

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,

Renee Hayden

Rever Houghen

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
Manager
e-Tel LLC
Date: Sept 8 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 1 Provide the KUSF reimbursement forms submitted to the Commission and 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.

Responsee-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

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.

Responsible Witness

Renee Hayden

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

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

Item 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.

Responsible Witness

Renee Hayden

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

Item 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 13 Describe, in detail, your current marketing programs for Lifeline service in 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 etelonline.com. 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	
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					
Please Circle One	ILEC	CLEC	Cellular	PCS	78%

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	
Company Official Renee Hayderitle manage	_Company Official Beneettey de
(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 COMPLETED



1-14-14

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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	Feb 2014	
Date	1 00 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

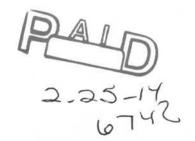
Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	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
5.	Amount of Reimbursement Requested from Kentucky USF	\$227.50

	Signature Block	
I hereby attest that the information reported herein is to		
Company Official Renee House Title (Printed)	manager	Company Official Sever Hough

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:



Date	March 2014	
Date	Iviai CII 2014	

Reporting Month February 2014___

Company Name	e-Tel Murray, LLC	
Company Hame	e-Ter Muliay, 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	CLEO	Cellular	PCS	
1 lease entire one	ILLC	CLL9	Contain	100	

	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 tr		
Company Official Renee Haydritle_	manager	Company Official Rever House
(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 PAID 6798 3-14-14 195.

Send a copy of this report to:



Date	April 2014	

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	
. Total Access	Lines in Service	2445
. Surcharge Per	Access Line	\$0.08_
. Amount of Su	rcharge Remitted to Kentucky USF	\$195.60
Number of A	ccess Lines Receiving Lifeline Support	64
5. Amount of Re	imbursement Requested from Kentucky USF	\$224.00
	Signature Block	
hereby attest that the	information reported herein is true and accurate to the best	et of my knowledge.
Company Official R	mes Haughtitle monager	Company Official Renee Holeyd (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	May 2014	
Date	Iviay 2014	

Reporting Month April 2014

				Carrier Information	ı			
(Company Name	e-Tel Muri	ray, LLC					
Co	ompany Address	607 Broad	lway Padud	cah, KY 4200	1			
,	Telephone / Fax	(270) 441-	-7799 phone	(270) 441-7	791	7 fax		
	Vendor Number	114324						
	sification se Circle One	ILEC	CLEC	Cellular		PCS		
			Moi	nthly Access Line I	Data			
1.	Total Access I	Lines in Service	·			246	50	
2.	Surcharge Per	Access Line				\$0.	08	
3.	Amount of Su	rcharge Remitt	ed to Kentucky U	SF		\$1	96.80	
4.	Number of Ac	cess Lines Rec	eiving Lifeline Su	ipport		62_		
5.	Amount of Re	imbursement R	equested from Ke	entucky USF		\$2	17.00	
				Signature Block				
I here	eby attest that the	information rep	orted herein is tru	e and accurate to the	ne be	st of my know	edge.	
Comp	pany Official Re	(Printed)	aydenitle_	mamage	21	_Company Off	TOTAL . T	ee Hayale (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 PALD 5-15-17 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 2014	
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
icuse circle one	TELE CELECTORISM TOO
	Markla Association Date
	Monthly Access Line Data
1. Total Access l	Lines in Service2463
2. Surcharge Per	Access Line
3. Amount of Su	rcharge Remitted to Kentucky USF\$197.04
Number of Ac	ccess Lines Receiving Lifeline Support6161
5. Amount of Re	eimbursement Requested from Kentucky USF\$213.50
	Signature Block
hereby attest that the	information reported herein is true and accurate to the best of my knowledge.
Company Official Re	ence Hoydaitle manager company Official Revel Holy
* *	(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 PALD 7057 6-25-14 197.

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 2014	Reporting Month
		757

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address Telephone / Fax	607 Broadway Paducah, KY 42001
	(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	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

	Signature Block	
I hereby attest that the information reported herein is true Company Official Revee Houghte (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:

June 2014



Date	August 2014	
Date	August 2014	

Reporting Month July 2014

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

	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.

Company Official Revee How Certitle Company Official Revee How (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 8,21-17 8,21-17 8,21-17

Send a copy of this report to:



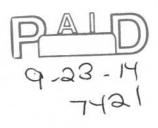
Date September 2014

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	
Classification Please Circle One	ILEC CLEC Cellular PCS	
TOUR ON ONE		
	Monthly Access Line Data	
. Total Access l	Lines in Service3493	
. Surcharge Per	r Access Line	
Amount of Surcharge Remitted to Kentucky USF \$279.44		
4. Number of Access Lines Receiving Lifeline Support		
5. Amount of Re	eimbursement 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.	
0	ense Hayaritle manage Company Official Benee Hay	

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:



D-4-	October 2014	
Date	October 7014	

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	
		\			

	Monthly Access Line Data	
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 to	rue and accurate to the best of my knowledge.
Company Official Renee Hayderitle_ (Printed)	manace Company Official Rever Hough

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 275,84 10-17-17 1214 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 2014	

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 Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
I. Total Access	Lines in Service3457
	Lines in Service
2. Surcharge Pe	
 Surcharge Pe Amount of S 	er Access Line
 Surcharge Pe Amount of S Number of A 	urcharge Remitted to Kentucky USF
 Surcharge Pe Amount of S Number of A 	urcharge Remitted to Kentucky USF
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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:



Data Dagambar 2014		
	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
Flease Circle One	TEEC CEEC Central TCS
	Monthly Access Line Data
I. Total Access	Lines in Service3429
2. Surcharge Per	r Access Line
3. Amount of Su	urcharge Remitted to Kentucky USF\$274.32
4. Number of A	ccess Lines Receiving Lifeline Support69
5. Amount of Re	eimbursement Requested from Kentucky USF\$241.50
	Signature Block

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 12-23-14 1710³ 274.

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	
Date	January	2010	

Reporting Month December 2014____

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	
Vendor Number	114324
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
I. Total Access	Lines in Service
2. Surcharge Per	er Access Line
3. Amount of Su	surcharge Remitted to Kentucky USF\$272.80
4. Number of A	Access Lines Receiving Lifeline Support6969
5. Amount of Ro	Reimbursement Requested from Kentucky USF\$241.50
	Signature Block
I hereby attest that the	e information reported herein is true and accurate to the best of my knowledge.
	ence Hayderitle manage Company Official Beren Have

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:



Date	February	2015	
Date	rebluary	2013	

Reporting Month January 2015

		(Carrier Information				
Company Name	e-Tel Murr	ay, LLC					
Company Address	607 Broad	way Paduo	cah, KY 42001				
Telephone / Fax	(270) 441-	7799 phone	(270) 441-7	917 fax			
Vendor Number	114324						
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Mon	nthly Access Line D	ata			
. Total Access I	lines in Service				3379		
2. Surcharge Per	Access Line				\$0.08_		
. Amount of Su	rcharge Remitte	d to Kentucky US	SF		\$270.32		
. Number of Ac	cess Lines Rece	eiving Lifeline Sup	pport	···	71		
. Amount of Re	imbursement Re	equested from Ker	ntucky USF		\$248.50		
			Signature Block				
hereby attest that the	information repo	orted herein is true	e and accurate to th	e best of my	knowledge.		
Company Official Re	(Printed)	aydritle_	manage	Compa	any Official_	Renee (Signed)	Hayo

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 2.25.75

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 2015	

Reporting Month February 2015_

		Carrier Information	
Company Name	e-Tel Murray, LLC		
Company Address	607 Broadway Padu	ıcah, KY 42001	
Telephone / Fax	(270) 441-7799 phone	(270) 441-79	17 fax
Vendor Number	114324		
Classification Please Circle One	ILEC CLEC	Cellular	PCS
	Mo	onthly Access Line Data	a
. Total Access	Lines in Service		3381
. Surcharge Per	Access Line		\$0.08
. Amount of Su	rcharge Remitted to Kentucky U	JSF	\$270.48
. Number of Ac	ccess Lines Receiving Lifeline Su	upport	72
. Amount of Re	eimbursement Requested from Ke	entucky USF	\$52.00 -> should be
0.			
		Signature Block	
hereby attest that the	information reported herein is tru	ue and accurate to the b	pest of my knowledge.
Company Official Re	ence Hayan Title_ (Printed)	manop	Company Official Rever House (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:



