

607 Broadway • Paducah, KY 42001

Ph: (270) 441-7799 • Fax: (270) 441-7917

September 8, 2016

Filed Electronically Talina R Mathews Executive Director Public Service Commission 211 Sower Blvd PO Box 615 Frankfort KY 40601

*Re:* In the Matter of an Inquiry into the State Universal Service Fund, Case No. 2016-00059

Dear Ms. Mathews:

Enclosed for filing are e-Tel's responses to the Kentucky PSC staff's Initial Requests for Information and Supplemental Requests for Information in the above-referenced matter. These responses were not filed previously as a result of unintentional oversight, and we respectfully request that they are accepted for filing and incorporated into the record. The certificate of service below certifies that the enclosed was filed electronically today.

Thank you, and if you have any questions with regard to this matter, please call me.

Sincerely,

Benes Haupten

Renee Hayden

## **CERTIFICATION**

I hereby certify that I have supervised the preparation of the responses on behalf of e-Tel LLC to the requests for information from the Kentucky PSC. The responses contained herein are true and accurate to the best of my knowledge, information, and belief formed after reasonable inquiry.

Renee Hayden Renee Hayden Manager e-Tel LLC Date: Sept & 2016

# e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon All Parties dated April 6, 2016

# September 8, 2016

- Item 1Provide the KUSF reimbursement forms submitted to the Commission and<br/>the Department of Finance and Administration from January 2014 to present.
- **Response** Please see the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration by e-Tel LLC attached as Exhibits 1-3.

Responsible Witness Renee Hayden

- Item 2 Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer received service in the middle of the month.
- **Response** e-Tel states that the total number of subscriber lines reported on the KUSF reimbursement form is calculated using the number of customers receiving Lifeline support on the last day of each month.

# e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon All Parties dated April 6, 2016

## September 8, 2016

- Item 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** e-Tel states that the total number of subscriber lines reported on the KUSF reimbursement form is calculated using the number of customers receiving Lifeline support on the last day of each month.

Responsible Witness Renee Hayden

- Item 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 bill to, but not paid by, the customer is remitted.
- **Response** e-Tel states that when a bad debt is experienced it remits the full amount of the KUSF surcharge billed to the customer.

# e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon All Parties dated April 6, 2016

# September 8, 2016

- Item 5 State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding, and explain the basis for your response.
- **Response** e-Tel believes the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before it renders its decision in this proceeding because the eventual reforms made by the FCC may impact how the Commission decides to administer the KUSF. Waiting will ensure the KUSF reforms coordinate with the federal reforms and could avoid the Commission having to again reform the KUSF after the federal reform is concluded.

Responsible Witness Renee Hayden

- Item 6 Provide the Federal Communication Commission Form 497 submitted to the FCC from January 2014 to the present.
- **Response** Please see the FCC Forms submitted to the FCC by e-Tel LLC attached as Exhibits 4-6.

# e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon <u>All Parties dated April 6, 2016</u>

September 8, 2016

Item 7 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.

**Response** There have been no changes to e-Tel's Lifeline plans other than those implemented directly by the KY PSC.

Responsible Witness Renee Hayden

ltem 8	If the Commission's decision is to maintain state Lifeline support for only voice service, describe how that decision would effect whether and how you provide Lifeline service in Kentucky
Response	Should the Commission decide to only offer Lifeline support for voice service, e-Tel would not be effected by that decision. e-Tel's provision of Lifeline service in Kentucky would not change.

# e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon All Parties dated April 6, 2016

# September 8, 2016

- Item 9 Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.
- **Response** e-Tel states that it has no suggestions as to cost effective measures the Commission could implement.

Responsible Witness Renee Hayden

ltem 10	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	e-Tel requests 120 days to be able to implement the changes on customer bills. The 120 day notice would also allow for e-Tel to provide proper notification to its Lifeline customers

# e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon All Parties dated April 6, 2016

## September 8, 2016

- Item 11 Provide, in detail, the methods employed to verify the eligibility of customers who participate in the Lifeline program.
- **Response** e-Tel requires the customer to prove eligibility established by federal standards upon application for Lifeline program. e-Tel then submits the customer information to the federal NLAD system for verification. An annual audit of customers receiving Lifeline support is completed in accordance with the Kentucky PSC and USAC.

Responsible Witness Renee Hayden

Item 12	State whether you have been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program.
Response	e-Tel has not been subjected to FCC investigation, action, and/or penalties relating to participation in the Lifeline program.

# e-Tel, LLC's Responses to the Commission Staff's Requests for Information Upon All Parties dated April 6, 2016

## September 8, 2016

- Item 13Describe, in detail, your current marketing programs for Lifeline service in<br/>Kentucky, including, but no limited to, person-to-person sales.
- **Response** e-Tel provides information on the Lifeline support program and complete application information on its website at <u>etelonline.com</u>. An abbreviated version of this information of provided on every customer invoice as well. Customer Service Representatives detail the Lifeline support program to any customer who inquires during a person-to-person transaction.



Date Jan 2014

Reporting Month December 2013\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					100
Please Circle One II	LEC C	CLEC (	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_2420
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$193.60
4.	Number of Access Lines Receiving Lifeline Support	66
5.	Amount of Reimbursement Requested from Kentucky USF	\$231.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Renee HayderTitle Manager Company Official 12er eettes (Printed) (Signed)

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

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



Send a copy of this report to:

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



ROM

Date Feb 2014

Reporting Month January-2013-

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_2430
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$194.40
4.	Number of Access Lines Receiving Lifeline Support	65
5.	Amount of Reimbursement Requested from Kentucky USF	\$227.50

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Kenee Housten Title Manarcen Company Official K enection 06 (Printed) (Signed)

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Date March 2014

Reporting Month February 2014\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification		6			
Please Circle One	ILEC	( CLEO	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	2442
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$195.36
4.	Number of Access Lines Receiving Lifeline Support	66
5.	Amount of Reimbursement Requested from Kentucky USF	\$231.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Title eetta ANACE Company Official Be 0 Company Official Kenee Har (Printed) (Signed) 6798 3-14-146 195.30 Make check payable to: "Kentucky Send a copy of this report to: State Treasurer" and send with this report to: Kentucky Public Service Commission ATTN: Jim Stevens Finance and Administration Cabinet 211 Sower Blvd. ATTN: KY USF P.O. Box 615 702 Capital Ave. Frankfort, KY 40602 Capitol Annex, Room 488A Frankfort, KY 40601



Date\_\_\_April 2014\_\_\_

1

Reporting Month March 2014\_\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_2445
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$195.60
4.	Number of Access Lines Receiving Lifeline Support	64
5.	Amount of Reimbursement Requested from Kentucky USF	\$224.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. cen Company Official Kenee HOLE Company Official Kense Har ona **\Title** (Printed) (Signed)

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



Date May 2014

2

Reporting Month April 2014\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_2460
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$196.80
4.	Number of Access Lines Receiving Lifeline Support	62
5.	Amount of Reimbursement Requested from Kentucky USF	\$217.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Kenee Hayderitle Manager Company Official Servel HK (Printed) (Signed)

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



Date June 2014

Reporting Month May 2014\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_2463
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$197.04
4.	Number of Access Lines Receiving Lifeline Support	61
5.	Amount of Reimbursement Requested from Kentucky USF	\$213.50

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Date July 2014

Reporting Month June 2014\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_2483
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$198.64
4.	Number of Access Lines Receiving Lifeline Support	75
5.	Amount of Reimbursement Requested from Kentucky USF	\$262.50

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211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date\_\_\_August 2014\_\_

Reporting Month July 2014\_\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3461
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$276.88
4.	Number of Access Lines Receiving Lifeline Support	70
5.	Amount of Reimbursement Requested from Kentucky USF	\$245.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Hae enee HayderTitle nee Quel Company Official 0 Company Official (Printed) (Signed) 8.21-17 Make check payable to: "Kentucky Send a copy of this report to: State Treasurer" and send with this report to: Kentucky Public Service Commission ATTN: Jim Stevens Finance and Administration Cabinet 211 Sower Blvd. ATTN: KY USF P.O. Box 615 702 Capital Ave. Frankfort, KY 40602 Capitol Annex, Room 488A Frankfort, KY 40601



