone / Fax						
Vendor Number						
			_			
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
			,			
		Mor	nthly Access Line D	ata		
1. Total Access L	nes in Service			2207		
Surcharge Per Access Line				\$0.08	weeksmannen voor voor voor voor voor voor voor voo	
			\$ 176.56			
			pport	2,797		
5. Amount of Rei	nbursement Request	quested from Kentucky USF		\$ 9,789.50		
			Signature Block			
	formation reported l	nerein is tru		e best of my knowledge.	100 100 100 100 100 100 100 100 100 100	
I hereby attest that the in	nomianom reported i					

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



Date August 6, 2	015		Reporting Month	July 2015		
		Carrier Information				
Company Name AmeriMex Communications Corp. Company Address						
Telephone / Fax Vendor Number	2323	678-832-6210	9 78 Dunedin, FL / 800-921-4823	34698		
Classification Please Circle One	ILEC CLEC	Cellular	PCS			
		Monthly Access Line Dat	a			
	nes in Service					
4. Number of Acc	charge Remitted to Kentuck	. 2,511				
5. Amount of Rein	nbursement Requested from	Kentucky USF	\$ 0,700.30			
		Signature Block				
-	formation reported herein is usan Cockerham Title (Printed)	•	cest of my knowledge. Company Official	Sussin Carkerham (Signed)		

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



Date September 8	2015			Reporting Month	August 2015
			Carrier Information		
Company Name			AmeriMex Comr	nunications Corp.	
Company Address		2323 Cı	urlew Road. Suit	e 7B Dunedin, FL	. 34698
Telephone / Fax				/ 800-921-4823	
Vendor Number			010 002 0210	7 000 021 1020	
Classification Please Circle One	ILEC	CLEC	√ Cellular	PCS	
		Mo	nthly Access Line Da	ta	
1. Total Access L	nos in Sarvica			2511	
				`` <u></u>	
				A 000 00	
3. Amount of Sur	harge Remitted to	Kentucky U	SF		
4. Number of Acc	ess Lines Receivin	ng Lifeline Su	ipport	2,162	
5. Amount of Rein	nbursement Reque	ested from Ke	entucky USF	\$ 7,567.00	
			Signature Block		
I hereby attest that the in	formation reported	d herein is tru	e and accurate to the	best of my knowledge.	
Company Official S	usan Cockerhan (Printed)	n _{Title}	Attorney In Fact	Company Official_s	Susan Cockerhain (Signed)

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



Date October 9,	2013		Reporting Month	September 2015			
		Carrier Information					
Company Name	AmeriMex Communications Corp.						
Company Address Telephone / Fax	2323 (Curlew Road, Suite	e 7B Dunedin, FL	34698			
Vendor Number		678-832-6210	/ 800-921-4823				
<u> </u>							
Classification Please Circle One	ILEC CLEC	√ Cellular	PCS				
	М	onthly Access Line Dat	a				
Total Access I	ines in Service		2162				
2. Surcharge Per	Access Line		\$0.08_				
3. Amount of Sui	charge Remitted to Kentucky U	JSF	\$ 172.96				
4. Number of Ac	cess Lines Receiving Lifeline S	Support	1,671	NATA CONTRACTOR OF THE PROPERTY OF THE PROPERT			
5. Amount of Re	imbursement Requested from K	Centucky USF	\$ 5,848.50	·			
		Signature Block					
I hereby attest that the	nformation reported herein is to		poet of my knowledge				
,	Susan Cockerham Title (Printed)	Attorney In Fact		usan Cockerhan (Signed)			

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



Date November 6, 2015			Reporting Month October				
			Carrier Information				
Company Name	AmeriMex Communications Corp.						
Company Address		2323 (e 7B Dunedin, FL	34698		
Telephone / Fax				/ 800-921-4823	0,1000		
Vendor Number			010-032-0210	7 000-921-4023			
Classification Please Circle One	ILEC	CLEC	√ Cellular	PCS			
		M	onthly Access Line Dat	ta			
Total Access	Lines in Service	*********		1671			
2. Surcharge Po	er Access Line			\$0.08			
3. Amount of S	Surcharge Remitted to I	Kentucky (USF	\$ 133.68			
4. Number of A	Access Lines Receiving	Lifeline S	Support	1,261			
			Centucky USF				
			Signature Block				
I hereby attest that the	e information reported	herein is tr	rue and accurate to the l	best of my knowledge.	www.managaratara.		
Company Official	Susan Cockerham (Printed)	Title	Attorney In Fact	Company Official	(Signed)		
<u> </u>	•						

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



ate	December	7, 2015			Reporting Month	November 2015	
				Carrier Information			
	Company Name			AmeriMex Comm	nunications Corp.		
C	ompany Address		2323 (Curlew Road, Suite		34698	
	Telephone / Fax		LOLO		/ 800-921-4823		
	Vendor Number		**	070 002 02107	7 000 021 4020		
	sification se Circle One	ILEC	CLEC	Cellular	PCS		
			M	onthly Access Line Dat	a		
1.	Total Access	Lines in Service			1261		
2.	Surcharge Pe	er Access Line			\$0.08		
3.	Amount of S	urcharge Remitted to 1	Centucky	USF	\$ 100.88		
4.	Number of A	ccess Lines Receiving	Lifeline S	Support	1,102		
5.	Amount of R	eimbursement Reques	Kentucky USF	\$ 3,857.00	***************************************		
	Andrew Control of the			Signature Block			
I her	reby attest that the	e information reported	herein is t	rue and accurate to the l	best of my knowledge.		
Com	npany Official	Susan Cockerham (Printed)	Title	Attorney In Fact	Company Official_v	Susan Cackerhan (Signed)	

