Marguerite McLean

090426-TX

From:	Claudia McDowell [cmcdowell@telecomcounsel.com]
Sent:	Thursday, July 08, 2010 3:47 PM
To:	Filings@psc.state.fl.us
Subject:	Data Request Responses - Absolute Home Phones, Inc. Docket No. 090426-TX
Attachments:	FL Data Request Responses Filing (3) with FCC 497.pdf

To whom it may concern,

Attached please find a letter and the data responses for Absolute Home Phones, Inc. Docket No. 090426-TX. Please disregard the previous filed response as the attachment of the FCC 497 forms were inadvertently not included.

Kindest regards,

Claudia McDowell Lance J. M. Steinhart P.C. 1720 Windward Concourse Suite 115 Alpharetta, GA 30005 (770) 232-9200 (Phone) (678) 775-2255 (Direct Line) (770) 232-9208 (General Fax) E-mail: cmcdowell@telecomcounsel.com

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From: Claudia McDowell Sent: Thursday, July 08, 2010 2:28 PM To: 'Filings@psc.state.fl.us' Subject: Data Request Responses - Absolute Home Phones, Inc. Docket No. 090426-TX

To whom it may concern, Attached please find a letter and the data responses for Absolute Home Phones, Inc. Docket No. 090426-TX Kindest regards,

Claudia McDowell Lance J. M. Steinhart P.C. 1720 Windward Concourse Suite 115 Alpharetta, GA 30005 (770) 232-9200 (Phone) (678) 775-2255 (Direct Line) (770) 232-9208 (General Fax) E-mail: <u>cmcdowell@telecomcounsel.com</u>

7/8/2010

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FPSC-COMMISSION CLERK

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Also Admitted in New York and Maryland

Telephone: (770) 232-9200 Facsimile: (770) 232-9208 Email: lsteinhart@telecomcounsel.com

July 8, 2010

VIA ELECTRONIC FILING

Beth Salak, Director Division of Competitive Markets & Enforcement Florida Public Service Commission 2540 Shumard Oak Blvd. Gunter Bldg. Tallahassee, Florida 32399-0850 (850) 413-6770

> RE: Absolute Home Phones, Inc. Docket No. 090426-TX

Dear Ms. Salak:

Pursuant to your email dated June 28, 2010, enclosed please find original data request responses for Absolute Home Phones, Inc.

If you have any questions regarding this matter, please do not hesitate to call me. Thank you for your attention to this matter.

Respectfully submitted,

Lance J.M. Steinhart, Esq. Attorney for Absolute Home Phones, Inc.

Enclosures cc: Chris Peltier Bob Casey – via e-mail Catherine Beard – via e-mail

> DOCUMENT NUMBER DATE 0 5 6 0 8 JUL -8 2 FPSC-COMMISSION CLERK

Florida Public Service Commission July 8, 2010 Page 2

General Data Requests for Docket No. 090426-TX

80. Based on Absolute's response to Number 65, has Kentucky approved Absolute's ETC request yet?

RESPONSE: No, this application is pending.

81. To follow-up data request numbers 66 and 68, has AT&T provided the Q-accounts mentioned in Absolute's responses?

RESPONSE: Yes, AT&T did provide Q-accounts as mentioned in data request numbers 66 and 68. Those Q-accounts are listed below for each state in which Absolute provides business:

STATE	ACCOUNT TYPE	SITE CODE	ACCOUNT NUMBER
FL	E (UNE LOOP)	R	561-Q93-5343-343
FL	E (UNE LOOP)	Q	305-Q93-5343-343
FL	E (UNE LOOP)	Y	904-Q93-5343-343
NC	E (UNE LOOP)	X	704-Q93-5343-343
KY	E (UNE LOOP)	G	502-Q93-5343-343

82. As of June 28, 2010, has Absolute applied for ETC status in any states other than FL, KY and NC?

RESPONSE: No.

DOCUMENT NUMBER DATE 05608 JUL-8 2 FPSC-COMMISSION CLERK Florida Public Service Commission July 8, 2010 Page 3

83. As of June 28, 2010, how many residential and business customers does Absolute serve in FL, NC and KY? Please list whether each customer is business or residential and whether they are provided service through wholesale local platform or through resale.

RESPONSE: 100% of our customers are serviced over residential lines. Absolute Home Phones, Inc does not service business customers. Customers are provisioned through both the resale and wholesale local platforms. Absolute had 8,049 total customers active as of June 28, 2010 with the breakdown as follows:

State	Resale	Wholesale Local Platform (UNE)
Florida	592	43
Kentucky	240	30
North Carolina (ETC State)	7,068	76

84. The Universal Service Administrative Company (USAC) disbursement database shows Absolute received \$115,776 from the low-income fund from North Carolina since February 2010.

Based on the above, please provide the following:

a. Please provide the number of total residential customers, the number of Lifeline customers served through Lifeline resale lines, and the number of Lifeline customers served through Wholesale Local Platform Lines (formerly UNE) for each month from February 2010 through June 2010. Also, please list Absolute's underlying carrier(s) used in North Carolina.

RESPONSE: AT&T is Absolute's Underlying Carrier for all customer lines. Since Feb, March, and April were claimed all together, the total number of Lifeline Customers service in February is 1,315; the total Lifeline Customers serviced in March was 1,914, and in April Lifeline customers serviced were 3,234 with a total number of 74 UNE lines. In May we had 5,097 Lifeline customers service, and of those 158 were on the UNE platform. Figures have not yet been determined for June.

b. Please provide copies of each 497 form filed with USAC for each state from February 2010 through June 2010.

RESPONSE: Please see the attached 497 forms for February through May. Absolute does not yet have the June 497 forms compiled. c. Please breakdown the incremental costs of TLS claimed on Form 497 for each state. If TLS is purchased from Absolute's underlying carrier(s), provide the recurring and non-recurring costs charged by the carrier(s) for TLS.

RESPONSE: Absolute offers customers two options for Toll Limitation Service:

1. <u>Toll block</u> – If a customer elects not to have access to toll, an ILEC toll block will be put on their line. The ILEC charges Absolute the following rates for toll block. Absolute requests this amount from USAC in the form of TLS Reimbursement. Absolute also request a \$1 Non-recurring reimbursement for internal, overhead costs associated specifically with providing toll block to the end user (labor to explain and implement toll block services).

State	Bell Toll Block MRC	Bell Toil Block NRC
AL	\$3.22	\$0.00
FL	\$4.69	\$7.82
GA	\$4.92	\$7.97
KY	\$4.99	\$0.00
LA	\$4,76	\$0.00
MS	\$5.06	\$0.00
NC	\$0.00	\$7.65
SC	\$5.12	\$8.52
TN	\$4.20	\$0.00

2. <u>Toll Control</u> – If a customer elects a toll control option to limit the amount of toll that can be used on their line, Absolute purchases toll control services from our underlying LD provider, Reunion Communications. The rates at which we buy toll control are as follows:

NC	\$3.49	\$2.99
Toll Control	NRC	MRC

Absolute also request a \$1 Non-recurring reimbursement for internal, overhead costs associated specifically with providing toll block to the end user (labor to explain and implement toll block services).