Date	April 2015	
Date	ADIII 2015	

Reporting Month March 2015

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	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	rue and accurate to the best of my knowledge.
Company Official Renee HardwTitle_	
(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:



Date	May 2015

Reporting Month April 2015____

		(Carrier Information			
Company Name	e-Tel Murr	ay, LLC				
Company Address	607 Broad	way Paduo	ah, KY 42001			
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax					
Vendor Number						
Classification Please Circle One	ILEC	CLEC	Cellular	PC	S	
		Mor	nthly Access Line D	ata		
. Total Access I	ines in Service				3338	
					102 West	
3. Amount of Su	rcharge Remitte	d to Kentucky US	SF		\$267.04	
1. Number of Ac	cess Lines Rece	eiving Lifeline Su	pport		69	
5. Amount of Re	imbursement Re	equested from Ke	ntucky USF		\$241.50	
			Signature Block			
I hereby attest that the	information rep	orted herein is true	e and accurate to th	e best of	my knowledge.	
Company Official Re	nee Ha	ydetitle_	manage	Co	npany Official Revee (K	ud
	(Printed)	60			(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 8343 5.28/5 5.28/5

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

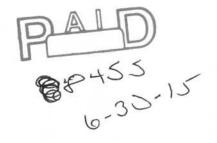
Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	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 true and accurate to the	,
Company Official Renee HayauTitle Mana Cen (Printed)	Company Official Kenel Hourd (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:



Date	July 2015	
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 l	Lines in Service3346				
Surcharge Per	Access Line				
3. Amount of Su	rcharge Remitted to Kentucky USF\$267.68				
4. Number of Ac	ccess Lines Receiving Lifeline Support66				
5. Amount of Re	simbursement Requested from Kentucky USF\$231.00				

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

(Printed)

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 PALD 2545 7-27-15 Send a copy of this report to:

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

(Signed)



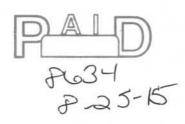
Date	August 2015	
Date	August Zulo	

Reporting Month July 2015____

		C	arrier Information			
Company Name	e-Tel Murra	y, LLC				
Company Address	607 Broadw	vay Paduc	ah, KY 42001			
Telephone / Fax	(270) 441-7	799 phone	(270) 441-79	917 fax		
Vendor Number	114324					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Mon	thly Access Line Da	ıta		
. Total Access	Lines in Service				_3333	
. Surcharge Per	Access Line				\$0.08_	
. Amount of Su	rcharge Remitted	to Kentucky US	F		\$266.64	
Number of Ac	cess Lines Receiv	ving Lifeline Sup	port		64	
. Amount of Re	imbursement Req	uested from Ken	tucky USF		\$224.00	
			Signature Block			
hereby attest that the	information repor	ted herein is true		best of my	knowledge.	
Company Official Re	(Printed)	destitle r	nanage	1_Compa	ny Official Reve	

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:



2015	September 2	Date
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Reporting Month August 2015____

	Carrier Information
Company Name	e-Tel Murray, LLC
Company Address	607 Broadway Paducah, KY 42001
Telephone / Fax	MINERAL METER AND THE RESIDENCE OF THE PROPERTY OF THE PROPERT
Vendor Numbe	114324
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
1. Total Acces	s Lines in Service
2. Surcharge P	er Access Line
3. Amount of	Surcharge Remitted to Kentucky USF\$267.84
4. Number of	Access Lines Receiving Lifeline Support6464
5. Amount of	Reimbursement Requested from Kentucky USF\$224.00
	Signature Block
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

(Printed)

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 B197/5

Send a copy of this report to:

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

(Signed)



Data	Oatobar	2015	
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
	Monthly Access Line Data
1. Total Access	Lines in Service3398
2. Surcharge Pe	r Access Line
3. Amount of Su	urcharge Remitted to Kentucky USF\$271.84
4. Number of A	ccess Lines Receiving Lifeline Support62
5. Amount of R	eimbursement Requested from Kentucky USF\$217.00
	Signature Block

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

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



Send a copy of this report to:



Date	November 2015
Date	NOVEINDEL 2013

Reporting Month October 2015

		(Carrier Information		
Company Name	e-Tel Murray,	LLC			
Company Address	607 Broadwa	y Paduc	ah, KY 42001		
Telephone / Fax	(270) 441-77	99 phone	(270) 441-7	'917 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 tr		
Company Official Renee Houghtitle_ (Printed)	manage	Company Official Kenee Kaya (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_	December 2015	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

Classification
Please Circle One ILEC CLEC Cellular PCS

	Monthly Access Line Data		
1.	Total Access Lines in Service	3400	th.
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$272.00	
١.	Number of Access Lines Receiving Lifeline Support	64	1
5.	Amount of Reimbursement Requested from Kentucky USF	\$224.00	No.

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Renee Hough Title Company Official Renee Hough (Signed)

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

Vendor Number

114324

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 PALD 9057 12-23-15

Send a copy of this report to:



Date January	2016
--------------	------

Reporting Month December 2015

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

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	_3373	3
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	

ignature Block
nd accurate to the best of my knowledge.
Company Official Reve Hay OC

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:



Date	February	2016	

Reporting Month January 2016

		C	Carrier Information		
Company Name	e-Tel Murra	y, LLC			
Company Address	607 Broadway Paducah, KY 42001				
Telephone / Fax	(270) 441-7	799 phone	(270) 441-7	917 fax	
Vendor Number	114324				
Classification					
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 B	Block
I hereby attest that the information reported herein is true and accurate Company Official Renee House Title Mono	~ /
(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 2-25-10 2-25-10

Send a copy of this report to:



Date	March 2016	
Date	March 2010	

Reporting Month February 2016

Company Name Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Cellular Monthly Access Line Data I. Total Access Lines in Service		Carrier Information	
Telephone / Fax Vendor Number Telephone / Fax Vendor Number 114324 Classification Please Circle One ILEC CLEC Cellular Monthly Access Line Data Monthly Access Line Data Total Access Lines in Service	Company Name	e-Tel Murray, LLC	
Vendor Number 114324 Classification Please Circle One ILEC CLEC Cellular PCS Monthly Access Line Data Total Access Lines in Service	Company Address	607 Broadway Paducah, KY 42001	
Classification Please Circle One ILEC CLEC Cellular PCS Monthly Access Line Data Total Access Lines in Service	Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax	
Monthly Access Line Data Monthly Access Line Data Total Access Lines in Service	Vendor Number	114324	
Monthly Access Line Data Total Access Lines in Service			
Monthly Access Line Data Total Access Lines in Service		ILEC CLEC Cellular PCS	
Surcharge Per Access Line	10. A 2000 CO. C.		
Surcharge Per Access Line		Monthly Access Line Data	
Amount of Surcharge Remitted to Kentucky USF	. Total Access l	Lines in Service3314	
Number of Access Lines Receiving Lifeline Support	. Surcharge Per	r Access Line	
Signature Block Company Official Reversed Grown Kentucky USF	. Amount of Su	urcharge Remitted to Kentucky USF\$265.12	
Signature Block hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Reverse How	. Number of Ac	ccess Lines Receiving Lifeline Support6161	
hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Revee House House	. Amount of Re	eimbursement Requested from Kentucky USF\$213.50	
hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Revee House House			
hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Revee House House			
Company Official Renee Hayoutitle monope company Official Benee Hou		Signature Block	
	hereby attest that the	information reported herein is true and accurate to the best of my knowledge.	
	Company Official <u>R</u>	(Printed) Company Official Level How	2