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



Date January 8, 2016			Reporting Month	December 2015
	WARRANGE TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE	Carrier Information		
Company Name Company Address		AmeriMex Comm	nunications Corp.	
	2323 C	urlew Road, Suite	7B Dunedin, FL	34698
Telephone / Fax		678-832-6210 /	800-921-4823	
Vendor Number				
Classification Please Circle One ILI	EC CLEC	Cellular	PCS	
	M	onthly Access Line Data	3	
1. Total Access Lines in	n Service	••••	1102	·
2. Surcharge Per Acces	s Line		\$0.08	
3. Amount of Surcharge	Remitted to Kentucky U	JSF	\$ 88.16	
4. Number of Access L	ines Receiving Lifeline S	support	. 925	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
5. Amount of Reimburs	ement Requested from K	entucky USF	\$ 3,237.50	NACONTO CONTRACTOR AND
www.wearenautotatestratestatest				
		Signature Block		
I hereby attest that the information	ation reported herein is tr	ue and accurate to the b	est of my knowledge.	
COMPONI CALIFORN	Cockerham Title	Attorney In Fact	Company Official S	Lusan Corterban (Signed)
			400000000000000000000000000000000000000	

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



Pate February 8			Reporting Month	January 2016	
			Carrier Information	***************************************	
Company Name			AmeriMex Con	nmunications Corp.	
Company Address		2323 (ite 7B Dunedin, Fl	
Telephone / Fax	***************************************	2020 0			L 34090
Vendor Number		***************************************	070-032-021	0 / 800-921-4823	
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
					
		Mo	onthly Access Line I	Data	The second position of the second sec
Total Access	Lines in Service		• • • • • • • • • • • • • • • • • • • •	925	
 Surcharge Per 	Access Line			\$0.08	
3. Amount of Su	rcharge Remitted to	Kentucky U	JSF	\$ 74.00	
4. Number of A	ccess Lines Receivi	ng Lifeline S	upport	631	
5. Amount of Re	eimbursement Requ	ested from K	entucky USF	\$ 2,208.50	
			Signature Block		
I hereby attest that the	information reporte	d herein is tr	ue and accurate to th	e best of my knowledge.	
Company Official	Jennifer Rabig (Printed)	Title	Attorney In Fac	ctCompany Official	(Signed)
				· · · · · · · · · · · · · · · · · · ·	

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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date March 9	, 2016	Reporting Month February 2016					
			Carrier Information				
Company Name		AmeriMex Communications Corp.					
Company Address		2323	3 Curlew Road, Suite	e 7B Dunedin, FL 346	698		
Telephone / Fax				/ 800-921-4823			
Vendor Number							
	•				,		
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Mor	nthly Access Line Dat	a			
1. Total Access	Lines in Service			631			
2. Surcharge P	er Access Line			\$0.08_			
3. Amount of S	Surcharge Remitted	o Kentucky U	SF	\$ 50.48			
4. Number of A	Access Lines Receiv	ing Lifeline Su	ıpport	520			
5. Amount of I	Reimbursement Req	iested from Ke	entucky USF	\$ 1,820.00	<u> </u>		
			Signature Block				
I hereby attest that th	e information report	ed herein is tru	ie and accurate to the b	est of my knowledge.			
Company Official	Jennifer Rabig (Printed)	Title	Attorney In Fact	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



Date April 7, 2	2016	Reporting Month	March 2016
	Carrier Information		
Company Name	AmeriMex Communications Corp.		
Company Address	2323 Curlew Road, Suite 7B Dunedin, FL 3469	98	
Telephone / Fax	678-832-6210 / 800-921-4823		
Vendor Number			
Classification Please Circle One	ILEC CLEC Cellular	PCS	
	Monthly Access Line Da	ata	
1. Total Access	Lines in Service	520	<u></u>
2. Surcharge Per	Access Line	\$0.14	
3. Amount of Su	archarge Remitted to Kentucky USF	\$ 72.80	
4. Number of Ac	ccess Lines Receiving Lifeline Support	471	
5. Amount of Re	eimbursement Requested from Kentucky USF	\$ 1,648.50	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Signature Block		
I hereby attest that the	information reported herein is true and accurate to the	e best of my knowledge.	
Company Official	Jennifer Rabig _{Title} Attorney In Fact	Company Official	as a
	(Printed)		(Signed)