FCC 497		·	LIF	FEI	INE AND LINK U	P W	ORK	SHEET		1	Approved by	
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Mailing Address:	710 NE 48th Ave	nue Rd.				a) S	ubmis	sion Date	April 23, 2010			1
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0	Ocala, FL 34470	1	 	<u> </u>	 	Ъ) D	ata Mo	onth	2010-02			
Contact Name: Telephone Number:	Caittyn Murphy			ļ			L	· · · · · · · · · · · · · · · · · · ·		ليل		L
Fax Number:	678-389-6024				······	c) Ty	pe of f	iling (Check one):	Draft		Draft	
E-mail Address:	770-594-3878			<u> </u>	······							<u> </u>
E-man Address:	cmmurp@cgmin		 	+	·····	d) Si	ate Re	porting	NC			┨
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NOTICE: To implement Sect	ion 254 of the Com	munications Act of	1934. as	ame.	nded, the Federal Communicati	ons Con	mission	has adopted changes to t	he federal low-income or	ograms.	
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The FCC is authorized under	the Communication	ns Act of 1934, as	amendec	, to o	ollect the information we reques	t In this (om. If	we believe there may be a	violation of a potential vi		
a FCC statute, regulation, rule	a or order, your wor	ksheet may be ref	erred to t	he Fe	deral, state of local agency rest	consible	for inve	sigating, prosecuting, enfo	rcing, or implementing th	e statute,	l
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The foregoing Notice is requir	red by the Privacy A	Act of 1974, Pub. L	. No. 93-	579, 1	December 31, 1974, 5 U.S.C. S	ection 5	52, and i	the Paperwork Reduction	ct of 1995, Pub. L. No.	104-13,	<u></u>
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FCC 497 Instr	uctions	Instructions For	Apr	proved by OMB
October 2000		LIFELINE and LINK UP WORKSHEET		3060-0819
		Avg. Burden Est. pe		
				-inderic, 5.0 (iii 5.
Pursuant to Section	n 54.405, all	eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETC	s are	
ermated under S	ection 54.40/	(Lifeline) of Section 54.413 (Link Up) to receive support for offering Lifeline service to qualifying low-in	come.	
sustomers or redu	ced service-c	connection charges through Link Up. Pursuant to Section 54.403(c), carriers providing toll-limitation ser	Nices (TLS
or qualitying low-i	ncome subsc	ribers will be compensated from universal service mechanisms for the incremental cost of providing TL	S in	}
adition, pursuant	to Section 54	403(d), prior to July 1, 2000, the cost of the Presubscribed Carriers Charge (PICC) for Lifeline custom	ere who))
ected toll blockin	g is also reco	overable from the low-income program. FCC Form 497 is to be used to request reimbursement for part	cipatin	g
n the low-income	program.			
	Line 1	USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service		
		Provider Identification Number.		
				·-··-
	Line 2	Serving Area - Indicate the 6-digit serving area for which you are claiming reimbursement.		**************************************
]
	Box 3	Company Name, Mailing Address - Indicate your company name and mailing address.		
		Contact Name, Telephone Number and Fax Number - Person who should be contacted		
		In the event we have inquiries regarding your form.		
		E-mail Address - Indicate e-mail address of contact person listed above.		
	Box 4	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		
<u>م ما ما شاه</u> ر البروني مي ماريد ويا ميرون البرون الم		worksheet per month, on a quarterly basis.		
	fr	c) Type of filing - Check "original" box if your company is reporting this data for the	÷	
		first time. If this is a revision to the 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 line items should be reported as positive numbers reflecting the actual amounts that		
······································		should have been claimed for the month.		
		d) State Reporting - Please indicate in what state you are reporting activity.		
	<u></u>	·····································		ŀ
	a	Lifeline:		411 4 11 4
	······	Description: The federal Lifeline Program benefits eligible low-income subscribers by		·····
		reducing their monthly local phone charge between \$3.50 and \$32.85 per month.		
		Tier 1		
	· · · · · · · · · · · · · · · · · · ·	All eligible subscribers will receive a minimum of \$3.50 in federal support. Price cap companies are		
		eligible to receive an additional \$0.85 in support for the period July 1, 2000 through June 30, 2001,		
· · · · · · · · · · · · · · · · · · ·	↓	If the additional amount is tarified.		·····
	.	Tier 2 Another \$1.75 of federal support is available if the carrier certifies that it will pass through the		j
		full amount of Tier 2 support to its qualifying, low-income consumers and has received any		
·		non-federal regulatory approvals necessary to implement the required rate reduction.		
·····	1	Tier 3		
		Additional federal Lifeline support in an amount equal to one-half the amount of any state-		
		mandated Lifeline support, or Lifeline support provided by the carrier, up to a maximum of		
		\$1.75 per month, is also available, provided that the carrier has received any non-federal		
		regulatory approvals and will pass through the full amount of Tier 3 support to its qualifying		
۲ <i>۰ – بو</i> هم الم	· · · · · · · · · · · · · · · · · · ·	low-income consumers.		
ومريحتهم ومقطعة الأرب والمراجع والمترو	ļ	Tier 4 Additional federal Lifeline support of up to \$25 per month is available to eligible residents of		
مر درار بر ۲۰ د		tribal lands, as defined in 47 C.F.R. section 54.400(e), as long as that amount does not bring		†
······································		the basic local residential rate below \$1 per month per qualifying low income subscriber.		1
	Line 5(a)	Provide the monthly number of low-income subscribers, for whom Tier 1 federal support is claimed.		
				į
	Line 5(b)	Enter the rate of baseline federal support claimed per subscriber. Amount to be claimed is		
		\$3.50 (\$4.35 for Price Cap companies) for the period July 1, 2000 through June 30, 2001.		
	Line 5(c)	Enter the total dollar amount of Tier 1 Lifeline support claimed. The amount will equal the		