Date\_\_\_September 2014\_\_

Reporting Month August 2014\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

	PCS	Cellular	CLEC	ILEC	Classification Please Circle One
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	Monthly Access Line Data	
1.	Total Access Lines in Service	3493
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$279.44
4.	Number of Access Lines Receiving Lifeline Support	70
5.	Amount of Reimbursement Requested from Kentucky USF	\$245.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. K Company Official Bener Haydritle Ha Manape Company Official enel (Printed) (Signed)

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



Date October 2014

Reporting Month September 2014

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

1. Total Access Lines in Service	_3448
2. Surcharge Per Access Line	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF	\$275.84
4. Number of Access Lines Receiving Lifeline Support	67
5. Amount of Reimbursement Requested from Kentucky USF	\$234.50

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. MOCL Company Official R Company Official Kenee HayderTitle Hau 0 Q (Signed) (Printed)

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Date\_\_\_November 2014\_\_\_

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Reporting Month October 2014\_\_\_\_

	Carrier Information	
Company Name	e-Tel Murray, LLC	
Company Address	607 Broadway Paducah, KY 42001	
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax	
Vendor Number	114324	

Classification	U.F.C	CL EC	Callular	DOS	
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_3457
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$276.56
4.	Number of Access Lines Receiving Lifeline Support	69
5.	Amount of Reimbursement Requested from Kentucky USF	\$241.50
5.		

	Signature Block		×
I hereby attest that the information reported herein is the Company Official Renee Adaptite			-
(Printed)	maraper	_Company Official	(Signed)

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



Date\_\_\_December 2014\_\_

Reporting Month November 2014\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3429
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$274.32
4.	Number of Access Lines Receiving Lifeline Support	69
5.	Amount of Reimbursement Requested from Kentucky USF	\$241.50

	Signature Block
I hereby attest that the information reported herein is tr	
Company Official <u>Nenee</u> HOW Official Title	Manager Company Official Revee Hayo (Signed)

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



Send a copy of this report to:

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



Date January 2015

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Reporting Month December 2014\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3410
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$272.80
4.	Number of Access Lines Receiving Lifeline Support	69
5.	Amount of Reimbursement Requested from Kentucky USF	\$241.50

	Signature Block	
I hereby attest that the information reported herein is t		0
Company Official <u>Renee Haugen</u> Title_ (Printed)	managu	Company Official <u>Kenner</u> (Signed)

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

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



Date February 2015

Reporting Month January 2015\_\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data				
1.	Total Access Lines in Service	3379		
2.	Surcharge Per Access Line	\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF	\$270.32		
4.	Number of Access Lines Receiving Lifeline Support	71		
5.	Amount of Reimbursement Requested from Kentucky USF	\$248.50		

	Signature Block			
I hereby attest that the information reported herein is tr	rue and accurate to the be	est of my knowledge.		
Company Official Renee Haydritle_	manage	_Company Official_		Hayd
(Printed)			(Signed)	

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



Date March 2015

Reporting Month February 2015\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3381
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$270.48
4.	Number of Access Lines Receiving Lifeline Support	
5.	Amount of Reimbursement Requested from Kentucky USF	\$52.00 -> 5Land be

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Man Opt\_Company Official\_ Company Official Kenee Hayde Title Sever HO (Printed) (Signed)

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



Send a copy of this report to:

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



Date \_\_\_\_ April 2015 \_\_\_\_

Reporting Month March 2015\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax Vendor Number	(270) 441-7799 phone (270) 441-7917 fax
	114324

|--|

	Monthly Access Line Data	
1.	Total Access Lines in Service	3391
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$271.28
4.	Number of Access Lines Receiving Lifeline Support	69
5.	Amount of Reimbursement Requested from Kentucky USF	\$241.50

	Signature Block
I hereby attest that the information reported herein is tr	
Company Official Renee Hough Title	Manager Company Official Renee Hourde (Signed)

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

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



Send a copy of this report to:

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



Date\_\_\_May 2015\_\_\_\_

Reporting Month April 2015

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_3338
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$267.04
4.	Number of Access Lines Receiving Lifeline Support	69
5.	Amount of Reimbursement Requested from Kentucky USF	\$241.50

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Kenee Haud anore Company Official Kenee H Title (Signed) (Printed)

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Send a copy of this report to:

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



Date June 2015

Reporting Month May 2015\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_3358
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$268.64
4.	Number of Access Lines Receiving Lifeline Support	67
5.	Amount of Reimbursement Requested from Kentucky USF	\$234.50

	Signature Block	
I hereby attest that the information reported herein is Company Official <u>Renee Houydu</u> Title_ (Printed)		

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Send a copy of this report to:

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



Date\_\_July 2015\_\_\_

Reporting Month June 2015\_\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3346
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$267.68
4.	Number of Access Lines Receiving Lifeline Support	66
5.	Amount of Reimbursement Requested from Kentucky USF	\$231.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. ner Har manager Company Official 13 Company Official Kenee Hoyd Title (Signed) (Printed)

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

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



Send a copy of this report to:

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



Date\_\_\_August 2015\_\_

1

2

Reporting Month July 2015\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3333
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$266.64
4.	Number of Access Lines Receiving Lifeline Support	64
5.	Amount of Reimbursement Requested from Kentucky USF	\$224.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Maple Company Official Bener Ha Company Official Kenee How () Title (Signed) (Printed)

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



Date \_\_\_\_September 2015\_\_\_

Reporting Month August 2015\_\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_3348
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$267.84
4.	Number of Access Lines Receiving Lifeline Support	64
5.	Amount of Reimbursement Requested from Kentucky USF	\$224.00

	Signature Block	
I hereby attest that the information reported herein Company Official Persee HourderTitl (Printed)		<u> </u>
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	PAL	Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date\_\_October 2015\_\_\_\_\_

Reporting Month September 2015\_\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
Ticuse entrie one	TEEC	CLLC			

	Monthly Access Line Data	
1.	Total Access Lines in Service	_3398
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$271.84
4.	Number of Access Lines Receiving Lifeline Support	62
5.	Amount of Reimbursement Requested from Kentucky USF	\$217.00

	Signature Block	
I hereby attest that the information reported herein is the Company Official Renee Hay of Title_ (Printed)		2

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



Date November 2015

Reporting Month October 2015\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3411
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$272.88
4.	Number of Access Lines Receiving Lifeline Support	68
5.	Amount of Reimbursement Requested from Kentucky USF	\$238.00

	Signature Block	
I hereby attest that the information reported herein is the Company Official Renee Hour Out Title (Printed)		-

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Send a copy of this report to:

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



Date December 2015

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Reporting Month November 2015\_\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	3400	(b.
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$272.00	
4.	Number of Access Lines Receiving Lifeline Support	64	1
5.	Amount of Reimbursement Requested from Kentucky USF	\$224.00	30-11

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Ro nee Ha Company Official Kenee Ho Title (Printed) (Signed)

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Send a copy of this report to:

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



Date January 2016\_\_\_

Reporting Month December 2015

		(	Carrier Information		
Company Name	e-Tel Mur	ray, LLC			
Company Address	607 Broad	lway Paduo	ah, KY 42001		
Telephone / Fax	(270) 441	-7799 phone	(270) 441-7	'917 fax	
Vendor Number	114324				
assification					
ease Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3373
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$269.84
4.	Number of Access Lines Receiving Lifeline Support	63
5.	Amount of Reimbursement Requested from Kentucky USF	\$220.50

	Signature Block			
I hereby attest that the information reported herein is t			-	(
Company Official Renee Hay On Title_ (Printed)	monopy	Company Official_	Benere (Signe	Hay ale

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



Send a copy of this report to:

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



Date February 2016

Reporting Month January 2016\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	_3351
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$268.08
4.	Number of Access Lines Receiving Lifeline Support	61
5.	Amount of Reimbursement Requested from Kentucky USF	\$213.50

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Kenee Hough Title Monope Company Official I Serve Hou (Printed) (Signed)

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



Send a copy of this report to:

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



Date March 2016

Reporting Month February 2016\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	3314
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$265.12
4.	Number of Access Lines Receiving Lifeline Support	61
5.	Amount of Reimbursement Requested from Kentucky USF	\$213.50