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 3,28,16

Send a copy of this report to:

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

W. 12



Date_	April 2016	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

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 Renee Hour Title	werete	_Company Official Benee Hory of
(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



Reporting Month April 2016____

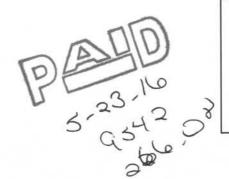
	Carrier Information
Company Name	e-Tel Murray, LLC
ompany Address	607 Broadway Paducah, KY 42001
Telephone / Fax	(270) 441-7799 phone (270) 441-7917 fax
Vendor Number	114324

	Monthly Access Line Data	
1.	Total Access Lines in Service	3326
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$266.08
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 t	rue and accurate to the	best of my knowledge.	/
Company Official Bene Hounder Title_	monops	Company Official Levee	
(Printed)	•	(Sign	ned)

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

Revised 03-13-2008



Date	June 2016	
Date	Julie 2010	

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	H.E.C. Cellular PCS	
	ILEC CLEC Cellular PCS	
	ILEC CLEC Cellular PCS Monthly Access Line Data	
Please Circle One		
Please Circle One Total Access I	Monthly Access Line Data	
Please Circle One 1. Total Access I 2. Surcharge Per	Monthly Access Line Data Lines in Service	

	Signature Block	
I hereby attest that the information reported herein is to Company Official Receipt Company Official (Printed)		

Amount of Reimbursement Requested from Kentucky USF....._____\$192.50

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

5.

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	July 2016	
Date	July 2010	

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
Total Access I	ines in Service3298
2. Surcharge Per	Access Line
3. Amount of Su	charge Remitted to Kentucky USF\$461.72
4. Number of Ac	cess Lines Receiving Lifeline Support54
5. Amount of Re	mbursement Requested from Kentucky USF\$189.00
	Signature Block
I hereby attest that the	nformation reported herein is true and accurate to the best of my knowledge.
Company Official Re	(Printed) Company Official Bever House (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 PAID 9-33 7-22-12 401.

Send a copy of this report to:

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

Revised 03-13-2008



Date_	_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

1	Takal Assaul Lines in Complete	2297
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.

Company Official Rever House Title Company Official Rever House (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

(1) USAC Service Provider Identification Nur	mber (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Li	feline 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
Tolonhana Niumbari	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Subscriber Support (8) x \$9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS)	
Cost of Providing TLS per Subscrib (the lesser of incremental cost or \$3 in 201.	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs	Total TLS Support Claimed (13) \$ receiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

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.

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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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.

(1) USAC Service Provider Identification Nur	mber (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Li	feline 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
Tolonhana Niumbari	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Subscriber Support (8) x \$9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS)	
Cost of Providing TLS per Subscrib (the lesser of incremental cost or \$3 in 201.	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs	Total TLS Support Claimed (13) \$ receiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

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.

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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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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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.

(1) USAC Service Provider Identification Nur	mber (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Li	feline 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
Tolonhana Niumbari	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Subscriber Support (8) x \$9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS)	
Cost of Providing TLS per Subscrib (the lesser of incremental cost or \$3 in 201.	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs	Total TLS Support Claimed (13) \$ receiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

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.

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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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.

(1) USAC Service Provider Identification Nur	mber (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Li	feline 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
Tolonhana Niimhan	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Subscriber Support (8) x \$9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS)	
Cost of Providing TLS per Subscrib (the lesser of incremental cost or \$3 in 201.	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs	Total TLS Support Claimed (13) \$ receiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

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.

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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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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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.

(1) USAC Service Provider Identification Numb	per (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Lifel	line 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
Tolombono Niumbon	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Support (8) x \$ 9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (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 /\$	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs re	Total TLS Support Claimed (13) \$eceiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

DATE OFFICER SIGNATURE	
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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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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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.

(1) USAC Service Provider Identification Numb	per (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Lifel	line 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
Tolombono Niumbon	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Support (8) x \$ 9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (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 /\$	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs re	Total TLS Support Claimed (13) \$eceiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

DATE OFFICER SIGNATURE	
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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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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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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.

(1) USAC Service Provider Identification Number 143027381			(2) Study Area Code 269003				
(3) Filer 499 ID 821714			уре (check one) Wireli		Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifelin	e Only	High	Cost/Low Income			
(6) Organization Information	,		(7)	Filing Information			
Company Legal Name:	e-Tel Murray	, LLC	a)	Submission Date	Octob	er 2014	
Contact Name:	Renee Hayden		b)	Data Month	July 2014		
Mailing Address:	607 Broadway		c)	Type of Filing (check one)			
	Paducah, KY	42001			Original Revision	à l	
			d)	State Reporting	Kentucky		
Telephone Number:	270 441-7799						
Fax Number:	270 441-7917						
E-mail Address:	renee@etelon	ine.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) <u>70</u>		x \$ 9.2		_{= \$} 647.50	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0	otal F			= \$ 0	
Toll Limitation Services (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)					
Number of TLS Sub	scribers	(12)		<u></u>			
Total TLS Support Claimed (13) \$ Tribal Link Up (Available only to ETCs receiving High Cost support)						d (13) \$	
Tibal Zim op (Avanas	10 0/11y 10 27 00 1000	0.000 gr 11g/1 0000 00	,ppoi	9			
Number of Connections Waived Charges Waived per Connection		(14) U (15) \$ °		_			
		(15) \$ 0 (not to exceed \$100)		(for multiple rates, use an average amount)			
Total Connection C	harges Waived	(16) \$ <u>0</u>					
Deferred Interest		(17) \$ 0					
		ī	Γotal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 647.50 Total TLS \$ 0.00 Total Tribal Link Up \$ 0							
Total Dollars (19) \$ 647.50							

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/01/14	Rense Hayden				
DATE COO	officer signature Renee Hayden				

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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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.

(1) USAC Service Provider Id	dentification Number	143027381		(2) Stu	dy Area Cod	_{de} _269003
(3) Filer 499 ID 821714			ype (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifelin	e Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	e-Tel Murray	, LLC	a)	Submission Date	Octobe	er 2014
Contact Name:	Renee Hayden		b)	Data Month	August 2	2014
Mailing Address:	607 Broadway		c)	Type of Filing (check one)		
	Paducah, KY	′ 42001		,	Original Revision	<u> </u>
Talankana Namahan			d)	State Reporting	Kentucky	
Telephone Number: Fax Number:	270 441-7799					
rax Nulliber.	270 441-7917					
E-mail Address:	renee@etelon	ine.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) <u>70</u>		x \$ 9.2		= \$ 647.50
_		Λ		. x \$		= \$ 0
Tribal Low-Income Subscrib Receiving federal L		(9)		/	- I (CO 4 OC)	
		Te	otal F	ederal Lifeline Sup	port Claime	ed (10)\$ 647.50
Toll Limitation Service	ces (TLS)					
Cost of Providing T	IS per Subscriber	(11)				
	al cost or \$3 in 2012 /\$2	. ,				
Number of TLS Sub	scribers	(12)				
				Total TLS Supp	ort Claimed	l (13) \$
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost su	ıppoı	rt)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ <u>0</u>		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0</u>				
Deferred Interest		(17) \$ 0				
		1	Γotal	Tribal Link Up Sup	port Claime	d (18) \$ 0
ETC Payment						
Total Lifeline \$ 647.50	Total TLS \$ 0.	00	Total	Tribal Link Up \$)	
i Jiai Ellellile p	10tal 1L3 \$		ı Ulal			 647.50
				Tota	l Dollars (19	9) \$

(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	Rence Hayden		
DATE	OFFICER SIGNATURE		
COO	Renee Hayden		

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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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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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.