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

OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	35888		(2) Stu	dy Area Co	de <u>269046</u>
(3) Filer 499 ID 822058		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunicat	tions Corp	a)	Submission Date	07/11/2	014
Contact Name:	Caitlyn Lumpkir	1		b)	Data Month	June 20	14
Mailing Address:	200 Mansell Co	urt Ea	st	c)	Type of Filing (check one)		
	Suite 105					Original Revision	
	Roswell, GA 30	076		d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	CAITLYN.LUMPKI	N@CGI	MINC.COM				
Lifeline							
2			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers		<u>cribers</u>		Subscriber Sup	<u>oport</u>	
Receiving federal Li	feline Support	(8) <u>588</u>			x \$ <u>9.2</u>	5	= \$ <u>5439</u>
Tribal Low-Income Subscrib		(9) 0					= \$ 0
Receiving federal Li	feline Support	То		tal F			ed (10) \$ 5439
Toll Limitation Service	205 (TI S)					, , , , , , , , , , , , , , , , , , , ,	04 (10) ¢ <u>0 100</u>
TOII LIIIIII ation Service	es (1LS)						
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$			(for multiple rates	, use an aver	age amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0		<u> </u>		
Deferred Interest		(17) \$	0.00				
			Te	otal ⁻	Гribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 5439	Total TLS \$_0_		т	otal	Tribal Link Up \$ <u>0</u>		
					Tota	l Dollars (19	9) \$ 5439

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

DATE	OFFICER SIGNATURE
	Certified Offline

OFFICER TITLE OFFICER NAME

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

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

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

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

OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	35888		(2) Stu	dy Area Co	de <u>269046</u>
(3) Filer 499 ID 822058		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	□	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information	T	
Company Legal Name:	Amerimex Comn	nunicat	tions Corp	a)	Submission Date	08/07/20	014
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	July 201	4
Mailing Address:	200 Mansell CT	E ST	E 105	c)	Type of Filing (check one)		_
						Original Revision	
Telephone Number:	Roswell, GA 30	076		d)	State Reporting	KENTU	CKY
Fax Number:	678-389-6024						
rax Nulliber.	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.con	<u> </u>				
Lifeline							
			ifeline		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub-		Subscribers (8) 1235					= \$ 11424
Receiving federal Li	reline Support	0			x \$ <u>9.2</u>	.5	•
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>			x \$ <u>0.00</u>	ed \$34.25)	= \$ 0
	ome capper		То	tal F	ederal Lifeline Sup		ed (10) \$ <u>11424</u>
Toll Limitation Service	es (TLS)						
	, ,						
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	por	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00		_		
			Te	otal [·]	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 11424	Total TLS \$_0		т	otal	Tribal Link Up \$ 0)	
					Tota	l Dollars (19	9) \$

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

08/07/2014	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-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

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

OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	35888		(2) Stud	dy Area Cod	le 269046
(3) Filer 499 ID <u>822058</u>		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□ H	ligh	Cost/Low Income		
(6) Organization Information				(7) I	Filing Information		
Company Legal Name:	Amerimex Comn	nunicat	ions Corp	a)	Submission Date	09/05/20)14
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	August 2	2014
Mailing Address:	200 Mansell CT	E ST	E 105	c)	Type of Filing (check one)		
					` ,	Original Revision	
	Roswell, GA 30	076		d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					1	
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmii	nc.con	า				
Lifeline				_			
Lifelifie		(a) # L	.ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
New Tellers I am Income Oak	!!		<u>cribers</u>		<u>Subscriber Sur</u>		()
Non-Tribal Low-Income Subs Receiving federal Li		(8) 2226			x \$9.2	5	= \$ 20591
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ 0.00		= \$ 0
Receiving federal Li	feline Support			tal E	(not to exceed \$34.25) Federal Lifeline Support Claim		
			10	tai F	ederai Lifeline Sup	port Claime	a (10) \$ <u>2009 1</u>
Toll Limitation Service	es (TLS)						
			0.00000	Ω			
Cost of Providing To (the lesser of incremental	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
Number of 120 cus	30113013	(1-)				. 61	~~ • 0
Tribal Link Up (Availab	le only to FTCs rece	eivina H	iah Cost sui	nnor	Total TLS Supp	ort Claimed	(13) \$ <u>U</u>
Tribar Zirik op (Atvanas	10 011ly 10 2 1 00 1000	iving i i	igii ooot oo _l	opo,	9		
Number of Connect		(14)	0				
Charges Waived per	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	, use an avera	ge amount)
		(σποσσα ψ.σσ,				
Total Connection Cl	narges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			To	otal ⁻	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 20591	Total TI S \$ 0		Т	otal	Tribal Link Un \$ 0)	
			·				— . 20501
					Tota	l Dollars (19) \$

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

09/05/2014	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.

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	35888		(2) Stud	dy Area Cod	le <u>269046</u>
(3) Filer 499 ID 822058	chnology Ty	/pe (check one) Wirelii	ne 🔲	Wireless 🗹		
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunicat	tions Corp	a)	Submission Date	10/03/20)14
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	Septemb	per 2014
Mailing Address:	200 Mansell CT	E STI	E 105	c)	Type of Filing (check one)		_
						Original Revision	
Telephone Number:	Roswell, GA 30	076		d)	State Reporting	KENTU	CKY
Fax Number:	678-389-6024						
	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com	n				
Lifeline							
			ifeline cribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub			2356		'-		= \$ 21793
Receiving federal Li	reline Support	(-)			x \$9.2	5	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0			x = 0.00 = \$ 0		= \$ 0
reconving recent Li	nomic Support		То	tal F	al Federal Lifeline Support Claimed (10) $\$$ 217		
Toll Limitation Service	es (TLS)						
	,						
Cost of Providing To (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	ige amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			Te	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_21793	Total TLS \$_0		т	「otal	Tribal Link Up \$ 0	1	_
					Tota	l Dollars (19) \$ 21793