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. \_\_\_Company Official Server HO Company Official neno 2 ree Hau 〜Title (Signed) (Printed)

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Send a copy of this report to:

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


Date\_\_\_April 2016\_\_

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Reporting Month March 2016\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data				
1.	Total Access Lines in Service	3321		
2.	Surcharge Per Access Line	\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF	\$265.68		
4.	Number of Access Lines Receiving Lifeline Support	56		
5.	Amount of Reimbursement Requested from Kentucky USF	\$196.00		

	Signature Block	
I hereby attest that the information reported herein is tru Company Official <u>Perce</u> Hourd Title (Printed)		est of my knowledge. Company Official <u>Revee</u> (KayaCe (Signed)

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

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



Send a copy of this report to:

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



Date May 2016

Reporting Month April 2016\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

		Monthly Access Line Data			
1. Total	Access Lines in Service	_3326			
2. Surch	arge Per Access Line	\$0.08			
3. Amou	nt of Surcharge Remitted to Kentucky USF	\$266.08			
4. Numb	er of Access Lines Receiving Lifeline Support	56			
5. Amou	int of Reimbursement Requested from Kentucky USF	\$196.00			

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. ie Houd A Title MONOR Company Official 20 HO Company Official e (Signed) (Printed)

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Send a copy of this report to:

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



Date June 2016

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Reporting Month May 2016\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
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	Monthly Access Line Data	
1.	Total Access Lines in Service	3316
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$265.28
4.	Number of Access Lines Receiving Lifeline Support	55
5.	Amount of Reimbursement Requested from Kentucky USF	\$192.50



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Send a copy of this report to:

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



Date\_\_July 2016\_

3.

Reporting Month June 2016\_\_\_\_

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data		
1.	Total Access Lines in Service	3298
2.	Surcharge Per Access Line	\$0.14
3.	Amount of Surcharge Remitted to Kentucky USF	\$461.72
4.	Number of Access Lines Receiving Lifeline Support	_54
5.	Amount of Reimbursement Requested from Kentucky USF	\$189.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Benes Hayd Company Official 1 Server Ha **U**Title mar (Signed) (Printed)

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Send a copy of this report to:

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



Date\_\_\_August 2016\_\_\_

Reporting Month July 2016

	Carrier Information				
Company Name	e-Tel Murray, LLC				
Company Address	607 Broadway Paducah, KY 42001				
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax				
Vendor Number	114324				

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data		
1.	Total Access Lines in Service	3287
2.	Surcharge Per Access Line	\$0.14
3.	Amount of Surcharge Remitted to Kentucky USF	\$460.18
4.	Number of Access Lines Receiving Lifeline Support	54
5.	Amount of Reimbursement Requested from Kentucky USF	\$189.00

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Benne Ha mononer Company Official J 20 Company Official (Printed) (Signed)

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

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



Send a copy of this report to:

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

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

Avg. Burden	Est. per	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲
(6) Organization Information	(7) Filing Information
Company Legal Name:	a) Submission Date
Contact Name:	b) Data Month
Mailing Address:	c) Type of Filing (check one)
	Original Revision
	d) State Reporting
Telephone Number:	
Fax Number:	
E-mail Address:	
Lifeline	
	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support
Receiving federal Lifeline Support	(8) x \$9.25 =\$
Tribal Low-Income Subscribers	(9) × \$ =\$
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
<b>Toll Limitation Services (TLS)</b> <b>Cost of Providing TLS per Subscriber</b> (the lesser of incremental cost or \$3 in 2012 /\$2 in	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$
Number of Connections Waived	(14)
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$
Deferred Interest	(17) \$
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$
	Total Dollars (19) \$

If you have any questions, please call USAC at (866) 873-4727 Toll Free

# (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** 

# 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.

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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 vg. Burden Est, per Respondent: 2.5 Hrs

Avg. Burden	Est. per	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲
(6) Organization Information	(7) Filing Information
Company Legal Name:	a) Submission Date
Contact Name:	b) Data Month
Mailing Address:	c) Type of Filing (check one)
	Original Revision
	d) State Reporting
Telephone Number:	
Fax Number:	
E-mail Address:	
Lifeline	
	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support
Receiving federal Lifeline Support	(8) x \$9.25 =\$
Tribal Low-Income Subscribers	(9) × \$ =\$
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
<b>Toll Limitation Services (TLS)</b> <b>Cost of Providing TLS per Subscriber</b> (the lesser of incremental cost or \$3 in 2012 /\$2 in	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$
Number of Connections Waived	(14)
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$
Deferred Interest	(17) \$
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$
	Total Dollars (19) \$

If you have any questions, please call USAC at (866) 873-4727 Toll Free

# (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** 

# 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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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.

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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 vg. Burden Est, per Respondent: 2.5 Hrs

Avg. Burden	Est. per	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲
(6) Organization Information	(7) Filing Information
Company Legal Name:	a) Submission Date
Contact Name:	b) Data Month
Mailing Address:	c) Type of Filing (check one)
	Original Revision
	d) State Reporting
Telephone Number:	
Fax Number:	
E-mail Address:	
Lifeline	
	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support
Receiving federal Lifeline Support	(8) x \$9.25 =\$
Tribal Low-Income Subscribers	(9) × \$ =\$
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
<b>Toll Limitation Services (TLS)</b> <b>Cost of Providing TLS per Subscriber</b> (the lesser of incremental cost or \$3 in 2012 /\$2 in	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$
Number of Connections Waived	(14)
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$
Deferred Interest	(17) \$
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$
	Total Dollars (19) \$

If you have any questions, please call USAC at (866) 873-4727 Toll Free

# (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** 

# 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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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.

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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 vg. Burden Est, per Respondent: 2.5 Hrs

Avg. Burden	Est. per	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲
(6) Organization Information	(7) Filing Information
Company Legal Name:	a) Submission Date
Contact Name:	b) Data Month
Mailing Address:	c) Type of Filing (check one)
	Original Revision
	d) State Reporting
Telephone Number:	
Fax Number:	
E-mail Address:	
Lifeline	
	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support
Receiving federal Lifeline Support	(8) x \$9.25 =\$
Tribal Low-Income Subscribers	(9) × \$ =\$
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
<b>Toll Limitation Services (TLS)</b> <b>Cost of Providing TLS per Subscriber</b> (the lesser of incremental cost or \$3 in 2012 /\$2 in	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$
Number of Connections Waived	(14)
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$
Deferred Interest	(17) \$
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$
	Total Dollars (19) \$

If you have any questions, please call USAC at (866) 873-4727 Toll Free

# (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** 

# 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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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.

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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

Avg. Burden	Est. per	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code		
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄		
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲		
(6) Organization Information	(7) Filing Information		
Company Legal Name:	a) Submission Date		
Contact Name:	b) Data Month		
Mailing Address:	c) Type of Filing (check one)		
	Original Revision		
	d) State Reporting		
Telephone Number:			
Fax Number:			
E-mail Address:			
Lifeline			
	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline		
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support		
Receiving federal Lifeline Support	(8) x \$9.25 =\$		
Tribal Low-Income Subscribers	(9) × \$ =\$		
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$		
<b>Toll Limitation Services (TLS)</b> <b>Cost of Providing TLS per Subscriber</b> (the lesser of incremental cost or \$3 in 2012 /\$2 in			
Number of TLS Subscribers	(12)		
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$		
Number of Connections Waived	(14)		
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)		
Total Connection Charges Waived	(16) \$		
Deferred Interest	(17) \$		
	Total Tribal Link Up Support Claimed (18) \$		
ETC Payment			
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$		
	Total Dollars (19) \$		

If you have any questions, please call USAC at (866) 873-4727 Toll Free

# (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** 

# OFFICER TITLE

### **OFFICER NAME**

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

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- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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 vg. Burden Est, per Respondent: 2.5 Hrs

Avg. Burden	Est. per	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code		
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄		
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲		
(6) Organization Information	(7) Filing Information		
Company Legal Name:	a) Submission Date		
Contact Name:	b) Data Month		
Mailing Address:	c) Type of Filing (check one)		
	Original Revision		
	d) State Reporting		
Telephone Number:			
Fax Number:			
E-mail Address:			
Lifeline			
	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline		
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support		
Receiving federal Lifeline Support	(8) x \$9.25 =\$		
Tribal Low-Income Subscribers	(9) × \$ =\$		
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$		
<b>Toll Limitation Services (TLS)</b> <b>Cost of Providing TLS per Subscriber</b> (the lesser of incremental cost or \$3 in 2012 /\$2 in			
Number of TLS Subscribers	(12)		
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$		
Number of Connections Waived	(14)		
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)		
Total Connection Charges Waived	(16) \$		
Deferred Interest	(17) \$		
	Total Tribal Link Up Support Claimed (18) \$		
ETC Payment			
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$		
	Total Dollars (19) \$		

If you have any questions, please call USAC at (866) 873-4727 Toll Free

# (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** 

# 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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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.