FCC 497 Instr	uctions		pproved by OMB
October 2000		LIFELINE and LINK UP WORKSHEET	3060-0819
		Avg. Burden Est. per Res	pondent: 3.0 Hrs.
	Line 6(a)	Provide the monthly count of low-income subscribers, for whom Tier 2 federal support	
**************************************	Line o(a)	Is claimed.	
	Line 6(b)	Enter the additional rate per subscriber (\$1.75) for Tier 2 federal Lifeline support (if applicable).	
	Line 6(c)	Enter the total dollar amount of Tier 2 Lifeline support claimed. This amount is the product of line 6(a) and line 6(b). Amount should be reported in whole dollars.	
		product of sine 5(a) and time 5(b). Amount should be reported in whole dollars.	
	Line 7(a)	Provide the monthly count of low-income subscribers, for whom Tier 3 federal Lifeline support	
		is claimed.	
	Line 7(b)	Enter the rate per subscriber for Tier 3 federal Lifeline support claimed (if applicable). This amount should be between \$0 (no state support) and \$1.75 (maximum federal support allowed).	
		amount should be between so (no state support) and \$1.75 (maximum teostar support anowed).	
	Line 7(c)	Enter the total dollar amount of Tier 3 Lifeline support claimed. This amount is the	
	<u></u>	product of line 7(a) and line 7(b). Amount should be reported in whole dollars.	
	Line 8(a)	Provide the monthly count of low-income subscribers, for whom Tier 4 federal Lifeline support	
		is claimed.	
	Line 8(b)	Enter the rate per subscriber for Tier 4 Lifeline support claimed. This can range from \$0	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	to a maximum of \$25.	
	Line 8(c)	Enter total dollar amount of Tier 4 Lifeline support claimed. The amount will equal the	
		product of line 8(a) and line 8(b). Amount should be reported in whole dollars.	
	Line 9	If claiming partial or pro-rata dollars, check the box on line 9.	
		Enter the dollar amount (if applicable) for all partial or pro-rated subscribers. Amount should be	
		reported in whole dollars, and may be either positive or negative, depending on whether there are	
		more new subscribers being added part way through a month or more subscribers disconnecting	
		during the reported month. DO NOT include partial or pro-rate amounts on lines 5 - 8.	
ماسم الدی این این این این می میکند.	10-10	Total Lifeline dollars claimed for the reported month. Should be equal to the sum of lines 5(c), 6(c),	<u> </u>
	Line 10	7(c), 8(c) and 9 and reported in whole dollars.	
		Link Up:	
	******	Description: Link Up reduces eligible low-income subscribers' charges for starting telephone service	
		by one-balf of the telephone company's charge, or \$30.00, whichever is less, for subscribers residing on	
		non-tribal lands. For subscribers residing on tribal lands, the reduction is up to \$100.	
		Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible	
		subscribers do not have to pay interest. Eligible subscribers are relieved of the requirement to pay	···
		Interest charges of up to \$200 for a period not to exceed one year.	
		(a) Non-Tribal Land Low-Income Subscribers Only	
		CET THE THE LOT HAD TO CARE THE THE THE THE THE THE THE THE THE TH	
	Line 11(a)	Provide the monthly count of Link Up subscribers not residing on tribal lands for whom connection	
		charges are waived.	
	Line 12(a)	Enter the dollar amount of reduction per subscriber. The reduction should be one-half of the	
		service providers' charge or \$30.00, whichever is less. For multiple rates, use an averaged amount.	
	! *		
	Line 13(a)	Enter the dollar amount of connection charges reduced (multiply Lines 11(a) and 12(a)).	
	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Entry the dellar answer of deformed interact (if applicable)	
	Line 14(a)	Enter the dollar amount of deferred interest (if applicable).	
	line dEle	Enter the dollar amount of total Link Up support (sum of Lines 13(a) and 14(a)). All amounts should	
	Line 15(a)	Line in over another of the Line of output found of the for the state	

FCC 497 Instruction		Apr	proved by OMB
October 2000	LIFELINE and LINK UP WORKSHEET	ببلي	3060-081
	Avg. Burden Est. per i	Respo	
····	Link Up:		· · · · · · · · · · · · · · · · · · ·
	(b) Tribal Land Low-Income Subscribers Only		
Line 11	Enter monthly count of Link Lin subserilier and the subserilier and the Link Links		
	<ul> <li>Enter monthly count of Link Up subscribers residing on tribal lands, designated as such by the Bureau of Indian Affairs, for whom charges are waived.</li> </ul>		
	uno Eureau or moran Anans, for whom charges are waived.		····
Line 12	Enter the dollar amount of reduction per subscriber. This reduction should not exceed \$100		
	in total. In addition to the \$30.00 referenced in paragraph 12(a) above, an additional \$70.00 reduction		
•••••••••••••••••••••••••••••••••••••••	is available to cover 100 per cent of the charges between \$60.00 and \$130.00 for commencing		
	service at the principal place of residence of an eligible resident of tribal lands.		
			······································
Line 13	b) Enter the dollar amount of connection charges reduced (multiply Lines 11(b) and 12(b)).		·····
Line 14	Enter the dollar amount of deferred interest (if applicable).	-+-!	
Line 15			
	should be reported in whole dollars.		
	(c) Total Link Up: (Shaded box)		
Line 15	Total Link Up dollars claimed for the reported month. Should be equal to the sum of lines 15(a) and 15(b) and reported in whole dollars.		
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	Toll Limitation Services (TLS):		
·····	Description: TLS is a service that carriers must provide to eligible low-income		
	subscribers in order to be eligible to receive universal service support. This service		
	includes toll blocking, which allows subscribers to block outgoing toll calls, and also		
1	toll control, which allows subscribers to limit in advance their toll usage per month or		·····
	billing cycle. Carriers are required to provide at least one type of toll-limitation service.		
	unless their state commission provides them with additional time to complete the		
	network upgrades needed to provide TLS.		
· · · · · · · · · · · · · · · · · · ·		1	
Line 16	Enter the dollar amount for the incremental cost of providing TLS. These costs include		
	the costs that carriers otherwise would not incur if they did not provide toll-limitation		
	service to a given customer. Carriers will be compensated for their costs in providing		
	such service. Please note that the incremental cost of TLS does not include the full retail		
	charge for TLS that the carrier would charge other consumers. In addition, Lifeline support in		
	excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.	1	
11			
Line 17	Enter number of eligible subscribers for whom TLS was initiated.		
	Must be equal to or less than either the number of Lifeline low income subscribers or Link Up low income subscribers.	-+!	·
·····			
Line 18	Enter the dollar amount of total TLS dollars claimed (multiply Lines 16 and 17).		
	All amounts should be reported in whole dollars	-+	
·	Presubscribed Interexchange Carrier Charge (PICC);		
······	(Price cap companies only; effective prior to 7/1/2000)		
			······································
	Description: The flat, presubscribed interexchange carrier charge (PICC) will enable	1	
	incumbent LECs to recover non-traffic sensitive common line costs not recovered		
	through subscriber line charges (SLCs). The PICC for primary residential lines has been	1	·····
	eliminated effective 7/1/2000 with the CALLS Order.		
Line 19	Enter prior period adjustments (prior to July 2000) for the monthly PICC charge per primary	Ì	
	residential line, which should not exceed \$1.04 per month from July 1999 through June 2000.		
	After that date, no dollars should be reported.		1
Line 20	Enter the number of eligible low-income subscribers, who have toll-blocking, per month.		
	Must be equal to or less than either the number of Lifeline or Link Up low income subscribers.		
Line 21	Enter the dollar amount of the total waived PICC claimed (multiply Lines 19 and 20).		
	uniter the college amount of the total uniter participation of the base 10 and 201		