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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10/03/2014	Don Aldridge
DATE	OFFICER SIGNATURE
CEO	Don Aldridge
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	1430	35888		(2) Stud	dy Area Cod	le <u>269046</u>
(3) Filer 499 ID 822058		(4) Te	chnology Ty	/pe (check one) Wirelii	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifelin	e Only	□	ligh	Cost/Low Income		
(6) Organization Information	1			(7)	Filing Information	,	
Company Legal Name:	Amerimex Comm	nunicat	tions Corp	a)	Submission Date	11/05/20)14
Contact Name:	CAITLYN LUMI	PKIN		b)	Data Month	October	2014
Mailing Address:	200 Mansell CT	E ST	E 105	c)	Type of Filing (check one)		_
						Original Revision	
Telephone Number:	Roswell, GA 30	076		d)	State Reporting	KENTU	CKY
Fax Number:	678-389-6024						
	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.con	<u> </u>				
Lifeline							
			ifeline cribers		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub					Subscriber Sup		. 20212
Receiving federal Li	iteline Support	(8) 2196			<u> </u>		= \$ 20313
Tribal Low-Income Subscrib Receiving federal Li		(9) 0			x \$ 0.00 = \$ 0.00		= \$ 0
Receiving rederal El	пение варрон		То	tal F	Il Federal Lifeline Support Claimed (10) $$2031$		
Toll Limitation Service	es (TLS)						
	, ,						
Cost of Providing To (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	ige amount)
		(ווטנ נט	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		_		
			T	otal [·]	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_20313	Total TLS \$ 0		1	otal	Tribal Link Up \$ 0	1	
					Tota	l Dollars (19) \$ 20313

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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11/05/2014	Don Aldridge
DATE	OFFICER SIGNATURE
CEO	Don Aldridge
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	143035888		(2) Stu	dy Area Co	de <u>269046</u>
(3) Filer 499 ID <u>822058</u>			me (check one) Wireli		Wireless 🗾
(5) ETC Designation Type (C	heck one): Lifeline	_		Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Amerimex Comm	nunications Corp	a)	Submission Date	12/05/20	014
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	Novemb	per 2014
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)	•	
				(6.1.6.1.1	Original Revision	
	Roswell, GA 300	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers 2075		Subscriber Su		40404
Receiving federal Li	feline Support	(8) 2075		x \$ 9.25		=\$ <u>19194</u>
Tribal Low-Income Subscrib		(9) <u>0</u>		x \$ <u>0.00</u>	eed \$34.25)	= \$ 0
Receiving federal Li	neine Support	То	tal F	ederal Lifeline Su	. ,	ed (10) \$ <u>19194</u>
Toll Limitation Service	es (TLS)					
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 0.00000 n 2013)	0	_		
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	ı (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su _l	opor			• • •
Number of Connect		(14) $\frac{0}{0.00}$				
Charges Waived per	r Connection	(15) \$ <u>U.UU</u> (not to exceed \$100)		(for multiple rates	s, use an avera	age amount)
Total Connection CI	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		To	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 19194	Total TLS \$ 0		otal	Tribal Link Up \$)	
				-	al Dollars (19	

LIFELINE WORKSHEET

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

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12/05/2014	Don Aldridge
DATE	OFFICER SIGNATURE
CEO	Don Aldridge
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	143035888		(2) Stu	dy Area Co	de <u>269046</u>	
(3) Filer 499 ID 822058		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽	
(5) ETC Designation Type (C	Check one): Lifeling	e Only	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information	.		
Company Legal Name:	Amerimex Comn	nunications Corp	a)	Submission Date	01/07/2	015	
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	Decemb	per 2014	
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)			
				,	Original Revision		
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmir	nc.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub				Subscriber Support		. 40750	
Receiving federal L	ifeline Support	(8) 2027		x \$ <u>9.25</u>		= \$ 18750	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ <u>0.00</u> = \$ <u>0</u> (not to exceed \$34.25)		= \$ 0	
Receiving lederal L	nemie Support	To	Total Federal Lifeline Support Claimed (10) \$ 18750				
Toll Limitation Service	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	00	_			
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claime	d (13)\$ ⁰	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi				
Number of Connect		(14) $\frac{0}{0.00}$		<u> </u>			
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates	, use an aver	age amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		<u> </u>			
Deferred Interest		(17) \$ <u>0.00</u>					
		7	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment					•	. ,	
Total Lifeline \$ 18750	Total TI S ¢ ()		Total	Tribal Link Un ¢ ()		
Total Ellollio y_ · · · · ·	τοιαι τ εο ψ <u>σ</u>		· otal	•		— _{ov \$} 18750	
				Tota	l Dollars (1	9) \$ 10700	

LIFELINE WORKSHEET

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

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01/07/2015	Don Aldridge
DATE	OFFICER SIGNATURE
CEO	Don Aldridge
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	143035888		(2) Stu	dy Area Co	de <u>269046</u>
(3) Filer 499 ID 822058		(4) Technology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🖳 🛚 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications Corp	а)	Submission Date	02/05/2	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	January	2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Original Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub						- 10EG1
Receiving federal L	ifeline Support	(8) 2115		x \$ 9.25		= \$ 19564
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0
Receiving lederal L	menne oupport	To	otal F	ederal Lifeline Sup		ed (10) \$ <u>19564</u>
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber ral cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claime	d (13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppoi	t)		
Number of Connect		(14) $\frac{0}{0.00}$				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
		0.0				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 19564	Total TLS \$ 0		Γotal	Tribal Link Up \$)	
			_ ••••	•		 n, c 19564
				l'ota	l Dollars (1	91 2