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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 Avg. Burden Ect. per Respondent: 2.5 Hrs

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number _		143027381		(2) Stu	(2) Study Area Code 2690(	
(3) Filer 499 ID 821714		(4) Technology Type (d				Wireless
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔽 🛛 I	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	-	
Company Legal Name:	e-Tel Murray,	LLC	a)	Submission Date	Octob	er 2014
Contact Name:	Renee Hayden		b)	Data Month	July 20 <sup>-</sup>	14
Mailing Address:	607 Broadway		c)	Type of Filing (check one)		
	Paducah, KY	42001		()	Original Revision	Ě I
			d)	State Reporting	Kentucky	
Telephone Number:	270 441-7799					
Fax Number:	270 441-7917					
E-mail Address:	renee@etelonli	ne.com				
Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(a) # Lifeline <u>Subscribers</u> (8) 70		(b) Lifeline Sup Subscriber Su x \$ <u>9.2</u>	pport	(c) Total Lifeline $= \$ \frac{647.50}{100}$
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u> Tc	$x \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of incrementa	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 ir	<b>(11)</b>				
Number of TLS Subscribers (		(12)				
Total TLS Support Claimed (13) Tribal Link Up (Available only to ETCs receiving High Cost support)						
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ 0 (not to exceed \$100)	(for multiple rates, use an average amount)		rage amount)	
Total Connection Charges Waived		(16) \$ <u>0</u>		_		
Deferred Interest		(17) \$ <u>0</u> T	otal	 Tribal Link Up Sup	port Claim	ed (18) \$
ETC Payment						
Total Lifeline $(647.50)$ Total TLS $(0.00)$ Total Tribal Link Up $(0)$						
Total Link of \$ Total Dollars (19) \$						

If you have any questions, please call USAC at (866) 873-4727 Toll Free
#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/01/14

# Rense Hayden

# date COO

OFFICER SIGNATURE



# **OFFICER TITLE**

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

**OFFICER NAME** 

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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Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

#### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

#### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

#### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

#### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number <u>143027381</u> (2) Study Area Code 269003 (3) Filer 499 ID 821714 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information e-Tel Murray, LLC October 2014 **Company Legal Name:** a) Submission Date Renee Hayden **Contact Name:** b) Data Month August 2014 Mailing Address: c) Type of Filing 607 Broadway (check one) Original Paducah, KY 42001 Revision d) State Reporting Kentucky **Telephone Number:** 270 441-7799 Fax Number: 270 441-7917 E-mail Address: renee@etelonline.com Lifeline (b) Lifeline Support/ (a) # Lifeline (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers <sub>= \$</sub> 647.50 70 9.25 (8) **Receiving federal Lifeline Support** 0 **Tribal Low-Income Subscribers** (9) (not to exceed \$34.25) **Receiving federal Lifeline Support** Total Federal Lifeline Support Claimed (10) \$ 647.50 Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) Total TLS Support Claimed (13) \$\_\_\_\_\_ Tribal Link Up (Available only to ETCs receiving High Cost support) U **Number of Connections Waived** (14) (15) \$ \_0 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$\_0 **Total Connection Charges Waived** (17) \$ 0 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Pavment Total Lifeline <u></u>647.50 \_\_\_\_\_ Total TLS <u>\$</u>0.00 Total Tribal Link Up Total Dollars (19) \$ \_\_\_\_

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/01/14

Rense Hayden

# COO

# Renee Hayden

### OFFICER TITLE

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

**OFFICER NAME** 

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

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

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

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

#### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

#### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

#### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

#### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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

(1) USAC Service Provider Identification Number <u>143027381</u> (2) Study Area Code 269003 (3) Filer 499 ID 821714 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information e-Tel Murray, LLC October 2014 **Company Legal Name:** a) Submission Date Renee Hayden **Contact Name:** b) Data Month September 2014 Mailing Address: c) Type of Filing 607 Broadway (check one) Original Paducah, KY 42001 Revision d) State Reporting Kentucky **Telephone Number:** 270 441-7799 Fax Number: 270 441-7917 E-mail Address: renee@etelonline.com Lifeline (b) Lifeline Support/ (a) # Lifeline (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers <sub>= \$</sub> 619.75 67 (8) 9.25 **Receiving federal Lifeline Support** 0 0 **Tribal Low-Income Subscribers** (9) (not to exceed \$34.25) **Receiving federal Lifeline Support** Total Federal Lifeline Support Claimed (10) \$ 619.75 Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) Total TLS Support Claimed (13) \$\_\_\_\_\_ Tribal Link Up (Available only to ETCs receiving High Cost support) U **Number of Connections Waived** (14) (15) \$ \_0 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$\_0 **Total Connection Charges Waived** (17) \$ 0 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Pavment Total Lifeline \$<u>61</u>9.75 \_\_\_\_\_ Total TLS <u>\$</u>0.00 Total Tribal Link Up Total Dollars (19) \$ <u>619.75</u>

#### (20) CERTIFICATIONS AND SIGNATURES

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

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10/15/14

Rense Hayden

# date COO

officer signature Renee Hayden

### **OFFICER TITLE**

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

**OFFICER NAME** 

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- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

#### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

#### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

#### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

#### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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 vg. Burden Est, per Respondent: 2.5 Hrs

Avg. Burden	i Est. pei	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲
(6) Organization Information	(7) Filing Information
Company Legal Name:	a) Submission Date
Contact Name:	b) Data Month
Mailing Address:	c) Type of Filing (check one)
	Original 🔤
	d) State Reporting
Telephone Number:	
Fax Number:	
E-mail Address:	
Lifeline	
Luenne	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support
Receiving federal Lifeline Support	(8) x \$9.25 =\$
Tribal Low-Income Subscribers	(9) × \$ =\$
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$        eiving High Cost support)
Number of Connections Waived	(14)
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$
Deferred Interest	(17) \$
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$
	Total Dollars (19) \$

# (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** 

## 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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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.

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

#### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

#### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

#### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

#### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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

Avg. Burden	i Est. pei	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲
(6) Organization Information	(7) Filing Information
Company Legal Name:	a) Submission Date
Contact Name:	b) Data Month
Mailing Address:	c) Type of Filing (check one)
	Original 🔤
	d) State Reporting
Telephone Number:	
Fax Number:	
E-mail Address:	
Lifeline	
Luenne	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support
Receiving federal Lifeline Support	(8) x \$9.25 =\$
Tribal Low-Income Subscribers	(9) × \$ =\$
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$        eiving High Cost support)
Number of Connections Waived	(14)
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$
Deferred Interest	(17) \$
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$
	Total Dollars (19) \$

# (20) CERTIFICATIONS AND SIGNATURES

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

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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** 

## OFFICER TITLE

#### **OFFICER NAME**

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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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- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

#### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

#### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

#### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

#### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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 Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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 vg. Burden Est, per Respondent: 2.5 Hrs

Avg. Burden	i Est. pei	Respondent:	2.5 Hrs.
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(1) USAC Service Provider Identification Number	(2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline 🔲 Wireless 🛄
(5) ETC Designation Type (Check one): Lifeline	e Only 🔲 High Cost/Low Income 🔲
(6) Organization Information	(7) Filing Information
Company Legal Name:	a) Submission Date
Contact Name:	b) Data Month
Mailing Address:	c) Type of Filing (check one)
	Original 🔤
	d) State Reporting
Telephone Number:	
Fax Number:	
E-mail Address:	
Lifeline	
Luenne	(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline
Non-Tribal Low-Income Subscribers	Subscribers Subscriber Support
Receiving federal Lifeline Support	(8) x \$9.25 =\$
Tribal Low-Income Subscribers	(9) × \$ =\$
Receiving federal Lifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs rece	Total TLS Support Claimed (13) \$        eiving High Cost support)
Number of Connections Waived	(14)
Charges Waived per Connection	(15) \$ (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$
Deferred Interest	(17) \$
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$
	Total Dollars (19) \$

# (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** 

## 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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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.