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Box 22	This is the Total Low	Income Support amount to be		laible Teleseventer			
	for the reported mont	h. Enter the dollar amounts fi	Paid to El	gible relecommunica	tions Camers		
	18 stotal TLS and 21	- total PICC. Enter the sum (	om Lines 1	U - total Liteline, 15(C	) - total Link Up.		
	All amounts should be	e reported in whole dollars.	n triese co	lars on the line labelle	d Jotal Dollars.		
······································	USAC projects costs	e reported in whole dollars.					
	aubritted on ECC Fe	month's payment prior to rece rm 497, trues up the total dol	iving actua	data and, upon rece	pt of actual data		مستحميت
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	See 47 C.F.R. Sectio	reasonably designed to reach	I I I OSE IIKE	y to quality for those s	SETVICES.		
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·····	and her rour lederal	Lifeline support for which the	y seek rein	ioursement, as well a	s all		
		ifeline support, to all qualifyin	g low-incor	ne subscribers by an	equivalent		<u></u>
	sections 54.403(a),(2	criber's monthly bill for local te	epnone se	IVICE. 500 47 C.F.R.	; 		
	Sections 54.403(a),{2	), (3) and (4).	⋅┨╼╾╍╾┥╼╌╍┑			<u></u>	
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·	3) Cerury that your co	ompany has received any nor	-rederal re	guiatory approvais ne	cessary		
		lired rate reduction(s). See F	ederal-Sta	e Joint Board on Univ	ersai		
		eployment and Subscribershi					
		nsular Areas, CC Docket No.					
		nd Further Notice of Proposed	Rulemaki	ng, FCC 00-208 (rel.	June 30, 2000),	<u></u>	
	at paras. 43 and 85 (	Tribal Order ).					
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	4) Certity (check oπ o	only one) whether or not your	company R	s subject to state requ	nauon,	╺╋╌┼╌╌╌	
	See Tribal Order at p		+			~~	
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Monday	atter the end or each quarte	er. (See schedule listed below each month within the guarter	V). TOU SIN	ouro subnill unee sep	arate worksheets		
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FCC 497 Instructions			Instructions For							Ap	proved by OMB	
October 2000			T	LIF	ELINE and LINK UP W	ORKS	HEET	<u>.</u>	······································	Ť,	3060-0819	
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	forms can be	a faxed to the U	SAC I	Pisc	ataway office at (866) 8	873(US	SF)-466	5 Toll Free	· · · · · · · · · · · · · · · · · · ·	1		
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NOTICE: To implement Section									he federal low-income p	rogra	ams. (	
The Commission has expanded	the availability of	f these programs and	the lev	vel of	funding for discounts to low-in	come cu	stomers	• •				
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The following worksheet provide												
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An agency may not conduct or	sponsor, and a pe	erson is not required t	o respi	ond to	, a collection of information ur	nless it d	isplays a	currently valid OMB control	l number.			-
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The FCC is authorized under th	e Communication	ns Act of 1934, as am	ended	, to c	ellect the information we reque	est in this	form. If	we believe there may be a	violation or a potential v	ioist	ion of	
a FCC statute, regulation, rule of	r order, your wor	ksheet may be referr	ed to th	ne Fe	deral, state or local agency ret	sponsible	e for inve	stigating, prosecuting, enfo	rcing, or implementing th	ie st	etute,	i
rule, regulation or order. In cert	ain cases, the inf	formation in your work	sheets	s may	be disclosed to the Departme	nt of Jus	tice or a	court or adjudicative body	when (a) the FCC; or (b)	any	employee	<u> </u>
of the FCC, or (c) the United St	ates Government	t is a party of a proce	eding b	efore	the body or has an interest in	the proc	xeeding.					
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If you do not provide the inform	ation we request	on the form, the FCC	may d	elay (	processing of your worksheet of	or may n	sturn you	r worksheet without action.				<u>}</u>
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The foregoing Notice is require		Act of 1974, Pub. L. N	ю. 93-6	579, [	acember 31, 1974, 5 U.S.C.	Section	bo2, and	the Paperwork Reduction	NCT OT 1995, PUED. L. NO.	104-	13,	h
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Company Name:	Absolute Home	Phones, Inc.	1	Ì	<u> </u>	<u> </u>	1	T	······································					
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Contact Name:	Caillyn Murphy							T						
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Fax Number:	770-594-3878		<u> </u>				L	<u> </u>		•= 44				
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Tier 1 Low-Income Sui			1		(a)				(b)*				(c)	
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Check box to the right i	f partials or pr	o rata amounts	are u	sed.	Indicate dollar amount, i	fapp	licable	e, on	line 9.		292	\$	\$ 1,655.77	(9)
NOTE: (Do not include	partials or pro	rata amounts on	lines	5-8	above)		Total	Forde	eral Lifeline supp	at claimed			\$ 20,795.77	(10
* For multiple rates, use an a	verege amount	<u>   </u>	+	+					ines 5c, 6c, 7c, 8				<u>420,730.71</u>	
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Citalges warved	per connection		(12)	+	\$ 30.00	(\$30	max)	+	\$0.00	(\$100 max)			·····	┼╸┉╴
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certify that my compa	any will publicize	the availability o	f i Koli		nd Linkup services in a	<u> </u>					1.	
for those services.	1	in a randomity o			no Linkup services in a			sonably designed to	reach those likely to c	lua	ary	 
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FCC 497 Inst	ucuons	Instructions For	Approved by ON	IB
October 2000		LIFELINE and LINK UP WORKSHEET	3060-08	19
		Avg. Burden Est. per	Respondent: 3.0 H	rs.
	<u> </u>			
Pursuant to Section	on 54.405, all	eligible telecommunications carriers (ETCs) are required to provide Lifeline service. In turn, these ETC	is are	
bermitted under S	ection 54.407	(Lifeline) or Section 54.413 (Link Up) to receive support for offering Lifeline service to qualifying low-in	come	
customers or real	ICEO SERVICE-	connection charges through Link Up. Pursuant to Section 54.403(c), carriers providing toll-limitation se	rvices (TLS)	
or qualitying low-	to Section E	ribers will be compensated from universal service mechanisms for the Incremental cost of providing TI	<u>.S. In]</u>	
ected toll blocki	o is also rec	4.403(d), prior to July 1, 2000, the cost of the Presubscribed Carriers Charge (PICC) for Lifeline custom overable from the low-income program. FCC Form 497 is to be used to request reimbursement for part overable from the low-income program.	ers who	
n the low-income	ofooram.	Verable nonit the town come program. PCC Point 497 is to be used to request reimpursement for part		
	<b></b>			
	1			
	Line 1	USAC Service Provider Identification Number (SPIN) - Please enter your 9-digit USAC Service Provider Identification Number.		
	ŧ			
	Line 2	Serving Area - Indicate the 6-digit serving area for which you are claiming reimbursement.	╺┉┿┟╾-{	
	1		·	
	Box 3	Company Name, Mailing Address - Indicate your company name and mailing address.		
		Contact Name, Telephone Number and Fax Number - Person who should be contacted	·	
		in the event we have inquiries regarding your form.		
	+	E-mail Address - Indicate e-mail address of contact person listed above.		
	Box 4	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, on a quarterly basis.		
		c) Type of filing - Check "original" box if your company is reporting this data for the		
~		first time. If this is a revision to the 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 line items should be reported as positive numbers reflecting the actual amounts that		
ـــــــــــــــــــــــــــــــــــــ	1	should have been claimed for the month.		
		d) State Reporting - Please indicate in what state you are reporting activity.	-	_
وجاود والإرواق والمراجع والمعاد والمتعاد والمستحد والمستحد والمراجع	÷		<del>╺╾╾┨╍┈┪</del> ──┈┙─╹╶╸┉	*******
······		Description: The federal Lifeline Program benefits eligible low-income subscribers by		
		reducing their monthly local phone charge between \$3.50 and \$32.85 per month.		
		Tier 1		
		All eligible subscribers will receive a minimum of \$3,50 in federal support. Price cap companies are		
~		eligible to receive an additional \$0.85 in support for the period July 1, 2000 through June 30, 2001, If the additional amount is tarified.		
		Tier 2		-
	+	Another \$1.75 of federal support is available if the carrier certifies that it will pass through the		
		full amount of Tier 2 support to its qualifying, low-income consumers and has received any		
		non-federal regulatory approvals necessary to implement the required rate reduction.		
		Tier 3		
**************************************		Additional federal Lifeline support in an amount equal to one-half the amount of any state- mandated Lifeline support, or Lifeline support provided by the carrier, up to a maximum of		
······		\$1.75 per month, is also available, provided that the carrier has received any non-federal		
	+	regulatory approvals and will pass through the full amount of Tier 3 support to its qualifying		
·····		low-income consumers.		
		Tier 4		
	·	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), as long as that amount does not bring the basic local residential rate below \$1 per month per qualifying low income subscriber.		
		In a nasie incali testacutati tata nerow é i hai month hel dramynik tow mooring subscriper.		
	Line 5(a)	Provide the monthly number of low-income subscribers, for whom Tier 1 federal support is claimed.		
				_
	Line 5(b)	Enter the rate of baseline federal support claimed per subscriber. Amount to be claimed is		
		\$3.50 (\$4.35 for Price Cap companies) for the period July 1, 2000 through June 30, 2001.		
	Line 5(c)	Enter the total dollar amount of Tier 1 Lifeline support claimed. The amount will equal the		