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

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-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	143035888		(2) Stu	dy Area Co	de_269046
(3) Filer 499 ID 822058		(4) Technology 1	уре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🔟	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	Amerimex Comn	munications Corp) a)	Submission Date	03/05/2	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	Februar	y 2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Original Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		4000				= \$ 18398
Receiving federal L		0		· · · · · · · · · · · · · · · · · · ·		· -
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		(not to exceed \$34.25)		= \$ 0
-		Т	otal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>18398</u>
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claime	d (13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	ирроі	rt)		
Number of Connect	ions Waived	(14) $\frac{0}{0.00}$		<u></u>		
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	s, use an aver	age amount)
		•	,			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		<u>—</u>		
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 18398	Total TI S \$ 0		Total	Tribal Link Up \$)	
Total Ellollio y	τοιαι τ εο ψ <u>σ</u>		i Jiai	•		— _{N.¢.} 18398
				Tota	I Dollars (1	9) \$ _10030

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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03/05/2015	Don Aldridge	
DATE	OFFICER SIGNATURE	
CEO	Don Aldridge	
OFFICER TITLE	OFFICER NAME	

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	143035888		(2) Stu	dy Area Co	de_269046
(3) Filer 499 ID 822058		(4) Technology	Type (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	check one): Lifeling	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications Co	ър а)	Submission Date	04/06/2	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	March 2	2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Original Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>2079</u>		Subscriber Support		= \$ 19231
Receiving federal L		0		· · · · · ·		· -
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		(not to exceed \$34.25)		= \$ 0
		•	Total F	ederal Lifeline Sup	oport Claim	ed (10) \$ <u>19231</u>
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.0000 in 2013)	000			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	oort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	suppoi	t)		
Number of Connect	ions Waived	(14) $\frac{0}{0.000}$		<u> </u>		
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$10		(for multiple rates	s, use an aver	age amount)
		,	-,			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		<u>—</u>		
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 19231	Total TI S ¢ 0		Total	Tribal Link Up \$)	
. σ.α. Εποιπιο ψ	σ.αΕσ ψ_σ		· Jtai	•		 _{N \$} 19231
				Tota	l Dollars (1	9) \$

LIFELINE WORKSHEET

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

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04/06/2015	Don Aldridge
DATE	OFFICER SIGNATURE
CEO	Don Aldridge
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	143035888		(2) Stu	ıdy Area Co	de <u>269046</u>
(3) Filer 499 ID 822058		(4) Technolog	ју Туре (check one) Wirel	ine 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🖆	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications C	orp a)	Submission Date	05/07/2	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	April 20	15
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
				(1 11 1)	Original Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub				Subscriber Support		. 40500
Receiving federal Li	ifeline Support	(8) 2009		· · · · · · · · · · · · · · · · · · ·		= \$ 18583
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ $\frac{0.00}{\text{(not to exceed $34.25)}}$ = \$ $\frac{0}{0}$		= \$ 0
Receiving lederal Li	menne Support		Total F	Federal Lifeline Su		ed (10) \$ <u>18583</u>
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(0000			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Sup	port Claime	d (13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cos	st suppo	• •		
Number of Connect	ions Waived	(14) $\frac{0}{0.00}$				
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$		(for multiple rates	s, use an aver	age amount)
		,	,			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 18583	Total TI S \$ 0		Total	Tribal Link Up \$ <u>(</u>)	
			10.00	•		 _{N.¢.} 18583
				Tota	al Dollars (1	9) \$

LIFELINE WORKSHEET

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

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05/07/2015	Don Aldridge
DATE	OFFICER SIGNATURE
CEO	Don Aldridge
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	35888		(2) Stud	dy Area Cod	le <u>269046</u>
(3) Filer 499 ID <u>822058</u>		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifelin	e Only	□ H	ligh	Cost/Low Income		
(6) Organization Information	,			(7) I	Filing Information		
Company Legal Name:	Amerimex Comn	nunicat	ions Corp	a)	Submission Date	06/04/20)15
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	May 201	5
Mailing Address:	200 Mansell CT	E STI	E 105	c)	Type of Filing (check one)		
					` ,	Original Revision	
	Roswell, GA 30	076		d)	State Reporting	KENTUC	CKY
Telephone Number:	678-389-6024					1	
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmii	nc.com	า				
1 '0 1'							
Lifeline		(a) # I	.ifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline
			ribers		Subscriber Sup		(o) Total Ellollio
Non-Tribal Low-Income Sub- Receiving federal Li		(8) <u>2</u>	207		x \$9.2	5	= \$ 20415
Tribal Low-Income Subscrib	ers	(9) <u>O</u>			x \$ 0.00		= \$ 0
Receiving federal Lifeline Support				tal E	(not to exceed \$34.25) rederal Lifeline Support Claimed (10) \$ 2041		
			10	lai F	ederai Liielilie Sup	port Ciaime	a (10) \$ <u>20413</u>
Toll Limitation Service	es (TLS)						
O		(4.4)	0.00000	Ω			
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	<u> </u>			
Number of TLS Subscribers (12)		(12)	0				
		` ,			Total TLS Supp	ort Claimed	(13) ¢ ()
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	• •	ort Glaimea	(13) ψ <u>-</u>
		(4.4)	0				
Number of Connect Charges Waived per		(14) (15) \$	0.00		— (for multiple rates	use an avera	ge amount)
onal goo manoa por		\ · / ·	exceed \$100)		(101	, 400 4.1 4.0.4	ge aay
Total Connection Cl	harges Waived	(16) \$	0.0				
	narges warved				<u> </u>		
Deferred Interest		(17) \$	0.00		<u> </u>		
			To	otal ⁻	Tribal Link Up Sup	port Claimed	d (18) \$ <u>()</u>
ETC Payment							
Total Lifeline \$ 20415	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0	<u> </u>	
•							
					Tota	ווסט ו Joliars (19) \$ = 0