Pursuant to section 54.405, all eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETCs are permitted under section 54.407 (Lifeline) to receive support for offering Lifeline service to qualifying low-income customers. Pursuant to section 54.403(c), carriers providing toll limitation services (TLS) for qualifying low-income subscribers will be compensated from universal service mechanisms for the lesser of the incremental cost of providing TLS or up to \$3.00 beginning April 1, 2012 and up to \$2.00 beginning January 1, 2013; TLS support will no longer be available beginning January 1, 2014. Pursuant to section 54.413 (Link Up), ETCs that also receive High Cost support may be reimbursed for providing reduced-service connection charges to eligible residents of federally recognized Tribal lands. ETCs must use FCC Form 497 to request reimbursement for participating in the Low-Income Program.

- Line 1 USAC Service Provider Identification Number (SPIN) Please enter your 9-digit USAC Service Provider Identification Number.
- Line 2 Study Area Code (SAC) Indicate the 6-digit study area code for which you are claiming reimbursement.
- Line 3 499 Filer ID Enter the 499 Filer ID number of the filing entity. This code is assigned by the Commission's Data Collection Agent after a company files its first FCC Form 499-A.
- Line 4 Technology Type Indicate whether the ETC designated for the service area represented by the study area code on Line 2 provides service using wireline or wireless technology.
- Line 5 ETC Type--Indicate whether your company was designated as an ETC for the limited purposes of offering Lifeline support only, or if your company is designated for both High Cost and Low income support.
- Box 6 Organization Information Indicate your company's legal name and mailing address.
  Contact Name, Telephone Number and Fax Number Provide information for the individual who should be contacted with questions about this form.
  E-mail Address Indicate e-mail address of contact person listed above.
- Box 7 Filing Information
  - a) Submission Date The date that you are filling out this form.
  - b) Data Month The month for which you are reporting data. Please submit one worksheet per month.
  - c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to data originally submitted, check the "revision" box. Revisions will not be accepted later than 12 months after the data month for which the revision applies. Report originals and revisions on separate forms. For revisions, all amounts should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
  - d) State Reporting Indicate in which state the ETC is claiming support.

#### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their voice telephony service by \$9.25 per month. Tribal customers may receive a reduction of up to \$34.25 off their monthly local phone charge.

Non-Tribal Lifeline: All eligible, Non-Tribal subscribers will receive \$9.25 in federal support.

**Tribal Lifeline:** Additional federal Lifeline support of up to \$25 per month is available to eligible residents of Tribal lands, as defined in 47 C.F.R. section 54.400(e).

Line 8(a) Provide the number of low-income subscribers for whom Non-Tribal federal support is claimed.

Line 8(b) The maximum rate per subscriber is \$9.25 for Non-Tribal Lifeline support.

Line 8(c) Enter the total dollar amount of Non-Tribal Lifeline support claimed (multiply Line 8(a) and Line 8(b)). Report this amount in whole dollars.

Line 9(a) Provide the number of low-income subscribers for whom Tribal federal Lifeline support is claimed.

Line 9(b) Enter the rate per subscriber for Tribal Lifeline support claimed, up to a maximum of \$34.25.

Line 9(c) Enter total dollar amount of Tribal Lifeline support claimed (multiply Line 9(a) and Line 9(b)). Report this amount in whole dollars.

Line 10 Enter total Lifeline dollars claimed for the reported month. (Add Lines 8(c) and 9(c)). Report this amount in whole dollars.

#### Toll Limitation Services (TLS):

Description: TLS includes toll blocking, which allows subscribers to block outgoing toll calls, and also toll control, which allows subscribers to limit in advance their toll usage per month or billing cycle. ETCs seeking TLS support must not distinguish between toll and non-toll calls in their service offerings for which the ETC seeks TLS support.

Support will be provided for the incremental cost of providing TLS up to \$3.00 beginning April 1, 2012 and \$2.00 beginning January 1, 2013. Support for TLS will no longer be available beginning January 1, 2014. Incremental costs include the costs that carriers otherwise would not incur if they did not provide TLS to a given customer. The incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. Moreover, joint and common costs associated with TLS are not supported by the Low Income support mechanism. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.

- Line 11 Enter the dollar amount for the incremental cost of providing TLS. The amount should not exceed \$3.00 between April 1, 2012 and December 31, 2012, and should not exceed \$2.00 between January 1, 2013 and December 31, 2013. Beginning January 1, 2014, TLS support is no longer available. Carriers may be asked for supporting documentation justifying the incremental costs of providing TLS claimed on this Worksheet.
- Line 12 Enter number of eligible subscribers for whom TLS was provided.
- Line 13 Enter the dollar amount of total TLS dollars claimed (multiply Lines 11 and 12).

#### Tribal Link Up:

Description: For an eligible resident of Tribal lands(as defined in 47 C.F.R. section 54.400(e)) a reduction of up to \$100, to cover 100% of the charges up to \$100 assessed for commencing telecommunications service an ETC that is also receiving High Cost support. Tribal Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible residents of Tribal lands do not have to pay interest for connection charges up to \$200.

Tribal Land Low-Income Subscribers Only (available only to ETCs receiving High Cost support)

Line 14 Enter number of Link Up subscribers residing on Tribal lands (including any federally recognized Indian tribe's reservation, pueblo, or colony including former reservations in Oklahoma; Alaska Native Regions; Indian Allotments; or Hawaiian Home Lands) for whom connection charges were waived.

- Line 15 Enter the dollar amount of Tribal Link Up claimed per subscriber. The reduction in charges should not exceed \$100 in total to cover 100% of the charges up to \$100 for commencing service at the principle place of residence of an eligible resident of Tribal lands.
- Line 16 Enter the dollar amount of Tribal Link Up claimed (multiply Lines 14 and 15).
- Line 17 Enter the dollar amount of deferred interest (if applicable).
- Line 18 Enter the dollar amount of total Link Up support (add Lines 16 and 17). Report this amount in whole dollars.
- Line 19 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Line 10 (total Lifeline support claimed), Line 13 (total TLS support claimed), and Line 18 (total Tribal Link Up claimed). Enter the sum of these amounts on Line 19. Report this amount in whole dollars.

#### **Block 20 - Certifications and Signatures**

Page 2 of FCC Form 497 requires the signature of an officer of the company certifying under penalty of perjury that the following statements are correct (as applicable):

Certify that your company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which they seek 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. See C.F.R. 47 sections 54.403(a)-(b)

Certify that your company is in compliance with all of the Lifeline program rules, and to the extent required, has obtained valid certifications for each subscriber for whom your company seeks reimbursement. See 47 C.F.R. § 54.407(d).

Certify that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

FCC Form 497 support claims are due to USAC by the 8th of each month, or the next business day if the 8th falls on a Saturday, Sunday or federal holiday.

Avg. Burden Est. per Respondent: 2.5 Hrs.

Beginning October 8, 2012, ETCs that file their support claim electronically on FCC Form 497 for the previous month by the 8th of the current month will be paid for the previous month's claim by the end of the current month. ETCs that do not take advantage of electronic filing (i.e., those who file via fax, e-mail or U.S. mail) will receive payment for the previous month's support claim at the end of the following month.

Forms can be submitted electronically by visiting USAC's website, www.usac.org, and selecting "USAC Forms."