FCC 497 Instruction	s Instructions For	Ap	proved by OME
October 2000	LIFELINE and LINK UP WORKSHEET		3060-081
	Avg. Burden Est. per	Resn	
		1	1
Line 6(a	Provide the monthly served of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of the server of		
Eno Ol	Provide the monthly count of low-income subscribers, for whom Tier 2 federal support		
Line 6(t	Enter the additional rate per subscriber (\$1.75) for Tier 2 federal Lifeline support (if applicable).		
Line 6(c	Enter the total dollar amount of Tier 2 Lifeline support claimed. This amount is the		
	product of line 6(a) and line 6(b). Amount should be reported in whole dollars.		
Line 7(a	Provide the monthly count of low-income subscribers, for whom Tier 3 lederal Lifeline support		<u></u>
	lis claimed.		
1 50 7/6			
Line 7(b	Enter the rate per subscriber for Tier 3 federal Lifeline support claimed ( if applicable). This amount should be between \$0 (no state support) and \$1.75 (maximum federal support allowed).		T
••••••• <u>••</u> ••••	anount should be between to (no state support) and \$1.75 (maximum rederal support allowed).		 
Line 7(c	Enter the total dollar amount of Tier 3 Lifeline support claimed. This amount is the		<u> i</u>
	product of line 7(a) and line 7(b). Amount should be reported in whole dollars.		}
Line 8(a			
	is claimed.		j
Line 8/h			
Line 8(b	Enter the rate per subscriber for Tier 4 Lifeline support claimed. This can range from \$0 to a maximum of \$25.		
·····			
Line 8(c	Enter total dollar amount of Tier 4 Lifeline support claimed. The amount will equal the		
	product of line 8(a) and line 8(b). Amount should be reported in whole dollars.	~~	<u>i</u>
			ł
Line 9	If claiming partial or pro-rata dollars, check the box on line 9.		
	Enter the dollar amount (if applicable) for all partial or pro-rated subscribers. Amount should be		
	reported in whole dollars, and may be either positive or negative, depending on whether there are		
	more new subscribers being added part way through a month or more subscribers disconnecting		
	during the reported month. DO NOT include partial or pro-rata amounts on lines 5 - 8.		· · · · · · · · · · · · · · · · · · ·
Line 10	Total Lifeline dollars claimed for the reported month. Should be equal to the sum of lines 5(c), 6(c),		
Lais IV	7(c), 8(c) and 9 and reported in whole dollars.		
······			
			· · · · · · · · · · · · · · · · · · ·
			Ì
	Description: Link Up reduces eligible low-income subscribers' charges for starting telephone service		
	by one-half of the telephone company's charge, or \$30.00, whichever is less, for subscribers residing	on	
	non-tribal lands. For subscribers residing on tribal lands, the reduction is up to \$100.		
	Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligi	ole	
	subscribers do not have to pay interest. Eligible subscribers are relieved of the requirement to pay	į	
	interest charges of up to \$200 for a period not to exceed one year.		
	(a) Non-Tribal Land Low-Income Subscribers Only		
Line 11	a) Provide the monthly count of Link Up subscribers not residing on tribal lands for whom connection		
	charges are waived.		
Line 12			
	service providers' charge or \$30.00, whichever is less. For multiple rates, use an averaged amount.		
Line 13	a) Enter the dollar amount of connection charges reduced (multiply Lines 11(a) and 12(a)).		
Line 14	a) Enter the dollar amount of deferred interest (if applicable).		
Line 15	Enter the color amount of total Link Lin aumout (our of Lince 12(a) and 14(a)). All amounts about		+
101 9111	Enter the dollar amount of total Link Up support (sum of Lines 13(a) and 14(a)). All amounts should     be reported in whole dollars.	1	L