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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06/04/2015	Don Aldridge				
DATE	OFFICER SIGNATURE				
CEO	Don Aldridge				
OFFICER TITLE	OFFICER NAME				

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	35888		(2) Stu	dy Area Co	de <u>269046</u>
(3) Filer 499 ID 822058		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunicat	tions Corp	a)	Submission Date	07/07/20	015
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	June 20	15
Mailing Address:	200 Mansell CT	E ST	E 105	c)	Type of Filing (check one)		_
						Original Revision	
Telephone Number:	Roswell, GA 30	076		d)	State Reporting	KENTU	CKY
Fax Number:	678-389-6024						
	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.con	n				
Lifeline							
			ifeline		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers (8) 2797					= \$ 25872
Receiving federal Li	Teline Support				x \$ <u>9.2</u>	.5	-
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>			x \$ <u>0.00</u>	ed \$34.25)	= \$ 0
reconning records as		То			al Federal Lifeline Support Claimed (10) $\$$ 2587		
Toll Limitation Service	es (TLS)						
	,						
Cost of Providing To (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived per	r Connection	(15) \$			(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection Cl	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		_		
			Te	otal [·]	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$_25872	Total TLS \$ 0		т	otal	Tribal Link Up \$ 0)	
					Tota	l Dollars (19	9) \$ <u>25872</u>

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

07/07/2015	Don Aldridge
DATE	OFFICER SIGNATURE
CEO	Don Aldridge
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046					
(3) Filer 499 ID 822058		(4) Technology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	check one): Lifelin	e Only 🖆 🕒 l	ligh	Cost/Low Income		
(6) Organization Information	ı		(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunications Corp		Submission Date	08/06/20	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	July 201	5
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Original Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmi	nc.com				
Lifeline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers 2511		Subscriber Support		. 00007
Receiving federal L	ifeline Support	(8) 2511		x \$ 9.25		= \$ 23227
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ 0.00 = \$ 0		
		To	tal F	ederal Lifeline Sup		ed (10) \$ <u>23227</u>
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	(for multiple rates, use an average amount)	
		, ,				
Total Connection Charges Waived		(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		_		
		т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
-	T-1-1 T-1 O A O	_	F = 4 : •	T-11-11-11-11-11-11-11-11-11-11-11-11-11)	
Total Lifeline \$ 23227	lotal ILS \$_U_		otal	Tribal Link Up \$ (
				Tota	l Dollars (10	23227

LIFELINE WORKSHEET

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

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08/06/2015	Steve Klein
DATE	OFFICER SIGNATURE
President	Steve Klein
OFFICER TITLE	OFFICER NAME

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(1) USAC Service Provider Identification Number 143035888				(2) Study Area Code <u>269046</u>			
(3) Filer 499 ID <u>822058</u>		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only	□	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunicat	ions Corp	a)	Submission Date	09/04/20)15
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	August 2	2015
Mailing Address:	200 Mansell CT	E ST	E 105	c)	Type of Filing (check one)		
					` ,	Original	
	Roswell, GA 30	076		d)	State Reporting	Revision KENTU(LI CKV
Telephone Number:	678-389-6024	070		,		INLINIO	
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmii	nc con	า				
2 man / taarooo.	ommarp @ ogmi	10.0011	•]			
Lifeline							
			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers		ribers		Subscriber Sup	<u>oport</u>	
Receiving federal Li		(8) 2162			x \$ <u>9.2</u>	5	= \$ <u>19999</u>
Tribal Low-Income Subscrib	ers	(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support	To		tal E	(not to exce ederal Lifeline Sup	od (10) © 10000	
			10	lai F	ederai Liieiilie Sup	port Ciairile	id (10) \$ 13333
Toll Limitation Service	es (TLS)						
Cost of Providing Ti		(11)	0.00000	0			
(the lesser of increment	al cost or \$3 in 2012 /\$2	,	•				
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su _l	ppor	t)		
Number of Connect	ions Waiyad	(1.1)	0				
Charges Waived per		(15) \$	0.00		(for multiple rates, use an average amount)		
		(not to	exceed \$100)				,
Tatal Oannastian O		(16) \$	0.0				
Total Connection Cl	iarges waived						
Deferred Interest		(17) \$	0.00		<u> </u>		
			To	otal ⁻	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 19999	Total TI S \$ 0		Т	otal	Tribal Link Un \$ 0)	
			·	- 141			— 10000
					Tota	l Dollars (19) \$