(1) USAC Service Provider Id	dentification Number	143027381		(2) Stu	dy Area Co	_{de} 269003
(3) Filer 499 ID 821714			уре (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	e-Tel Murray	, LLC	a)	Submission Date	Octob	er 2014
Contact Name:	Renee Hayden		b)	Data Month	Septem	ber 2014
Mailing Address:	607 Broadway		c)	Type of Filing (check one)		
	Paducah, KY	42001			Original Revision	À
			d)	State Reporting	Kentucky	
Telephone Number:	270 441-7799					
Fax Number:	270 441-7917					
E-mail Address:	renee@etelonl	ine.com				
Lifeline						
Literine		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	<u>oport</u>	040.75
Receiving federal L		₍₈₎ <u>67</u>		x \$ 9.2	5	=\$ <u>619.75</u>
Tribal Low-Income Subscrib		(9) <u>O</u>		_ x \$		= \$ 0
Receiving federal L	ifeline Support	т	otal F	(not to exce	ed \$34.25)	ed (10)\$ 619.75
Tall Line Walter Commit	(T/ O)		ota	oderar Incilie Gap	port Glain.	ou (10) ¢
Toll Limitation Service	es (ILS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)		<u> </u>		
Number of TLS Sub	scribers	(12)				
				Total TLS Supp	ort Claime	d (13) \$
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ıppoi			, , ,
Number of Connect	iana Waiyad	(44) 0				
Charges Waived pe		(14) <u>0</u> (15) \$ 0		— (for multiple rates	. use an aver	rage amount)
		(not to exceed \$100))	, ,	,	,
Total Connection C	harges Waived	(16) \$ <u>0</u>		_		
Deferred Interest		(17) \$ 0				
			Γotal	Tribal Link Up Sup	port Claime	ed (18) \$ 0
		'	. Juai	a. Ellik op oap	port Olalific	
ETC Payment						
Total Lifeline \$ 619.75	Total TLS \$ 0.0	00	Total			
				Tota	l Dollars (1	_{9) \$} 619.75

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

10/15/14	Rence Hayden
DATE	OFFICER SIGNATURE
COO	Renee Hayden
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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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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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.

(1) USAC Service Provider Identification Nur	mber (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Li	feline 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
Tolonhana Niumbari	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Subscriber Support (8) x \$9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS)	
Cost of Providing TLS per Subscrib (the lesser of incremental cost or \$3 in 201.	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs	Total TLS Support Claimed (13) \$ receiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

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.

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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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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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.

(1) USAC Service Provider Identification Nur	mber (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Li	feline 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
Tolonhana Niumbari	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Subscriber Support (8) x \$9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS)	
Cost of Providing TLS per Subscrib (the lesser of incremental cost or \$3 in 201.	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs	Total TLS Support Claimed (13) \$ receiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

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.

OFFICER TITLE OFFICER NAME

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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.

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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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

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.

(1) USAC Service Provider Identification Nur	mber (2) Study Area Code
(3) Filer 499 ID	(4) Technology Type (check one) Wireline Wireless
(5) ETC Designation Type (Check one): Li	feline 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
Tolonhana Niumbari	d) State Reporting
Telephone Number: Fax Number:	
E-mail Address:	
Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(a) # Lifeline Subscribers (b) Lifeline Support/Subscriber Support (c) Total Lifeline Subscriber Support (8) x \$9.25 = \$
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$
Toll Limitation Services (TLS)	
Cost of Providing TLS per Subscrib (the lesser of incremental cost or \$3 in 201.	
Number of TLS Subscribers	(12)
Tribal Link Up (Available only to ETCs	Total TLS Support Claimed (13) \$ receiving High Cost support)
Number of Connections Waived Charges Waived per Connection	(14) (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) \$

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.

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.

LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

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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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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.

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Number	143027381		(2) Stu	dy Area Co	_{ode} 269003
(3) Filer 499 ID 821714			ype (check one) Wireli		
(5) ETC Designation Type (C	Check one): Lifeline	Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	e-Tel Murray,	LLC	a)	Submission Date	April 2	2015
Contact Name:	Renee Hayden		b)	Data Month	Januar	y 2015
Mailing Address:	607 Broadway		c)	Type of Filing (check one)		
	Paducah, KY	42001	d)	State Reporting	Original Revision	<u> </u>
Telephone Number:	070 444 7700		(a)	State Reporting	Kentucky	
Fax Number:	270 441-7799		-			
The Advisory	270 441-7917		-			
E-mail Address:	renee@etelonl	ine.com				
Lifeline		(a) # Lifeline		(b) Lifeline Su	nnort/	(c) Total Lifeline
		Subscribers		Subscriber Su		(b) Total Ellollio
Non-Tribal Low-Income Sub Receiving federal L		(8) 71		x \$9.2	25	= \$ 656.75 = \$ 0
Tribal Low-Income Subscrib	pers	(9) 0		x \$		= \$ 0
Receiving federal L				(not to exceed \$34.25) Federal Lifeline Support Clain		656.75
Toll Limitation Service Cost of Providing To (the lesser of increment)	Ces (TLS) "LS per Subscriber tal cost or \$3 in 2012 /\$2 in	(11)		_		
Number of TLS Sub	oscribers	(12)		_		
Tribal Link Up (Availab	ole only to ETCs rece	0		t)		ed (13) \$
Number of Connec Charges Waived pe		(14) 0 (15) \$ 0 (not to exceed \$100))	(for multiple rates	s, use an ave	erage amount)
Total Connection C	Charges Waived	(16) \$ 0		_		
Deferred Interest		(17) \$ 0				•
			Total	Tribal Link Up Sup	port Claim	ned (18) \$ <u>U</u>
ETC Payment						
Total Lifeline \$ 656.75	Total TLS \$ 0.	00	Tota	Tribal Link Up \$ _	0	
· Ottal Ellowing V					al Dollars (656 75

(1) USAC Service Provider Identificat	ion Number 143027	143027381		(2) Study Area Code 269003		
(3) Filer 499 ID 821714			(check one) Wireli	Wireless 🔲	_	
5) ETC Designation Type (Check one			h Cost/Low Income			
6) Organization Information		(7) Filing Information			
Company Legal Name: e-Tel	Murray, LLC	a)	Submission Date	April 2	2015	
Contact Name: Renee	Renee Hayden		Data Month	Februa	ebruary 2015	
Mailing Address: 607 Bro	oadway	c)	Type of Filing (check one)			
Padu	Paducah, KY 42001			Original Revision		
		d	State Reporting	Kentucky		
elephone Number: 270 441	-7799					
Fax Number: 270 44	1-7917					
E-mail Address: renee	@etelonline.com					
Lifeline	(a) # Lifel Subscrib		(b) Lifeline Su Subscriber Su		(c) Total Lifel	line
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Su	pport (8) 72		× \$9.2	25	= \$ 666.0	0
Tribal Low-Income Subscribers	(9) 0		_ × \$		= \$ 0	
Receiving federal Lifeline Su	ipport (5)					
		Total	Federal Lifeline Su	pport Clair	ned (10) \$ 000	,.00
Toll Limitation Services (TL	S)					
Cost of Providing TLS per S (the lesser of incremental cost or s	ubscriber (11) _ 53 in 2012 /\$2 in 2013)					
Number of TLS Subscribers	(12)		<u></u>			
			Total TLS Sup	port Claim	ed (13) \$	
Tribal Link Up (Available only to	o ETCs receiving High	Cost suppo	ort)	22		
N	ved (14) <u>0</u>					
Number of Connections Wat Charges Waived per Connec			(for multiple rate	s, use an av	erage amount)	
Charges Tarres per service	(not to exc		•			
Total Connection Charges V	Vaived (16) \$					
Deferred Interest	(17) \$ C					
######################################			al Tribal Link Up Su	pport Clair	ned (18) \$ 0	
					No.	
ETC Payment	0.00			0		
Total Lifeline \$ 666.00 To	tal TLS \$ 0.00	Tot	al Tribal Link Up \$ _	U		
			Tot	al Dollars	666.00	