FCC 497 Instructions	Instructions For	
October 2000		Approved by OM
0010001 2000	LIFELINE and LINK UP WORKSHEET	3060-061
	Avg. Burden Est. per	Respondent: 3.0 Hrs
	Link Up:	
	(b) Tribal Land Low-Income Subscribers Only	
Line 11(b)	Enter monthly count of Link Up subscribers residing on tribal lands, designated as such by	
	the Bureau of Indian Affairs, for whom charges are waived.	<u>──</u> ┤┈╴ <u>┤</u> ┈───
Line 12(b)	Enter the dollar amount of reduction per subscriber. This reduction should not exceed \$100	
	In total. In addition to the \$30.00 referenced in paragraph 12(a) shove an additional \$70.00 reduction	
	is available to cover 100 per cent of the charges between \$60.00 and \$130.00 for commencing	
	service at the principal place of residence of an eligible resident of tribal lands.	
Line 13(b)	Enter the dollar amount of connection charges reduced (multiply Lines 11(b) and 12(b)).	
	enter the delicer amount of conflection charges reduced (multiply Lines 11(b) and 12(b)).	
Line 14(b)	Enter the dollar amount of deferred interest (if applicable).	·····
Line 15(b)	Enter the dollar amount of total Link Up support (sum of Lines 13(b) and 14(b)). All amounts	
	should be reported in whole dollars.	
	(c) Total Link Up (Shaded box)	
Line 15(c)	Total Link Up dollars claimed for the reported month. Should be equal to the sum of	
·····	lines 15(a) and 15(b) and reported in whole dollars.	
	Toll Limitation Services (TLS):	
· · · · · · · · · · · · · · · · · · ·		
	Description: TLS is a service that carriers must provide to eligible low-income	
······	subscribers in order to be eligible to receive universal service support. This service	
**** *********************************	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. Carriers are required to provide at least one type of toll-limitation service.	
	unless their state commission provides them with additional time to complete the	
	network upgrades needed to provide TLS.	
		i i
Line 16	Enter the dollar amount for the incremental cost of providing TLS. These costs include	
	the costs that carriers otherwise would not incur if they did not provide toll-limitation	
	such service. Please note that the incremental cost of TLS does not include the full retail	
	charge for TLS that the carrier would charge other consumers. In addition, Lifeline support in	
	excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.	
	excess of the indefinement of cost of providing on obcoming with hot be provided for switch upgrades.	
Line 17	Enter number of eligible subscribers for whom TLS was initiated.	
	Must be equal to or less than either the number of Lifeline low Income subscribers	
	or Link Up low income subscribers.	
Line 18	Enter the dollar amount of total TLS dollars claimed (multiply Lines 16 and 17).	
	All amounts should be reported in whole dollars	
·····		
	Presubscribed Interexchange Carrier Charge (PICC):	
	(Price cap companies only; effective prior to 7/1/2000)	
	Description: The flat, presubscribed interexchange carrier charge (PICC) will enable	
······	Incumbent LECs to recover non-traffic sensitive common line costs not recovered	
	through subscriber line charges (SLCs). The PICC for primary residential lines has been	
	eliminated effective 7/1/2000 with the CALLS Order.	
Line 19	Enter prior period adjustments (prior to July 2000) for the monthly PICC charge per primary	
	residential line, which should not exceed \$1.04 per month from July 1999 through June 2000.	
	After that date, no dollars should be reported.	
1122.00	Cotor the number of stable law in some sub-sub-	
Line 20	Enter the number of eligible low-income subscribers, who have toll-blocking, per month. Must be equal to or less than either the number of Lifeline or Link Up low income subscribers.	
	Times be equal to or less man entrier the number of Lifeline or Link up low income subscribers.	
Line 21	Enter the dollar amount of the total waived PICC claimed (multiply Lines 19 and 20).	
11 11114 27		

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October 2000	)		1 1	IFELINE and LINK			L		<u>AP</u>	proved by OMI
	T	<b>*</b> +		AL CLINE OFTA LINEN	UP W		and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second se		ļ	3060-081
		+++	+			<u> </u>	A	vg. Burden Est. per F	<b>Ces</b> pc	undent: 3.0 Hrs
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	Box 22	This is the Total	1 muline	come Support amount t		1 An [7]		1	1.	<u> </u>
		for the reported	month	Enter the dollar amoun	5 de paiu		gible Telecommunic	ations Carriers	_	
·····		118 - total TLS ar	10 21 - H	otal PICC. Enter the su	IS HOM L	mes i	U - total Lifeline, 15(	c) - total Link Up,		
	1	All amounts sho	$\frac{10}{10}$ $\frac{2}{10}$ $\frac{1}{10}$	eported in whole dollars	m or me	se dol	ars on the line label	ied Total Dollars.		
		LISAC projects	and be re	sported in whole donars	<u>·   _  </u>	<u>.</u>		-		1
and a share a second second second second second second second second second second second second second second	f	submitted on EC	C Form	onth's payment prior to r 497, trues up the total	eceiving	actrial	data and, upon reci	eipt of actual data		
				497, unes up me total	donars.	<b>├</b> ───-́	j		_	
	Certifications	and Signatures (	Block 22							1
	Sector Control of		THUR 23	······································		ļ			_	
	·	Page 2 of ECC I	form 40°	7 requires the elemetry						
		Cartifying that th	onin 49/	7 requires the signature ng statements are corre	or an on	RCEL O	r employee of the co	ompany		
·····		Certifying there an		ny statements are corre	er (as ar	plican	//e):			
w <u></u>		1) Cartify that w		Dony until nucleitation of		L.,				
	<u> </u>	Continent in a ma	sur comp	pany will publicize the a	vailability	V OI LI	eline and Link Up	<u>]</u>		
		Services in a ma	nner rea	asonably designed to re	ach thos	e likel	to qualify for those	services.		
·····		See 47 C.F.R. 5	Rection 5	14.405(D).						· · ·
		0.0.0.0			أحييها حي	ل				
		2) Certify that ye	our comp	pany will pass through t	ne full ar	nount	of all Tier Two, Tier	Three,		1
		and her Hour fe	Jeral Life	eline support for which	they see	k reim	oursement, as well a	as ali		
		applicable intras	tate Life	line support, to all quali	fying low-	-incom	ie subscribers by an	i equivalent		
		reduction in the	subscrib	er's monthly bill for loca	il telepho	Ine set	vice. See 47 C.F.R			
		sections 54.403	<u>a),(2), (3</u>	3) and (4).	_			<u> </u>		
								1		
		<ol><li>Certify that ye</li></ol>	our comp	pany has received any	non-fede	ral reg	ulatory approvals no	ecessary	1	[
		to implement the	e required	d rate reduction(s). Se	e Federa	al-State	a Joint Board on Lini	hipreal	+	
		Service: Promoti	ing Depic	loyment and Subscriber	rship in U	Inserve	ed and Underserved	d Areas.	1-1	
	!	including Tribal a	and Insul	<i>llar Areas.</i> CC Docket I	No. 96-45	5. Twe	ifth Report and Orde	er Memorandum		
- 6		Opinion and Ord	ler, and F	Further Notice of Propo	sed Rule	emakin	ig, FCC 00-208 (rel.	June 30, 2000).		······································
		at paras. 43 and	85 (Trib	val Order).		I T		1	++	j <u>anan</u>
			<u> *</u>					-	-+-+	
		4) Certify (checl	off only	one) whether or not yo	our comp	any is	subject to state reg	ulation.		
		See Tribal Order	' at para	is. 85 and 89.	The second second second second second second second second second second second second second second second se					
			i i							······
		5) Certify that th	e data c	contained in this form ha	is been r	axamir	ed and reviewed an	nd is true		
		accurate, and co	mplete.	1	1					
				•••• •• ••• ••• ••• ••• ••• ••• ••• ••					+	
	Completed wo	rksheet and cert	fication :	should be returned to the	ne LISAC	Pisca	taway office listed h	elow by the third	+	<u> </u>
	Monday after t	the end of each c	uarter.	(See schedule listed be	Now) Yo	hu sho	uld submit three ser	arate worksheets	┿┯┥	
······	per quarter, i.e	a. one workshee	for eacl	h month within the quar	ter		and bubling and bop			
				in the second second second second second second second second second second second second second second second					┥╾┥	
		╞┼╌╴╴╸						+	<del>-1-1</del>	/
		Du	A Dates	of Forms	<b></b> +			······································		}•••••••••••••••••••••••••••••••••••••
*****	Data Months			scataway Office	╺╼╢╌╌╌┤	<u> </u>				
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	February	2.00	Monda	ay in April		ł				
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	November	3rd i	Vonday	in January					1 1	
		3rd i	Monday	' in January						
	November	3rd l	Monday	r in January						