Forms may also be emailed to lifilings@hcli.universalservice.org, faxed to USAC at (866) 873-4665 Toll Free

(Attention: Customer Operations) or mailed to:

# USAC

Customer Operations 2000 L Street NW, Suite 200 Washington, DC20036

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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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FCC Form 497 April 2012 Edition			KSHEET	OMB Approval 3060-0819	
				g. Burden Est. per Respondent: 2.5 Hrs.	
(1) USAC Service Provide	er Identification Number	, 143027381	(2) Str	udy Area Code 269003	
(3) Filer 499 ID 821714	4		Type (check one) Wirel		
(5) ETC Designation Type			High Cost/Low Income		
(6) Organization Informati	tion		(7) Filing Information	1	
Company Legal Name:	e-Tel Murray	. LLC	a) Submission Date	April 2015	
Contact Name:	Renee Hayden		b) Data Month	January 2015	
Mailing Address:	607 Broadway		c) Type of Filing (check one)		
I	Paducah, KY	42001	(Ullook ollo)	Original A	
	1 44422,		d) State Reporting	Kentucky	
Telephone Number:	270 441-7799				
Fax Number:	270 441-7917		1		
E-mail Address:	renee@etelonl	line.com	1		
Tribal Low-Income Subsc	al Lifeline Support	(8) <u>71</u> (9) <u>0</u> T	× \$		
	ng TLS per Subscriber mental cost or \$3 in 2012 /\$2	(11) 2 in 2013)			
Number of TLS S	Subscribers	(12)			
MANDAGENERAL INTERACTION		5. M. 10	Total TLS Sur	pport Claimed (13) \$	
Tribal Link Up (Avail	ilable only to ETCs rec	eiving High Cost s	6	por on	
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ 0 (not to exceed \$100	(for multiple rate	es, use an average amount)	
Total Connection	n Charges Waived	(16) \$ 0			
		(17) \$ 0			
Deferred Interest	t .			upport Claimed (18) \$	
				pp	
ETC Payment	0			-	
Total Lifeline \$ 656.75	5	.00	Total Tribal Link Up \$ _	0	
			То	otal Dollars (19) \$ 656.75	

FCC Form 497 LIFELINE WORKSHEET OMB Approval April 2012 Edition 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003 (3) Filer 499 ID 821714 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information e-Tel Murray, LLC April 2015 Company Legal Name: a) Submission Date Renee Hayden February 2015 Contact Name: b) Data Month c) Type of Filing Mailing Address: 607 Broadway (check one) Original Paducah, KY 42001 Н Revision d) State Reporting Kentucky **Telephone Number:** 270 441-7799 Fax Number: 270 441-7917 E-mail Address: renee@etelonline.com Lifeline (c) Total Lifeline (a) # Lifeline (b) Lifeline Support/ Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 72 =s 666.00 9.25 **Receiving federal Lifeline Support** 0 0 **Tribal Low-Income Subscribers** (9) **Receiving federal Lifeline Support** (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 666.00 Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12)Total TLS Support Claimed (13) \$\_ Tribal Link Up (Available only to ETCs receiving High Cost support) 0 (14) Number of Connections Waived (15) \$ 0 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0 **Total Connection Charges Waived** (17) \$ 0 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ \_\_\_\_\_ ETC Payment Total Lifeline \$ 666.00 \_\_\_\_\_ Total Tribal Link Up \$ 0 666.00 Total Dollars (19) \$

FCC Form 497 LIFELINE WORKSHEET April 2012 Edition **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003 (3) Filer 499 ID 821714 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information e-Tel Murray, LLC **Company Legal Name:** a) **Submission Date** April 2015 **Contact Name:** Renee Havden Data Month March 2015 b) Type of Filing Mailing Address: c) 607 Broadway (check one) Original Paducah, KY 42001 Revision d) State Reporting Kentucky **Telephone Number:** 270 441-7799 Fax Number: 270 441-7917 E-mail Address: renee@etelonline.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers = \$ 638.25 69 (8) 9.25 **Receiving federal Lifeline Support** \$ х = \$ 0 0 **Tribal Low-Income Subscribers** (9) (not to exceed \$34.25) **Receiving federal Lifeline Support** Total Federal Lifeline Support Claimed (10) \$ 638.25 Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12)Total TLS Support Claimed (13) \$\_\_\_\_ Tribal Link Up (Available only to ETCs receiving High Cost support) (14)Number of Connections Waived (15) \$ 0 \_ (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0 **Total Connection Charges Waived** (17) \$ 0 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ \_\_\_\_\_ ETC Payment Total Lifeline \$ 638.25 \_\_\_\_\_ Total TLS \$\_0.00 Total Tribal Link Up \$ 0 638.25 Total Dollars (19) \$

FCC Form 497 April 2012 Edition

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#### 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.

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04/01/15

ener Has

#### DATE

# COO

OFFICER TITLE

#### OFFICER NAME

OFFICER SIGNATURE

Renee Hayden

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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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FCC Form 497 **OMB** Approval LIFELINE WORKSHEET April 2012 Edition 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (2) Study Area Code 269003 (1) USAC Service Provider Identification Number 143027381 (3) Filer 499 ID 821714 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (7) Filing Information (6) Organization Information July 2015 e-Tel Murray LLC Submission Date a) Company Legal Name: Data Month April 2015 Renee Hayden b) **Contact Name:** Type of Filing c) Mailing Address: 607 Broadway (check one) Original Paducah, KY 42001 Revision d) State Reporting Kentucky **Telephone Number:** 270 441-7799 Fax Number: 270 441-7917 E-mail Address: renee@etelonline.com Lifeline (c) Total Lifeline (b) Lifeline Support/ (a) # Lifeline Subscriber Support Subscribers Non-Tribal Low-Income Subscribers = \$ 638.25 (8) 69 9.25 **Receiving federal Lifeline Support** = \$ 0 0 0 (9) **Tribal Low-Income Subscribers** (not to exceed \$34.25) **Receiving federal Lifeline Support** Total Federal Lifeline Support Claimed (10) \$ 638.25 Toll Limitation Services (TLS) 0 (11) Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) 0 Number of TLS Subscribers (12)Total TLS Support Claimed (13) \$\_0 Tribal Link Up (Available only to ETCs receiving High Cost support) (14) Number of Connections Waived (15) \$ 0 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0 **Total Connection Charges Waived** (17) \$ 0 Deferred Interest Total Tribal Link Up Support Claimed (18) \$ \_\_\_\_\_ ETC Payment \_\_\_\_\_ Total Tribal Link Up \$ \_0 Total Lifeline \$ 638.25 Total TLS \$ 0 638.25 Total Dollars (19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provide	er Identification Number	1430	27381		(2) Stu	dy Area Co	ode 269003
3) Filer 499 ID 82171	4				check one) Wireli	ne 🔼	Wireless 口
5) ETC Designation Type	e (Check one): Lifeline	Only		High	Cost/Low Income		
(6) Organization Information	tion			(7)	Filing Information	1	1
Company Legal Name:	e-Tel Murray	LLC		a)	Submission Date	July 2	015
Contact Name:	Renee Hayden			b)	Data Month	May 20	)15
Mailing Address:	607 Broadway	oadway		c)	Type of Filing (check one)		
	Paducah, KY	420	01			Original Revision	È I
				d)	State Reporting	Kentucky	
elephone Number:	270 441-7799						
Fax Number:	270 441-7917						
E-mail Address:	renee@etelonl	ine.co	m				
Lifeline	Subscribers	Subsc			(b) Lifeline Su Subscriber Su	pport/ pport	(c) Total Lifeline
	al Lifeline Support	(8) 67			x \$ <u>9.2</u>		
Tribal Low-Income Subs	cribers	(9) 0		_	× \$ 0		= \$ 0
Receiving federal Lifeline Support		8 B 875		Total	(not to exce	eed \$34.25)	med (10) \$ 619.75
Toll Limitation Ser	rvices (TLS)			, curi			
Cost of Providir (the lesser of increment	ng TLS per Subscriber mental cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0				
Number of TLS	Subscribers	(12)	0				
		2 8			Total TLS Sup	port Claim	ed (13) \$ 0
<b>Tribal Link Up</b> (Ava	ilable only to ETCs rece	eiving H	igh Cost	suppo			
Number of Ores	nections Waived	(14)	0				
	d per Connection	(14) <u>0</u> (15) \$ <u>0</u> (not to exceed \$100			(for multiple rates, use an average amount)		
	n na haran yang kana kana kana kana kana kana kana k	(not to	exceed \$1	00)	an transportational transport		
Total Connectio	on Charges Waived		0				
Deferred Interes	st	(17) \$	0				
				Total	Tribal Link Up Sup	oport Clain	ned (18) \$
ETC Payment							
	5			Tota	Tribal   ink   In ¢ (	0	
rotal Liteline Ş	Total 123 \$			rota			619.75
					Tota	al Dollars (	(19) \$