LIFELINE WORKSHEET

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09/04/2015	Steve Klein
DATE	OFFICER SIGNATURE
President	Steve Klein
OFFICER TITLE	OFFICER NAME

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(3) Filer 499 ID 822058		(4) Technology	Гуре (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	1	
Company Legal Name:	Amerimex Comn	nunications Cor	р а)	Submission Date	10/08/2	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	Septem	ber 2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Original Revision	A
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 1671				= \$ 15457
Receiving federal Li				_ x \$ <u>9.25</u> x \$ 0.00		• -
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ $\frac{0.00}{\text{(not to exceed $34.25)}}$ = \$ $\frac{0}{0}$		
-		٦	Total F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>15457</u>
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber ral cost or \$3 in 2012 /\$2 i	(11) 0.0000 in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	d (13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	ирро	rt)		, ,
Number of Connect	ions Waived	(14) $\frac{0}{2}$		<u></u>		
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$100		(for multiple rates	s, use an aver	age amount)
		(το ολοσσα φ	~)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>		<u></u>		
			Total	Tribal Link Up Sup	port Claime	ed (18) \$_ ⁰
ETC Payment						- (-) +
-	T-1-1-1-0 A O		T . 4 . 5	T)	
Total Lifeline \$ 15457	Total TLS \$_U_		ı otal	i ribai Link Up \$ _	,	
				Tota	l Dollars (1	9) \$ 15457

LIFELINE WORKSHEET

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

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10/08/2015	Steve Klein
DATE	OFFICER SIGNATURE
President	Steve Klein
OFFICER TITLE	OFFICER NAME

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(3) Filer 499 ID 822058		(4) Technology Ty	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🖳 🛚 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	1	
Company Legal Name:	Amerimex Comn	nunications Corp	a)	Submission Date	11/05/2	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	October	r 2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Original Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 1261				= \$ 11664
Receiving federal L				x \$ 9.25		*
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ $\frac{0.00}{\text{(not to exceed $34.25)}}$ = \$ $\frac{0}{1000}$		= \$ 0
•		To	otal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>11664</u>
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	00			
Number of TLS Sub	Number of TLS Subscribers (12) $\underline{0}$					
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi	t)		
Number of Connect		(14) $\frac{0}{0.00}$		<u> </u>		
Charges Waived pe	r Connection	(15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
		,				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>		_		
		Т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 11664	Total TLS \$ 0	-	Total	Tribal Link Up \$)	
			J	•	l Dollars (1	 ove 11664
				l'ota	וו טסווars (1	912

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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11/05/2015	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.

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	143035888		(2) Stu	dy Area Co	de <u>269046</u>
(3) Filer 499 ID 822058		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	Check one): Lifeling	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	1	
Company Legal Name:	Amerimex Comn	nunications Corp	a)	Submission Date	12/07/2	015
Contact Name:	CAITLYN LUMF	PKIN	b)	Data Month	Novemb	per 2015
Mailing Address:	200 Mansell CT	E STE 105	c)	Type of Filing (check one)		
					Original Revision	
	Roswell, GA 30	076	d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmii	nc.com				
Lifeline		(a) # Lifeline Subscribers	_	(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 1102		<u> </u>		= \$ 10194
Receiving federal L	iteline Support			x \$ 9.25		· -
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>		x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0
		To	otal F	ederal Lifeline Sup		ed (10) \$ <u>10194</u>
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber ral cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>		<u> </u>		
				Total TLS Supp	ort Claime	d (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi			. ,
Number of Connect		(14) $\frac{0}{0.00}$		<u> </u>		
Charges Waived pe	r Connection	(15) \$ <u>U.UU</u> (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
		,				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		<u> </u>		
Deferred Interest		(17) \$ <u>0.00</u>				
		7	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment				- F F	_	• • •
Total Lifeline \$ 10194	Total TI S ¢ ()	,	Total	Tribal Link IIn ¢)	
TOTAL ENGINE \$ 10101	10tal 1 L3 3<u>∪</u>		ı otal	-		10104
				Tota	l Dollars (1	9) \$ 10194

LIFELINE WORKSHEET

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

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12/07/2015	Steve Klein
DATE	OFFICER SIGNATURE
President	Steve Klein
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Id	dentification Number	14303	35888		(2) Stu	dy Area Cod	le <u>269046</u>
(3) Filer 499 ID 822058		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔲	Wireless 🗹
(5) ETC Designation Type (C	heck one): Lifelin	e Only	<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Amerimex Comn	nunicat	tions Corp	a)	Submission Date	01/06/20)16
Contact Name:	CAITLYN LUMF	PKIN		b)	Data Month	Decemb	er 2015
Mailing Address:	200 Mansell CT	E ST	E 105	c)	Type of Filing (check one)		_
						Original Revision	
Talanhana Numbari	Roswell, GA 30	076		d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	678-389-6024						
rax Nulliber.	770-594-3878						
E-mail Address:	cmmurp@cgmii	nc.con	<u> </u>				
Lifeline							
			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers			Subscriber Sup	<u></u>	0550
Receiving federal Li	feline Support	(8) <u>925</u>			x \$ <u>9.2</u>	5	=\$ 8556
Tribal Low-Income Subscrib		(9) <u>0</u>			x \$ <u>0.00</u>	1,004,05)	= \$ 0
Receiving federal Li	feline Support	То		tal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 8556		
Toll Limitation Services (TLS)					· · -		
			0.0000	•			
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	<u> </u>		
Number of TLS Sub	scribers	(12)	0				
T21 -11 -1 - 11 - 12 - 12 - 12 - 12 - 12					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su _l	opor	t)		
Number of Connect	ions Waived	(14)	0		<u></u>		
Charges Waived per	Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	, use an avera	ige amount)
		(HOL TO	exceed \$100)				
Total Connection Cl	narges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			T	otal [·]	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ <u>8556</u>	Total TLS \$ 0		1	otal	Tribal Link Up \$ 0		_
					Tota	l Dollars (19	8556