(1) USAC Service Provider I	dentification Number	14302738	31	(2) Stu	dy Area C	ode 269003	
3) Filer 499 ID 821714				check one) Wireli		Wireless 📮	
5) ETC Designation Type (C	Sheck one): Lifelin	e Only 🔽	High	Cost/Low Income			
6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	e-Tel Murray, LLC		a)	Submission Date	April 2	2015	
ontact Name:	Renee Hayden		b)	Data Month	Data Month March 2015		
Mailing Address:	607 Broadway		c)	Type of Filing (check one)			
	Paducah, KY 42001		d)	State Reporting	Original Revision	à	
elephone Number:	270 441-7799		- ",	State Reporting	Kentucky		
Fax Number:	270 441-7917						
E-mail Address:	renee@etelonl	ine.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Sub	100 A	(8) 69				=\$ 638.25	
Receiving federal Lifeline Support				x \$9.2	25	= \$ 000.20	
Tribal Low-Income Subscrib		(9) 0		1		= \$ 0	
Receiving federal L	ireline Support		Total F	ederal Lifeline Su	pport Clair	ned (10) \$ 638.25	
Toll Limitation Service Cost of Providing T		(11)		_			
(the lesser of increment	tal cost or \$3 in 2012 /\$2	in 2013)					
Number of TLS Subscribers		(12)		-			
Tribal Link Up (Availab	blo anly to ETCs read	aivina Hiah Co	et eunno	Total TLS Supp	oort Claim	ed (13) \$	
TIDAI LIIK OP (Availab	ne only to Er os reoc	iving riigir oo	or ouppo.	./			
		^					
Number of Connect	tions Waived	(14) 0					
Number of Connect Charges Waived pe		(15) \$ 0	\$100)	(for multiple rates	s, use an ave	erage amount)	
Charges Waived pe	er Connection	(15) \$ 0 (not to exceed	\$100)		s, use an ave	erage amount)	
	er Connection	(15) \$ 0 (not to exceed (16) \$ 0	\$100)		s, use an ave	erage amount)	
Charges Waived pe	er Connection	(15) \$ 0 (not to exceed	\$100)	_			
Charges Waived pe	er Connection	(15) \$ 0 (not to exceed (16) \$ 0	\$100)				
Charges Waived per Total Connection Connecti	er Connection Charges Waived	(15) \$ 0 (not to exceed (16) \$ 0 (17) \$	\$100)	— — Tribal Link Up Sup	pport Clain		
Charges Waived pe Total Connection C Deferred Interest	er Connection Charges Waived	(15) \$ 0 (not to exceed (16) \$ 0 (17) \$	\$100)	_	pport Clain		

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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DATE
COO

OFFICER SIGNATURE
Renee Hayden

OFFICER TITLE

OFFICER NAME

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(6) Organization Information (7) F Company Legal Name: e-Tel Murray LLC a) Contact Name: Renee Hayden b) Mailing Address: 607 Broadway c) Paducah, KY 42001 d) Telephone Number: 270 441-7799 Fax Number: 270 441-7917	(2) Study Area Code 269003 heck one) Wireline Wireless Wireless Cost/Low Income Uiling Information Submission Date July 2015 Data Month April 2015 Type of Filing (check one) Original Revision State Reporting Kentucky (b) Lifeline Support/Subscriber Support
(5) ETC Designation Type (Check one): Lifeline Only (C) High (C) (6) Organization Information (7) F Company Legal Name: e-Tel Murray LLC a) Contact Name: Renee Hayden b) Mailing Address: 607 Broadway c) Paducah, KY 42001 d) Telephone Number: 270 441-7799 Fax Number: 270 441-7917	Submission Date July 2015 Data Month April 2015 Type of Filing (check one) Original Revision State Reporting Kentucky (b) Lifeline Support/ (c) Total Lifeline
Company Legal Name: e-Tel Murray LLC a)	Submission Date July 2015 Data Month April 2015 Type of Filing (check one) Original Revision State Reporting Kentucky (b) Lifeline Support/ (c) Total Lifeline
Contact Name: Renee Hayden b) Mailing Address: 607 Broadway c) Paducah, KY 42001 Telephone Number: 270 441-7799 Fax Number: 270 441-7917	Data Month April 2015 Type of Filing (check one) Original Revision State Reporting Kentucky (b) Lifeline Support/ (c) Total Lifeline
Co	Type of Filing (check one) Original Revision State Reporting Kentucky (b) Lifeline Support/ (c) Total Lifeline
Paducah, KY 42001 Telephone Number: 270 441-7799 Fax Number: 270 441-7917	(check one) Original Revision State Reporting Kentucky (b) Lifeline Support/ (c) Total Lifeline
d) Telephone Number: 270 441-7799 Fax Number: 270 441-7917	Revision State Reporting Kentucky (b) Lifeline Support/ (c) Total Lifeline
Telephone Number: 270 441-7799 Fax Number: 270 441-7917	(b) Lifeline Support/ (c) Total Lifeline
Fax Number: 270 441-7917	
E-mail Address: renee@etelonline.com	
Lifeline (a) # Lifeline Subscribers	
Non-Tribal Low-Income Subscribers 60	x \$ 9.25 = \$ 638.25
Receiving federal Lifeline Support (8) 0	x \$ 9.25 =\$ 036.23 x \$ 0 =\$
Tribal Low-Income Subscribers (9)	x \$ 0 = \$ 0 (not to exceed \$34.25) ederal 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)	
Tribal Link Up (Available only to ETCs receiving High Cost support	Total TLS Support Claimed (13) \$ 0
	,
Number of Connections Waived (14) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(for multiple rates, use an average amount)
Charges Waived per Connection (15) \$ 0 (not to exceed \$100)	(for multiple rates, use an average amount)
Total Connection Charges Waived (16) \$	
Deferred Interest (17) \$ 0	_
Total	Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$ 638.25 Total TLS \$ 0 Total	Tribal Link IIn \$ 0
Total Lifeting \$ Total 123 \$ Total	Total Dollars (19) \$ 638.25

(1) USAC Service Provide	er Identification Numbe	r 1430	27381		(2) Stu	dy Area C	ode_269003	
(3) Filer 499 ID 82171	4			Type (check one) Wireli		Wireless 🔲	
(5) ETC Designation Type		ne Only	<u> </u>	High	Cost/Low Income	_		
(6) Organization Informat	The Company and the Second	12002000		(7)	Filing Information	T		
Company Legal Name:	e-Tel Murray LLC		a)	Submission Date	July 2	2015		
Contact Name:	Renee Hayder	Renee Hayden		b)	Data Month	May 20	ay 2015	
Mailing Address:	607 Broadway			c)	Type of Filing (check one)			
	Paducah, K	Paducah, KY 42001		d)	State Reporting	Original Revision Kentucky		
Telephone Number:	270 441-7799			- 47	otate reporting	Kentucky		
Fax Number:	270 441-7917			\dashv				
E-mail Address:		renee@etelonline.com						
E-mail Address.	Terreeweteror	iiiie.co	111					
Lifeline		(a) # L Subsc	ifeline		(b) Lifeline Su Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income \$			(8) 67			3-22-0	=\$ 619.75	
Receiving federa	al Lifeline Support				x \$ 9.3	25	=\$ 0	
Tribal Low-Income Subs		(9) 0						
Receiving redera	al Lifeline Support			Total F	ederal Lifeline Su	pport Clair	med (10) \$ 619.75	
Toll Limitation Ser	vices (TLS)							
	g TLS per Subscriber nental cost or \$3 in 2012 /\$	(11) 2 in 2013)	0		_			
Number of TLS	Subscribers	(12)	0					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,			Total TLS Sup	nort Claim	ad (43) ¢ 0	
Tribal Link Up (Ava	ilable only to ETCs re	ceiving H	igh Cost	suppo		port Claim	ed (13) \$	
Number of Cons			0					
Number of Connections Waived Charges Waived per Connection		(15) \$	(14) <u>0</u> (15) \$ <u>0</u>		(for multiple rates, use an av		erage amount)	
Compression of the second control of the sec		(not to	exceed \$10	00)				
Total Connection Charges Waived		(16) \$	0		_			
Deferred Interest		(17) \$	0		_			
				Total	Tribal Link Up Su	pport Clair	med (18) \$ 0	
ETC Payment								
Total Lifeline \$ 619.75	Total TLS \$)		Tota	Tribal Link Up \$ _	0		
					Tot	al Dollars	619.75	