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(1) USAC Service Provider I	dentification Number	14302738	1	(2) Stu	dy Area C	ode 269003	
3) Filer 499 ID 821714				check one) Wireli	ne 🔼	Wireless 🔲	
5) ETC Designation Type (C	Check one): Lifeline	Only 🔽	High	Cost/Low Income			
6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	e-Tel Murray	LLC	a)	Submission Date	July 2	2015	
Contact Name:	Renee Hayden		b)	Data Month	June 2		
Mailing Address: 607 Broadway			c)	Type of Filing			
	Paducah, KY 42001			(check one)	Original	Ď.	
	r uuuuui, rei		d)	State Reporting	Revision Kentucky		
elephone Number:	270 441-7799						
Fax Number:	270 441-7917						
E-mail Address:	renee@etelonli	ine.com					
Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(a) # Lifeline <u>Subscribers</u> (8) <u>66</u>		(b) Lifeline Sup Subscriber Su × \$9.2	pport	(c) Total Lifeline = $\frac{610.50}{2}$	
Tribal Low-Income Subscril		(9) 0		× <u>\$</u> 0		\$	
Receiving federal L	ifeline Support		Total	(not to exc ederal Lifeline Su	eed \$34.25)	med (10) \$ 610.50	
Toll Limitation Servi	ces (TLS)						
	TLS per Subscriber Ital cost or \$3 in 2012 /\$2 i	(11) <u>0</u> n 2013)					
Number of TLS Sul	bscribers	(12) 0					
				Total TLS Sup	port Claim	ed (13) \$_0	
<b>Tribal Link Up</b> (Availal	ble only to ETCs rece	iving High Cos	t suppo	rt)	- ANNON DORDER		
Number of Connec	tions Waived	(14) 0					
Charges Waived pe		(15) \$ _0		(for multiple rates, use an average amount)			
		(not to exceed \$	100)				
Total Connection C	Charges Waived	(16) \$ 0					
Deferred Interest		(17) \$ 0					
Deferred interest		(1/) =				0	
			Total	Tribal Link Up Sup	oport Clain	ned (18) \$	
ETC Payment							
Total Lifeline \$ 610.50	Total TLS \$		Tota	Tribal Link Up \$	D		
						(19) \$ 610.50	
#### LIFELINE WORKSHEET

## (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.

7/9/15

DATE

20

# OFFICER SIGNATURE Renee Hayden

## OFFICER TITLE

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LIFELINE WORKSHEET

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

(1) USAC Service Provider I	dentification Numbe	, 1430	27381		(2) Stu	idy Area Co	<sub>ode</sub> 269003	
(3) Filer 499 ID 821714				Type (	check one) Wirel		Wireless	
(5) ETC Designation Type (0	Check one): Lifelin	e Only		1868) II.A	Cost/Low Income			
(6) Organization Information	n,			(7)	Filing Information			
Company Legal Name:	e-Tel			a)	Submission Date	Octob	er 2015	
Contact Name:	Renee Hayden			b)	Data Month	July 20	15	
Mailing Address:	607 Broadway			c)	Type of Filing (check one)	Original Revision	<u>م</u>	
				d)	State Reporting	Kentucky		
Telephone Number:	270 441-7799							
Fax Number:	270 441-7917							
E-mail Address:	renee@etelon	line.co	m					
Non-Tribal Low-Income Sub Receiving federal L Tribal Low-Income Subscril Receiving federal L <b>Toll Limitation Servi</b> Cost of Providing 1	ifeline Support bers ifeline Support C <b>es (TLS)</b>	(8) <u>6</u> (9) <u>-</u> (11)		Total F	Subscriber Su x \$ 9.1 x \$ (not to exc ederal Lifeline Su	25	= \$ <u>592.0</u> = \$ ned (10) \$ <u>592</u>	
	tal cost or \$3 in 2012 /\$2				_			
Number of TLS Sul	oscribers	(12)	0					
Tribal Link Up (Availab	ble only to ETCs rec	eiving H	igh Cost s	suppor	Total TLS Sup t)	port Claime	ed (13) \$	
Number of Connec Charges Waived pe		(14) (15) \$ (not to	exceed \$10	0)	(for multiple rate	s, use an ave	erage amount)	
Total Connection C	harges Waived	(16) \$			_			
Deferred Interest		(17) \$			_			
				Total	Tribal Link Up Sup	oport Claim	ned (18) \$_0	
ETC Payment								
Total Lifeline \$ 592.00	Total TLS \$_0			Total	Tribal Link Up \$	0		
						al Dollars (	19) \$ 592.00	6

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden	Est.	per	Respondent:	2.5	Hrs.
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3) Filer 499 ID 82171	4	(4) Technology	Туре (	check one) Wirel	ine 🖾 🛛 Wir	eless 📮
5) ETC Designation Typ	e (Check one): Lifel	ne Only 🔽	High	Cost/Low Income	<b>D</b>	
6) Organization Informa	tion		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	October 20	15
Contact Name:	Renee Hayder	า	b)	Data Month	August 2015	
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	
			d)	State Reporting	Kentucky	
Felephone Number:	270 441-7799					
Fax Number:	270 441-7917					
E-mail Address:	renee@etelo	nline.com				
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		<u>Subscribers</u> (8) <u>64</u> (9)		last to ove	25 = \$	592.00 § <u>592.00</u>
Toll Limitation Ser	rvices (TLS)					
Cost of Providir (the lesser of increa	ng TLS per Subscriber mental cost or \$3 in 2012 /\$	(11) 0 2 in 2013)				
Number of TLS	Subscribers	(12) 0				
<b>Tribal Link Up</b> (Ava	ilable only to ETCs re	ceiving High Cost :	suppoi	Total TLS Sup	port Claimed (13) \$	0
Number of Connections Waived Charges Waived per Connection		(14) (15) \$	0)	(for multiple rate	s, use an average amou	unt)
Charges Waived		(not to exceed \$10	(0)			
ter and the	on Charges Waived	(not to exceed \$10		_		
Total Connectio		(16) \$			oport Claimed (18) \$	0
Total Connectio		(16) \$			oport Claimed (18) \$	0

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est	. per	Respondent:	2.5 Hrs
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3) Filer 499 ID 82171	er Identification Numbe			check one) Wirel	ine 🔼	Wireless 📮
5) ETC Designation Typ	e (Check one): Lifeli	ne Only 🔽	High	Cost/Low Income		
(6) Organization Informa	AV 201 57		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	Octo	ber 2015
Contact Name:	Renee Hayder	า	b)	Data Month	Septe	mber 2015
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	Ŕ
			d)	State Reporting	Kentucky	
Telephone Number:	270 441-7799					
Fax Number:	270 441-7917		_			
E-mail Address:	renee@etelor	nline.com				
Lifeline Non-Tribal Low-Income Receiving feder	Subscribers al Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>62</u>		(b) Lifeline Su <u>Subscriber Su</u> × \$ <u>9.</u> 2	pport	(c) Total Lifeline = $$573.50$
Tribal Low-Income Subs	cribers	(9)		x \$		= \$
Receiving feder	al Lifeline Support	Address of the second second second second	Total	(not to exc	med (10) \$ 573.50	
			TOLAT	ederal Liteline Su	pport Giai	med (10) 3
Toll Limitation Sei	vices (TLS)					
Cost of Providir (the lesser of increa	ng TLS per Subscriber mental cost or \$3 in 2012 /\$	(11) <u>0</u> 2 in 2013)	_	_		
Number of TLS	Subscribers	(12) 0				
		630-637). 		Total TLS Sup	nort Clain	ned (13) \$ 0
<b>Tribal Link Up</b> (Ava	ilable only to ETCs re	ceiving High Cost	suppo	rt)		
A. A. M. A. A. M.	nections Waived	(14)				
Charges Waived	d per Connection	(15) \$ (not to exceed \$10	0)	(for multiple rate	s, use an av	verage amount)
		(10110 00000 011	-/			
	n Charges Waived	(16) \$				
Total Connection		(17) \$				
Total Connectio	t					
	ht		Total	Tribal Link Up Sup	oport Clai	med (18) \$ <u>0</u>
Deferred Interes	;t		Total	Tribal Link Up Sup	oport Clai	med (18) \$
						med (18) \$