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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01/06/2016	Steve Klein
DATE	OFFICER SIGNATURE
President	Steve Klein
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046					le <u>269046</u>		
(3) Filer 499 ID 822058 (4) Technology Type (check one) Wireline Wireless					Wireless 🔽		
(5) ETC Designation Type (C	heck one): Lifelin	e Only	□	ligh	Cost/Low Income		
(6) Organization Information	<u>-</u>			(7) I	Filing Information	T	
Company Legal Name:	Amerimex Comn	nunicat	ions Corp	a)	Submission Date	02/05/20	116
Contact Name:	CAITLYN LUMPKIN		b)	Data Month	January 2016		
Mailing Address:	200 Mansell CT E STE 105		c)	Type of Filing (check one)			
					· ·	Original	
	Roswell, GA 30076		d)	State Reporting	Revision KENTUC	CKY	
Telephone Number:	678-389-6024						
Fax Number:	770-594-3878						
E-mail Address:	cmmurp@cgmi	nc.com	า				
Lifeline				_			
Literifie		(a) # L	.ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub	aaribara	<u>Subsc</u>	<u>ribers</u>		Subscriber Sup		.,
Receiving federal Li		(8) <u>631</u>			x \$9.2	5	=\$ 5837
Tribal Low-Income Subscrib	ers	(9) <u>C</u>	(9) 0		x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support			tal E	(not to exceed \$34.25) ederal Lifeline Support Claimed (10) \$ 5		d (10) ¢ 5837
			10	iai F	ederai Liieline Sup	port Claime	a (10) \$ <u>3037</u>
Toll Limitation Services (TLS)							
Cost of Providing TLS per Subscriber (11) 0.00000							
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)		0.00000	0				
Number of TLS Subscribers		(12)	0				
·					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Available only to ETCs receiving High Cost support)							
Number of Connect	ions Waived	(14)	0				
Charges Waived per		(15) \$			(for multiple rates	, use an avera	ge amount)
		(not to	exceed \$100)				
Total Connection Charges Waived		(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			To	otal ⁻	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 5837 Total TLS \$ 0 Total Tribal Link Up \$ 0							
	<u> </u>		·	1	-	l Dollars (19	 5837
					Tota	ו Dollars (19) \$

LIFELINE WORKSHEET

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

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02/05/2016	Steve Klein
DATE	OFFICER SIGNATURE
President	Steve Klein
OFFICER TITLE	OFFICER NAME

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OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143035888 (2) Study Area Code 269046					de <u>269046</u>	
(3) Filer 499 ID 822058 (4) Technology				Type (check one) Wireline Wireless		
(5) ETC Designation Type (C	check one): Lifeline	e Only 🖆 🕒 F	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	T	
Company Legal Name:	Amerimex Comn	nunications Corp	a)	Submission Date	03/07/20)16
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	
	Roswell, GA 30076		d)	State Reporting	KENTU	CKY
Telephone Number:	678-389-6024					
Fax Number:	770-594-3878					
E-mail Address:	cmmurp@cgmir	nc.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	pport/	(c) Total Lifeline
Non-Tribal Low-Income Sub						4040
Receiving federal Li	ifeline Support	(8) 520		x \$ <u>9.2</u>	5	= \$ 4810
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>O</u>		x \$ <u>0.00</u>	od \$34.35)	= \$ 0
Necelving lederal Li	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ $\underline{4}$			ed (10) \$ <u>4810</u>		
Toll Limitation Services (TLS)						
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) 0.000000						
Number of TLS Sub	(12) <u>0</u>					
Total TLS Support Claimed (13) \$ 0					(13) \$ <u>0</u>	
Tribal Link Up (Available only to ETCs receiving High Cost support)						
Number of Connect	(14) <u>0</u>					
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	es, use an average amount)	
		(not to exceed \$100)				
Total Connection Charges Waived		(16) \$ <u>0.0</u>		_		
Deferred Interest	(17) \$ <u>0.00</u>					
		т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ ⁰
ETO Dovers				= 5p 3up		- (- / +
ETC Payment						
Total Lifeline \$ 4810	Total TLS \$ <u>0</u>	1	Γotal	Tribal Link Up \$ 0)	
				Tota	l Dollars (19	, 4 810

LIFELINE WORKSHEET

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

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03/07/2016	Steve Klein
DATE	OFFICER SIGNATURE
President	Steve Klein
OFFICER TITLE	OFFICER NAME

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