(1) USAC Service Provider Identification Number		, <u>14302738</u>	1	(2) Stu	(2) Study Area Code 269003		
(3) Filer 499 ID 821714				(check one) Wirel		Wireless 📮	
(5) ETC Designation Type		ne Only	High	Cost/Low Income			
(6) Organization Informa	tion		(7)	Filing Information			
Company Legal Name:	e-Tel Murray LLC		a)	Submission Date	July 2	2015	
Contact Name:	Renee Hayden	Renee Hayden		Data Month	June 2	2015	
Mailing Address:	607 Broadway	607 Broadway					
	Paducah, K'	Y 42001	d)	(check one) State Reporting	Original Revision	<u>B</u>	
Telephone Number:	270 441-7799		u)	State Reporting	Kentucky		
Fax Number:	270 441-7917						
E-mail Address:	renee@etelor	line com					
L-man Address.	Terree@eteror	illile.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income		(8) 66				=\$ 610.50	
Receiving federal Lifeline Support				_ × \$ <u>9.</u>	= \$ 0		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		_ X ⊅			
reconning rough	ar Enomic Support		Total	Federal Lifeline Su	pport Clair	med (10) \$ 610.50	
Toll Limitation Ser	vices (TLS)						
	ng TLS per Subscriber mental cost or \$3 in 2012 /\$;	(11) 0 2 in 2013)					
Number of TLS Subscribers		(12) 0					
		<i>3</i>		Total TLS Sup	nort Claim	ad (43) ¢ 0	
Tribal Link Up (Ava	ilable only to ETCs red	ceiving High Cos	st suppo		port Giaini	ed (13) \$	
Number of Connections Waived		(14) 0					
	per Connection	(15) \$ 0		(for multiple rate	s, use an av	erage amount)	
		(not to exceed \$	100)				
Total Connection Charges Waived		(16) \$ 0		_			
Deferred Interest		(17) \$ 0					
				—— I Tribal Link Up Su	pport Clain	ned (18) \$ 0	
ETC Payment							
Total Lifeline \$ 610.50) Total TLS \$ 0		Tota	Il Tribal Link Un \$	0		
			1000	Tot	al Dollare	610.50	
				100	ai Dollars (10) 4	

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7/9/15

DATE
COO
OFFICER TITLE

Renee Hayden
OFFICER NAME

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(1) USAC Service Provider Ide	entification Numbe	_r 143027381		(2) Stu	ıdy Area C	ode 269003
3) Filer 499 ID 821714				check one) Wirel	ine 🔼	Wireless 🔲
(5) ETC Designation Type (Ch	neck one): Lifeli	ne Only 🔽	High	Cost/Low Income		
(6) Organization Information	want to		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	Octob	er 2015
Contact Name:	Renee Hayder	1	b)	Data Month	July 20)15
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	ă
Telephone Number			d)	State Reporting	Kentucky	
F N	270 441-7799		_			
	270 441-7917	1024				
E-mail Address:	renee@etelor	nline.com				
Lifeline		(a) # Lifeline		(b) Lifeline Su	pport/	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Su		,
		(8) 64		x \$9.2	25	= \$ 592.00
ribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		(
Toll Limitation Service	es (TLS)		Iotal	-ederal Lifeline Su	pport Clair	ned (10)\$ 592.00
Cost of Providing TL (the lesser of incrementa		(11) <u>0</u> 2 in 2013)		_		
Number of TLS Subs	cribers	(12) 0		_		
Tribal Link Up (Available	e only to ETCs red	ceiving High Cost	suppo	Total TLS Support)	port Claim	ed (13) \$ 0
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$10	00)	(for multiple rate:	s, use an ave	erage amount)
Total Connection Ch	arges Waived	(16) \$		_		
Deferred Interest		(17) \$		_		
			Total	Tribal Link Up Sup	port Clain	ned (18) \$ 0
ETC Payment						
Total Lifeline \$ 592.00	Total TLS \$_0		Tota	Tribal Link Up \$	0	
. Our Enemie v	10ta11109_		· Ota	bai Lilik Op 9 _		592.00

(1) USAC Service Provide	er Identification Number	_{er} 143027381		(2) Stu	dy Area C	ode 269003
(3) Filer 499 ID 82171	4		Туре (check one) Wireli		Wireless 📮
5) ETC Designation Type		ne Only	High	Cost/Low Income		
6) Organization Informat	ion		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	Octob	per 2015
Contact Name:	Renee Hayder	า	b)	Data Month	August	2015
Mailing Address:	607 Broadway		c)		Original Revision	Á
Telephone Number:	070 111 7700		d)	State Reporting	Kentucky	
Fax Number:	270 441-7799		-			
CARCONOCCUS CARCON	270 441-7917	-Una sa	\dashv			
E-mail Address:	renee@etelor	nine.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 64				=\$ 592.00
ribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		/ t t		= \$ ned (10) \$ 592.00
Toll Limitation Ser	vices (TI S)					
Ton Emiliation Ser	vices (125)					u u
	g TLS per Subscriber nental cost or \$3 in 2012 /\$		1)		
Number of TLS S	Subscribers	(12) 0				
				Total TLS Supp	oort Claim	ed (13) \$_0
Tribal Link Up (Avai	lable only to ETCs re	ceiving High Cost s	suppo	t)		or man to the second of the second
Number of Conn Charges Waived		(14)		(for multiple rates	t use an ave	erage amount)
Charges Warved	per connection	(not to exceed \$10	0)	(for multiple rates	3, 430 411 441	stage amounty
Total Connection	n Charges Waived	(16) \$		_		
Deferred Interes	t	(17) \$				
			Total	Tribal Link Up Sup	port Clain	ned (18) \$ 0
ETC Payment						
Total Lifeline \$ 592.00	Total TLS \$		Tota	Tribal Link Up \$ _)	
	W SI			Tota	al Dollars (592.00

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(3) Filer 499 ID 821714	<u>e:</u>			check one) Wirel		Wireless 📮
5) ETC Designation Type		ne Only	High	Cost/Low Income		
6) Organization Information	on		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	Octob	er 2015
Contact Name:	Renee Hayden		b)	Data Month	Septen	nber 2015
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	Ŕ
			d)	State Reporting	Kentucky	
elephone Number:	270 441-7799					
Fax Number:	270 441-7917		_			
E-mail Address:	renee@etelor	nline.com				
Lifeline		(a) # Lifeline		(b) Lifeline Su	pport/	(c) Total Lifeline
		Subscribers		Subscriber Su		(0) 10121 211011110
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Fribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 62		x \$9.2	25	=\$ <u>573.50</u>
		(9)	Total I	_ x \$ (not to exceed \$34.2 Federal Lifeline Support Cl		
Toll Limitation Serv	ices (TLS)					-
	TLS per Subscriber ental cost or \$3 in 2012 /\$	(11) 2 in 2013)				
Number of TLS S	ubscribers	(12) 0				
		1021 1020		Total TLS Sup	port Claime	ed (13) \$ 0
Tribal Link Up (Availa	able only to ETCs re	ceiving High Cost	t suppo	rt)		
Number of Conne	ctions Waived	(14)				
Charges Waived	per Connection	(15) \$ (not to exceed \$1	100)	(for multiple rate	s, use an ave	erage amount)
Total Connection	Charges Waived	(16) \$		_		
Deferred Interest		(17) \$				
			Total	Tribal Link Up Sup	port Claim	ned (18) \$
ETC Payment						
Total Lifeline \$ 573.50	Total TLS \$_)	Tota	Tribal Link Up \$	0	
				Tot	al Dollars (573.50