	Attention: Low	axed to the US / Income Progr	AC Piram) o am) o U 4 R	IFELINE and LINK UP scataway office at (866 r mailed to: ISAC - Low Income Pri 44 Hoes Lane R 441060 iscataway, NJ 08854	5) 873(US		Avg. Burden Est. j		3080-0819 3080-0819 Indent: 3.0 Hrs.
	Attention: Low	axed to the US / Income Progr	arn) o U 4 R	r mailed to: SAC - Low Income Pri 44 Hoes Lane R 4A1060		F)-4665 Toll Fr		Der Respo	ndent: 3.0 Hrs.
	Attention: Low	axed to the US	arn) o U 4 R	r mailed to: SAC - Low Income Pri 44 Hoes Lane R 4A1060		F)-4865 Toll Fr	80		
	Attention: Low	axed to the US r Income Progr	arn) o U 4 R	r mailed to: SAC - Low Income Pri 44 Hoes Lane R 4A1060		F)-4665 Toll Fr	80		
	Attention: Low	income Progr	arn) o U 4 R	r mailed to: SAC - Low Income Pri 44 Hoes Lane R 4A1060					
			U 4 R	ISAC - Low Income Pri 44 Hoes Lane IR 4A1060	pgram				
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							ted changes to the federal low-in	ncome prog	rams.
e Commission has expanded t	the availability of th	nese programs and t	the level	I of funding for discounts to low	v-income cu	stomers.			
						<u>_</u>	i		 
							nistrative Company (USAC) for		
							is 214 and 254 of the Act, would		
and the second second second second second second second second second second second second second second second	······································	advanced services	through	out the nation, and would rest	HI IN CHICKIDIO	telecommunications	s carriers not receiving universa	Service SU	pport
imbursements in a timely fashk	on.	······							
is have entrated that each m		ction of information	will take	1	and reason	vient Cir estimate	includes the time to read this da	ata remiest	
diau original records, asther 9	nd maintain remula	ed data and complete	te and r	wing the assume. If you have	Ve any com	ments on this estimate	ate, or on how we can improve I	the	ha
Vietion and reduce the burden	it causes you, nie	ase write the Federa	al Comn	nunications Commission, AMD	PERM. W	ashington, D.C. 205	54, Paperwork Reduction Projec	1 (3060-08	19).
e will also accent your comme	the burden	estimate via the lote	met if v	ou send them to bolev@icc.or	v. Please	DO NOT SEND the	data requested to this e-mail ad	Idress.	1
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n agency may not conduct or st	consor, and a pers	on is not required to	respon	d to, a collection of information	n unless it d	isplays a currently va	alid OMB control number.		
						i			
he FCC is authorized under the	Communications	Act of 1934, as ame	anded, t	o collect the information we re	quest in this	form. If we believe	there may be a violation or a po	otential viole	ition of
FCC statute, regulation, rule of	order, your works	heet may be referre	d to the	Federal, state or local agency	responsible	for investigating, pr	rosecuting, enforcing, or implem	enting the e	tatule.
de, regulation or order. in certa	in cases, the infor	mation in your works	sheets n	nay be disclosed to the Depart	ment of Jus	tice or a court or adj	judicative body when (a) the FC	C; or (b) an	y employee
f the FCC; or (c) the United Stat	tes Government is	a party of a proceed	ding bef	fore the body or has an interes	t in the proc	eeding.			
				<u> </u>		<u> </u>	l		
you do not provide the informal	tion we request on	the form, the FCC r	may del	ay processing of your workshe	et or may re	turn your worksheet	t without action.	·	
							and Dardveller Ast of doord Duty		42
	by the Privacy Ac	t of 1974, Pub. L. No	0. 93-57	9, December 31, 1974, 5 U.S.	U. Section	boz, and the Paperw	vork Reduction Act of 1995, Pub	. L. NO. 104	- 10,
4 U.S.C. Section 3501, et seq.						·····			
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## FCC 497 October 2000

# LIFELINE AND LINK UP WORKSHEET

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Approved by OMB 3060-0819 Avg. Burden Est. per Respondent: 3.0 Hrs.

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USAC Service Provide	er identification Nu	mber (1)	143034152				Servi	ng Area (2)		239019	
(3)				,	(4)						•
Company Name:	Absolute Home Phon	es. Inc		Ť	<u></u>						
Mailing Address:	710 NE 48th Avenue	the second second second second second second second second second second second second second second second s			a) Submi	ssion l	Date	May 28, 2010			
	Ocala, FL 34470				b) Data N	lonth		2010-04	. •		- {
Contact Name:	Caitiyn Murphy							<i></i>			
Telephone Number:	678-389-6024				c) Type of	filing	(Check one):	Draft		Draft	
Fax Number:	770-594-3878					-	• • •				
E-mail Address:	cmmurp@cominc.com	n			d) State R	eporti	ng	NC			
Lifeline			# Lifeline Subscribers			الما	feline Support/ Subscriber			Total Lifeline Support	
Tier 1 Low-Income Sut	scribers		(a)				(b)*			(C)	1
receiving federal		(5)	• •	3,234	x	\$\$	6.50	. =		\$ \$ 21,021.00	
Tier 2 Low-Income Sut		(0)	·····	<u> </u>		· <u> </u>					
receiving federal		(6)		3,234	x	\$ <u>\$</u>	1.75	=	1	\$ 5,659.50	1
Tier 3 Low-Income Sut		:						-			1
receiving federal Tier 4 Low-Income Sut		(7)		3,234	x	\$ <u>\$</u>	1.75	. =	÷	\$ <u>\$5,659.50</u>	
receiving federal		(8)	• <u>••</u> •••••••••••••••••••••••••••••••••	*	x	\$ <u>\$</u>		<b>1</b>	;	\$ <u>\$</u>	
NOTE: (Do not include * For multiple rates, use an a		amounts on lines 5 -	8 above)				ral Lifeline supp nes 5c, 6c, 7c, 8			\$ <u>\$ 33,916.27</u>	(10)
Link Up			Non-Tribal				Tribal			<u>Total Link Up</u>	
			(a)				(b)			(c)	
Number of Conn	ections walved	(11)		2,002			-	-			
Charges waived	per Connection	(12) *	\$	30.00	(\$30 max	.)	\$0.00	(\$100 max)			
Total Connection	n charges waived	(13)	\$60,	060.00		<u> </u>	\$0.00	-			
Deferred Interes	t	(14)	<u> </u>	<b>\$0.00</b>			\$0.00	-			
Total Link Up do	llars waived	(15)	\$60,	060.00	+		\$0.00			\$ 60,060.00	(15c)
* For multiple rates, use an a											_
Toll-Limitation Ser		(10)	A								
	t of providing TLS cribers for whom	(16)	35.	252555 3.531		Tot	al TLS dollars cl	aimed		\$ \$ 18,546.77	(18)
TLS initiated	cripers for whom	(17)		3,001	,	101				4 <u>4 101010111</u>	(1-)
Presubscribed Inte	aravaharga Carri	or Champ (PICC)	(Enr Price-ca		nanies (	nolv:	prior to 7/1/20	00)			
Monthly charge		(19)	(FOF FILCE-CA)	\$0.00		, <b>y</b> ; ;		,			
	cribers per month	(20)				To	al PICC dollars	waived		\$ <u>\$</u>	(21)
ETC Payment (22)		······									
	Total Lifeline \$	\$33,916.27	То	tal TLS	\$		\$18,546.77	-			
	Total Link Up \$	\$60,060.00	Tota	al PICC	\$		\$0.0	<u>)</u>			
			Total	Dollars	\$	201101aan	\$112,523.04	<u>1</u>			
t						_					_