#### LIFELINE WORKSHEET

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

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10-1-15

# DATE 10/1/15

# Renee Hayden

#### OFFICER TITLE

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#### LIFELINE WORKSHEET

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1-12-16

# 1/12/16

ener Has

OFFICER SIGNATURE Renee Hayden

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FCC Form 497 LIFELINE WORKSHEET OMB Approval April 2012 Edition 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003 (3) Filer 499 ID 821714 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information January 2016 a) Submission Date Company Legal Name: e-Tel Contact Name: Renee Hayden b) Data Month November 2015 Type of Filing c) Mailing Address: 607 Broadway (check one) Original Revision d) State Reporting Kentucky **Telephone Number:** 270 441-7799 Fax Number: 270 441-7917 E-mail Address: renee@etelonline.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers = \$ 592.00 64 (8) 9.25 **Receiving federal Lifeline Support** x \$ = \$ **Tribal Low-Income Subscribers** (9) (not to exceed \$34.25) **Receiving federal Lifeline Support** Total Federal Lifeline Support Claimed (10) \$ 592.00 Toll Limitation Services (TLS) 0 (11)Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) (12) Number of TLS Subscribers Total TLS Support Claimed (13) \$\_\_\_\_\_ Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (14) **Charges Waived per Connection** (15) \$ \_ \_ (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ \_\_\_\_\_ **Total Connection Charges Waived Deferred Interest** (17) \$ Total Tribal Link Up Support Claimed (18) \$ \_\_\_\_\_ ETC Payment Total Lifeline \$592.00 Total TLS \$0 Total Tribal Link Up \$0 592.00 Total 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.

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1-12-16

# DATE 1/12/16

ene How

OFFICER SIGNATURE Renee Hayden

# OFFICER TITLE

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# LIFELINE WORKSHEET

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

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1-12-16

# <sup>date</sup> 1/12/16

# Renee Hayden

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LIFELINE WORKSHEET

OMB Approval 3060-0819

(1) USAC Service Provider I	dentification Number	14302738	31			ode_269003
(3) Filer 499 ID 821714			check one) Wireli		Wireless 🗖	
(5) ETC Designation Type (0	Check one): Lifeline	Only 🔛	High	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	April 2	2016
Contact Name:	Renee Hayden		b)	Data Month	Januar	ry 2016
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	à
Telephone Number:	070 444 7700		d)	State Reporting	Kentucky	
Fax Number:	270 441-7799					
	270 441-7917					
E-mail Address:	renee@etelonli	ne.com				
Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(a) # Lifeline <u>Subscribers</u> (8) <u>61</u> (9)		2	25	= \$
Toll Limitation Servi	ces (TLS)					
Cost of Providing (the lesser of increment	TLS per Subscriber ntal cost or \$3 in 2012 /\$2 i	(11) <u>0</u> n 2013)		_		
Number of TLS Su	bscribers	(12) 0				
		Non-ADAMPY ALE DESIGN		Total TLS Sup	port Claim	ed (13) \$ 0
Tribal Link Up (Availa	ble only to ETCs rece	iving High Co	ost suppo	rt)		5.5 A 1.7 A 1.5
Number of Connec	tions Waived	(14)				
Charges Waived p				(for multiple rate	s, use an av	erage amount)
Total Connection (	Charges Waived	(16) \$				
Deferred Interest		(17) \$				
			Total	Tribal Link Up Sup	oport Clair	med (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 564.25	Tetri TI & ¢ 0		Tata	l Tribal Link Lin *	0	
Total Lifeline \$	Iotal ILS \$		. Tota	Tribal Link Up \$ _		(19) \$ 564.25
				Tota	al Dollars	(19) \$

FCC Form 497 LIFELINE WORKSHEET **OMB** Approval April 2012 Edition 3060-0819 Ava, Burden Est, per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143027381 (2) Study Area Code 269003 (3) Filer 499 ID 821714 (4) Technology Type (check one) Wireline Wireless High Cost/Low Income (5) ETC Designation Type (Check one): Lifeline Only (6) Organization Information (7) Filing Information Submission Date April 2016 Company Legal Name: e-Tel a) February 2016 Renee Havden b) Data Month Contact Name: Type of Filing Mailing Address: c) 607 Broadway (check one) Original Revision d) State Reporting Kentucky **Telephone Number:** 270 441-7799 Fax Number: 270 441-7917 E-mail Address: renee@etelonline.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers <sub>= \$</sub> 564.25 61 9.25 (8) **Receiving federal Lifeline Support** x \$ **Tribal Low-Income Subscribers** (9) = \$ (not to exceed \$34.25) **Receiving federal Lifeline Support** Total Federal Lifeline Support Claimed (10) \$ 564.25 Toll Limitation Services (TLS) 0 Cost of Providing TLS per Subscriber (11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) 0 (12)Number of TLS Subscribers Total TLS Support Claimed (13) \$\_\_\_\_\_ Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (14)(for multiple rates, use an average amount) **Charges Waived per Connection** (15) \$ \_ (not to exceed \$100) (16) \$ \_\_\_\_\_ **Total Connection Charges Waived** (17) \$ **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ \_\_\_\_\_ ETC Payment Total Lifeline \$ 564.25 Total TLS \$ 0 Total Tribal Link Up \$ 0 564.25 Total Dollars (19) \$

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# LIFELINE WORKSHEET

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

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# date 4/11/16

# Renee Hayden

OFFICER SIGNATURE

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#### LIFELINE WORKSHEET

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# <sup>date</sup> 7/12/16

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#### LIFELINE WORKSHEET

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# Renee Hayden

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

LIFELINE WORKSHEET

OMB Approval 3060-0819

						Avg. I	Burden Es	st. per Responde	nt: 2.5 l
(1) USAC Service Provide	r Identification Number	14302	27381		(;	2) Stud	ly Area C	ode 269003	
(3) Filer 499 ID 821714			ype (	check one)			Wireless		
(5) ETC Designation Type	(Check one): Lifeline	e Only 🙀	2	High	Cost/Low Inc	come			
(6) Organization Informati	on			(7)	Filing Informa	ation			
Company Legal Name:	e-Tel			a)	Submission	Date	July 2	016	
Contact Name:	Renee Hayden			b)	Data Month		June 2	016	
Mailing Address:	607 Broadway			c)	Type of Filing (check one)	g			
				1	(check one)		Driginal	μ μ	
				d)	State Report		Revision Kentucky	<u> </u>	
Telephone Number:	270 441-7799								
Fax Number:	270 441-7917			]					
E-mail Address:	renee@etelonl	line.con	n						
Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support Toll Limitation Services (TLS)		(a) # Lifeline <u>Subscribers</u> (8) <u>54</u> (9) To		otal F	x \$	er Sup 9.25	port	T.	50
	g TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) in 2013) (12)	0						
Number of TES S	ubscribers	(12)							
Tribal Link Up (Avail			ıh Cost sı	ippoi	t)	Supp	ort Glaim	ed (13) \$	
이 아이는 것 같은 것 같이 가지 않는 것 같은 것 같	Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)		(for multipl	le rates,	use an ave	erage amount)	
Total Connection	Charges Waived	(16) \$ .							
Deferred Interest		(17) \$							
				Fotal	Tribal Link U	p Supp	oort Clain	ned (18) \$ <u>0</u>	
ETC Payment									
Total Lifeline \$ 499.50	Total TLS \$			Total	Tribal Link I	In ¢ 0			
rotal Liteline \$	TOTAL ILS \$			TUIdi		ър.ф. <u>—</u>		(19) \$ 499.50	)
						Total	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.

1-12-10

eve

# Renee Hayden

## OFFICER TITLE

7/12/16

DATE

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.

OFFICER NAME

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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