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10-1-15

OFFICER SIGNATURE

Renee Hayden

OFFICER TITLE

10/1/15

DATE

OFFICER NAME

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(3) Filer 499 ID 821714				check one) Wireli		Wireless 🔲
(5) ETC Designation Type		ne Only		Cost/Low Income		
(6) Organization Information	on		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	Janua	ary 2016
Contact Name:	Renee Hayden		b)	Data Month	Octobe	er 2015
Mailing Address:	607 Broadway		c)	(check one)	Original Revision	ă
Telephone Number:	070 111 7700		d)	State Reporting	Kentucky	
Fax Number:	270 441-7799					
E-mail Address:	renee@etelor	line com	-			
E-mail Address:	renee@etelor	iline.com				
Lifeline		(a) # Lifelin Subscriber		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 68		x \$ 9.25		=\$ 629.00
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)	Total	(4 to	eed \$34.25) pport Clair	= \$ med (10) \$ 629.00
Toll Limitation Serv	ices (TLS)					
Cost of Providing (the lesser of increme	TLS per Subscriber ental cost or \$3 in 2012 /\$.	(11) <u>0</u> 2 in 2013)		_		
Number of TLS S	ubscribers	(12) 0		_		
				Total TLS Sup	port Claim	ed (13) \$ 0
Tribal Link Up (Availa	able only to ETCs red	ceiving High C	ost suppo	n)		
Number of Conne Charges Waived		(14) (15) \$ (not to excee	d \$100)	(for multiple rate	s, use an av	erage amount)
Total Connection	Charges Waived	(16) \$				
Deferred Interest		(17) \$				
			Total	Tribal Link Up Sup	oport Clair	ned (18) \$ 0
ETC Payment						
Total Lifeline \$ 629.00	Total TLS \$		_ Tota	I Tribal Link Up \$	0	
					al Dollars	629.00

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1-12-16

OFFICER SIGNATURE

Renee Hayden

esse Has

1/12/16

DATE

OFFICER NAME

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(1) USAC Service Provider	Identification Number	, 143027381		(2) Stu	dy Area C	ode 269003
(3) Filer 499 ID 821714			Туре (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (Check one): Lifeli	ne Only	High	Cost/Low Income		
(6) Organization Informatio	n		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	Janua	ary 2016
Contact Name:	Renee Hayder	1	b)	Data Month	Novem	ber 2015
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	ě
			d)	State Reporting	Kentucky	
Telephone Number:	270 441-7799		_			
Fax Number:	270 441-7917					
E-mail Address:	renee@etelor	nline.com				
	Lifeline Support bers Lifeline Support	(11) 0 2 in 2013)		(25	
Number of TLS Su	bscribers	(12) 0		_		0
Tribal Link Up (Availa	ble only to ETCs re	ceiving High Cost s	suppo	Total TLS Supp	port Claim	ed (13) \$
Number of Connec Charges Waived p		(14) (15) \$ (not to exceed \$10		(for multiple rate:	s, use an ave	erage amount)
Total Connection	Charges Waived	(16) \$		_		
Deferred Interest		(17) \$				0
			Total	Tribal Link Up Sur	oport Clain	ned (18) \$
ETC Payment						
Total Lifeline \$ 592.00	Total TLS \$_C		Tota	Tribal Link Up \$_	0	
nere meneral (SES) en constant contra en en Ele					al Dollars (19) \$ 592.00

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(1) USAC Service Provid	er Identification Number	r 143027381		(2) Stu	dy Area Co	269003
(3) Filer 499 ID 82171	4			check one) Wireli		Wireless 🔲
(5) ETC Designation Typ		ne Only	W. 20	Cost/Low Income	_	-
(6) Organization Informa	tion		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	Janua	ry 2016
Contact Name:	Renee Hayder	Renee Havden		Data Month	Decem	ber 2015
ailing Address: 607 Broadwa			c)	Type of Filing (check one)		
				(check one)	Original Revision	Ä
			d)	State Reporting	Kentucky	79/18
Telephone Number:	270 441-7799					
Fax Number:	270 441-7917					
E-mail Address:	renee@etelor	nline.com				
Lifeline						
Litelitie		(a) # Lifeline		(b) Lifeline Sup	pport/	(c) Total Lifeline
Non-Tribal Low-Income	Subscribers	Subscribers		Subscriber Su	pport	500 75
이 가게 하나 하나가 하다 하다면 사람들은 경기를 가지 않는데 가게 되었다.	al Lifeline Support	(8) 63		x \$9.2	25	=\$ 582.75
ribal Low-Income Subscribers		(9)				= \$
Receiving feder	al Lifeline Support		Total	not to exce Federal Lifeline Sur	eed \$34.25)	ned (10) \$ 582.75
			Total	cuciai Encinic cu	pport orani	(10)
Toll Limitation Ser	vices (TLS)					
Cost of Providir (the lesser of increi	ng TLS per Subscriber mental cost or \$3 in 2012 /\$	(11) 2 in 2013)		_		
Number of TLS	Subscribers	(12) 0				
				Total TLS Supp	nort Claime	d (13) s O
Tribal Link Up (Ava	ilable only to ETCs re	ceiving High Cost	suppo		port Gianne	u (10) u
	nections Waived I per Connection	(14)		(for multiple rates	s use an ave	race amount)
Charges waived	per Connection	(not to exceed \$10	00)	(loi illultiple rates	s, use an ave	rage amounty
Total Connection	n Charges Waived	(16) \$				
		8 8				
Deferred Interes	st	(17) \$				0
			Total	Tribal Link Up Sup	port Claim	ed (18) \$
ETC Payment						
Total Lifeline \$ 582.75	5)			0	
Total Lifeline \$_002.7	Total TLS \$_		Tota			582.75
				Tota	al Dollars ((9) \$ 302.73

(20) CERTIFICATIONS AND SIGNATURES

1-12-16

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DATE

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OFFICER TITLE

OFFICER SIGNATURE

Renee Hayden

OFFICER NAME

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(1) USAC Service Provide	er Identification Number	r 143027381		(2) Stu	dy Area C	ode 269003
(3) Filer 499 ID 82171	4			check one) Wireli		Wireless 📮
5) ETC Designation Type		ne Only	High	Cost/Low Income		
(6) Organization Informat	ion		(7)	Filing Information	Total district	
Company Legal Name:	e-Tel		a)	Submission Date	April 2	2016
Contact Name:	Renee Hayder	า	b)	Data Month	Januar	y 2016
Mailing Address:	607 Broadway		c)	Type of Filing (check one) State Reporting	Original Revision	Ď
Telephone Number:	070 441 7700		u)	State Reporting	Kentucky	
Fax Number:	270 441-7799 270 441-7917		\dashv			
E-mail Address:	renee@etelo	nline.com	-			
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 61		x \$ 9.2	25	= \$ 564.25
Fribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		400 Contract (400 Contract (40	eed \$34.25) pport Clair	=\$ med (10)\$ 564.25
Toll Limitation Ser	vices (TLS)					
Cost of Providin (the lesser of increr	g TLS per Subscriber nental cost or \$3 in 2012 /\$	(11) 0 (2 in 2013)		_		
Number of TLS	Subscribers	(12) 0				
Tribal Link Up (Ava	ilable only to ETCs re	ceiving High Cost	suppo	Total TLS Support)	port Claim	ed (13) \$ 0
	nections Waived I per Connection	(14) (15) \$ (not to exceed \$1	00)	(for multiple rate	s, use an av	erage amount)
Total Connectio	n Charges Waived	(16) \$				
Deferred Interes	t	(17) \$				•
			Total	Tribal Link Up Sup	port Clain	ned (18) \$
ETC Payment						
Total Lifeline \$ 564.25	Total TLS \$)	Tota	l Tribal Link Up \$	00	
					al Dollars (564.25
				100		, +

(1) USAC Service Provider Id	entification Numbe	143027381		(2) Stu	dy Area Co	_{ode} 269003
(3) Filer 499 ID 821714			Туре (check one) Wireli		Wireless 🔲
(5) ETC Designation Type (Ch	eck one): Lifeli	ne Only	High	Cost/Low Income		
6) Organization Information			(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	April 2	2016
Contact Name:	Renee Hayder	1	b)	Data Month	Februa	ry 2016
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	À
			d)	State Reporting	Kentucky	
Telephone Number:	270 441-7799					
Fax Number:	270 441-7917					
E-mail Address:	renee@etelor	nline.com				
Lifeline		(a) # Lifeline		(b) Lifeline Su	nnort/	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) 61 Tribal Low-Income Subscribers (9)			Subscriber Su		(o) rotal Ellellie	
		(8) 61		x \$9.2	25	= \$ 564.25
				_ x \$ (not to exceed \$34.25 Federal Lifeline Support Cla		
Toll Limitation Service	es (TLS)					
Cost of Providing TL (the lesser of incremental	.S per Subscriber I cost or \$3 in 2012 /\$	(11) 2 in 2013)		_		
Number of TLS Subs	cribers	(12) 0				
Tribal Link Up (Availabl	e only to ETCs re	ceiving High Cost s	suppo	Total TLS Sup	port Claim	ed (13) \$ 0
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$10		(for multiple rate	s, use an ave	erage amount)
Total Connection Ch	arges Waived	(16) \$		_		
Deferred Interest		(17) \$		_		
			Total	Tribal Link Up Տար	pport Clain	ned (18) \$ 0
ETC Payment						
Total Lifeline \$ 564.25	Total TLS \$)	Tota	Tribal Link Up \$	0	
				Tota	al Dollars (19) \$ 564.25

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3) Filer 499 ID 821714			Туре (check one) Wireli		Wireless 🔲
5) ETC Designation Type (ne Only 🔼	High	Cost/Low Income		
6) Organization Information	on		(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	April 2	2016
Contact Name:	Renee Hayder	1	b)		March	2016
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	à
			d)	State Reporting	Kentucky	
Telephone Number:	270 441-7799		-			
a make processing the first	270 441-7917	T	\dashv			
E-mail Address:	renee@etelo	nline.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 56		x \$9.2	25	= \$ 518.00
		(9)			eed \$34.25) pport Clair	= \$ med (10) \$ 518.00
Toll Limitation Serv	ices (TLS)					
	TLS per Subscriber ental cost or \$3 in 2012 /\$					
Number of TLS S	ubscribers	(12) 0				
				Total TLS Supp	port Claim	ed (13) \$ 0
Tribal Link Up (Availa	able only to ETCs re	ceiving High Cost	suppo	rt)		
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$10	00)	(for multiple rates	s, use an av	erage amount)
Total Connection	Charges Waived	(16) \$		_		
Deferred Interest		(17) \$				
			Total	Tribal Link Up Sup	port Clair	ned (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 518.00	Total TLS \$_)	Tota	I Tribal Link Up \$ _	0	
				Tota	al Dollars	518.00

Avg. Burden Est. per Respondent: 2.5 Hrs.

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DATE

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OFFICER TITLE

OFFICER SIGNATURE

Renee Hayden

OFFICER NAME

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3) Filer 499 ID 821714				check one) Wireli	
5) ETC Designation Type		ne Only	High	Cost/Low Income	o ·
6) Organization Information	Since Upi		(7)	Filing Information	
Company Legal Name:	e-Tel		a)	Submission Date	July 2016
Contact Name:	Renee Hayder	1	b)	Data Month	April 2016
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original A
			d)	State Reporting	Kentucky
Telephone Number:	270 441-7799		_		
Fax Number:	270 441-7917		_		
E-mail Address:	renee@etelor	nline.com			
Non-Tribal Low-Income Su Receiving federal Tribal Low-Income Subscr Receiving federal	Lifeline Support ribers Lifeline Support rices (TLS)	(a) # Lifeline Subscribers (8) 56 (9)			25 = \$ 518.00
	TLS per Subscriber ental cost or \$3 in 2012 /\$	100 TO THE REAL PROPERTY (1980)		_	
Number of TLS St	ubscribers	(12) 0			•
Tribal Link Up (Availe	able only to ETCs re	ceiving High Cost	suppo	Total TLS Sup	port Claimed (13) \$
Number of Conne Charges Waived p		(14) (15) \$ (not to exceed \$1		(for multiple rate	es, use an average amount)
Total Connection	Charges Waived	(16) \$		_	
Deferred Interest		(17) \$		_	
			Total	Tribal Link Up Su	pport Claimed (18) \$ 0
ETC Payment					
Total Lifeline \$ 518.00	Total TLS \$)	Tota	Tribal Link Up \$	0
					al Dollars (19) \$ 518.00

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7-12-16

OFFICER SIGNATURE

Renee Hayden

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OFFICER TITLE

7/12/16

DATE

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(1) USAC Service Provider Ide	entification Number	14302738	11	(2) Stu	idy Area Co	ode 269003
(3) Filer 499 ID 821714	_			(check one) Wireli		Wireless 📮
(5) ETC Designation Type (Ch	eck one): Lifelin	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	e-Tel		a)	Submission Date	July 2	016
Contact Name:	Renee Hayden		b)	Data Month	May 20	016
Mailing Address:	607 Broadway		c)	Type of Filing (check one)	Original Revision	Ď
			d)	State Reporting	Kentucky	
F N	270 441-7799					
	270 441-7917	•••				
E-mail Address:	renee@etelon	line.com				
Non-Tribal Low-Income Subse Receiving federal Life Tribal Low-Income Subscribe Receiving federal Life Toll Limitation Service Cost of Providing TL:	eline Support rs eline Support es (TLS) S per Subscriber cost or \$3 in 2012 /\$2	0		_ x \$	25	S
Number of TLS Subs		eiving High Co	st suppo	Total TLS Supp	port Claime	ed (13) \$ 0
Number of Connection Charges Waived per	[1] 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(14) (15) \$ (not to exceed \$	\$100)	(for multiple rates	s, use an ave	erage amount)
Total Connection Cha	arges Waived	(16) \$				
Deferred Interest		(17) \$		— Tribal Link Up Sup	oport Claim	ned (18) \$ 0
ETC Payment						
Total Lifeline \$ 508.75	Total TLS \$_0		Tota	\$ 100	O al Dollars (E00 75

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.

7-12-16

DATE

7/12/16

OFFICER TITLE

OFFICER SIGNATURE

Renee Hayden

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.

(1) USAC Service Provid	er Identification Numb	_{er} 143027381		(2) Stu	idy Area C	ode 269003
(3) Filer 499 ID 82171	4			(check one) Wireli		Wireless 🔲
(5) ETC Designation Typ		ine Only	High	Cost/Low Income		
(6) Organization Informa	tion		(7)	Filing Information	1	
Company Legal Name:	e-Tel		a)	Submission Date	July 2	2016
Contact Name:	Renee Hayde	n	b)	Data Month	June 2	2016
Mailing Address:	607 Broadway	The state of the s		Type of Filing (check one)	Original Revision	À
			d)	State Reporting	Kentucky	- Seedil
Telephone Number:	270 441-7799					
Fax Number:	270 441-7917					
E-mail Address:	renee@etelo	nline.com				
Lifeline	754	(a) # Lifeline		(b) Lifeline Su	pport/	(c) Total Lifeline
		Subscribers		Subscriber Su		*-/
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 54		x \$9.25		= \$ 499.50
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		(eed \$34.25)	=\$ med (10)\$_499.50
Toll Limitation Ser	vices (TLS)					
	ng TLS per Subscriber mental cost or \$3 in 2012 /5			_		
Number of TLS	Subscribers	(12) 0				
Tribal Link Up (Ava	ilable only to ETCs re	ceiving High Cost	suppo	Total TLS Support)	port Claim	ed (13) \$ 0
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$1	00)	(for multiple rate	s, use an av	erage amount)
Total Connection	n Charges Waived	(16) \$				
Deferred Interes	st	(17) \$				
			Total	Tribal Link Up Sup	port Clair	ned (18) \$ 0
ETC Payment						
Total Lifeline \$ 499.50	OTotal TLS \$)	Tota	I Tribal Link Up \$	0	
					al Dollars	499.50
				100	ai Dullais	1010

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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