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

1

## LIFELINE AND LINK UP WORKSHEET

#### **CERTIFICATIONS AND SIGNATURES (23)**

I certify that my company will publicize the availability of Lifeline and Linkup services in a manner reasonably designed to reach those likely to qualify for those services.

I certify that my company will pass through the full amount of all Tier Two, Tier Three, and Tier Four federal Lifeline support for which my company 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 local telephone service.

I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

I certify that my company is _____ is not _____ subject to state regulation. (Please check one.)

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify 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.

DATE

OFFICER/EMPLOYEE SIGNATURE

OFFICER/EMPLOYEE TITLE

OFFICER/EMPLOYEE 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 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. Falling 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 jboley@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.

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## FCC 497 Instructions October 2000

#### Instructions For LIFELINE and LINK UP WORKSHEET

Approved by OMB 3060-0819 Avg. Burden Est. per Respondent: 3.0 Hrs.

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) or Section 54.413 (Link Up) to receive support for offering Lifeline service to qualifying low-income customers or reduced service-connection charges through Link Up. 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 incremental cost of providing TLS. In addition, pursuant to Section 54.403(d), prior to July 1, 2000, the cost of the Presubscribed Carriers Charge (PICC) for Lifeline customers who elected toll blocking is also recoverable from the low-income program. FCC Form 497 is to be used 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	Serving Area - Indicate the 6-digit serving area for which you are claiming reimbursement.
Box 3	Company Name, Mailing Address - Indicate your company name and mailing address. Contact Name, Telephone Number and Fax Number - Person who should be contacted in the event we have inquiries regarding your form. E-mail Address - Indicate e-mail address of contact person listed above.
Box 4	<ul> <li>a) Submission Date - The date that you are filling out this form.</li> <li>b) Data Month - The month for which you are reporting data. Please submit one worksheet per month, on a quarterly basis.</li> <li>c) Type of filling - Check "original" box if your company is reporting this data for the first time. If this is a revision to the 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 line items should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.</li> <li>d) State Reporting - Please indicate in what state you are reporting activity.</li> </ul>
	Lifeline:
	Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their monthly local phone charge between \$3.50 and \$32.85 per month. Tier 1
	All eligible subscribers will receive a minimum of \$3.50 in federal support. Price cap companies an eligible to receive an additional \$0.85 in support for the period July 1, 2000 through June 30, 2001, if the additional amount is tarified. Tier_2
	Another \$1.75 of federal support is available if the carrier certifies that it will pass through the full amount of Tier 2 support to its qualifying, low-income consumers and has received any non-federal regulatory approvals necessary to implement the required rate reduction. Tier 3

Additional federal Lifeline support in an amount equal to one-half the amount of any statemandated Lifeline support, or Lifeline support provided by the carrier, up to a maximum of \$1.75 per month, is also available, provided that the carrier has received any non-federal regulatory approvals and will pass through the full amount of Tier 3 support to its qualifying low-income consumers.

Tier 4

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), as long as that amount does not bring the basic local residential rate below \$1 per month per qualifying low income subscriber.

- Line 5(a) Provide the monthly number of low-income subscribers, for whom Tier 1 federal support is claimed.
- Line 5(b) Enter the rate of baseline federal support claimed per subscriber. Amount to be claimed is \$3.50 (\$4.35 for Price Cap companies) for the period July 1, 2000 through June 30, 2001.
- Line 5(c) Enter the total dollar amount of Tier 1 Lifeline support claimed. The amount will equal the product of line 5(a) and line 5(b). Amount should be reported in whole dollars.

FCC 497 Instructions October 2000

#### Instructions For LIFELINE and LINK UP WORKSHEET

Approved by OMB 3060-0819 Avg, Burden Est, per Respondent: 3.0 Hrs.

- Line 6(a) Provide the monthly count of low-income subscribers, for whom Tier 2 federal support is claimed.
- Line 6(b) Enter the additional rate per subscriber (\$1.75) for Tier 2 federal Lifeline support (if applicable).
- Line 6(c) Enter the total dollar amount of Tier 2 Lifeline support claimed. This amount is the product of line 6(a) and line 6(b). Amount should be reported in whole dollars.
- Line 7(a) Provide the monthly count of low-income subscribers, for whom Tier 3 federal Lifeline support is claimed.
- Line 7(b) Enter the rate per subscriber for Tier 3 federal Lifeline support claimed (if applicable). This amount should be between \$0 (no state support) and \$1.75 (maximum federal support allowed).
- Line 7(c) Enter the total dollar amount of Tier 3 Lifetine support claimed. This amount is the product of line 7(a) and line 7(b). Amount should be reported in whole dollars.
- Line 8(a) Provide the monthly count of low-income subscribers, for whom Tier 4 federal Lifeline support is claimed.
- Line 8(b) Enter the rate per subscriber for Tier 4 Lifeline support claimed. This can range from \$0 to a maximum of \$25.
- Line 8(c) Enter total dollar amount of Tier 4 Lifeline support claimed. The amount will equal the product of line 8(a) and line 8(b). Amount should be reported in whole dollars.
- Line 9 If claiming partial or pro-rata dollars, check the box on line 9. Enter the dollar amount (If applicable) for all partial or pro-rated subscribers. Amount should be reported in whole dollars, and may be either positive or negative, depending on whether there are more new subscribers being added part way through a month or more subscribers disconnecting during the reported month. DO NOT Include partial or pro-rata amounts on lines 5 - 8.
- Line 10 Total Lifeline dollars claimed for the reported month. Should be equal to the sum of lines 5(c), 6(c), 7(c), 8(c) and 9 and reported in whole dollars.

#### Link Up:

Description: Link Up reduces eligible low-income subscribers' charges for starting telephone service by one-half of the telephone company's charge, or \$30.00, whichever is less, for subscribers residing on non-tribal lands. For subscribers residing on tribal lands, the reduction is up to \$100. Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible subscribers do not have to pay interest. Eligible subscribers are relieved of the requirement to pay interest charges of up to \$200 for a period not to exceed one year.

- (a) Non-Tribal Land Low-Income Subscribers Only
- Line 11(a) Provide the monthly count of Link Up subscribers not residing on tribal lands for whom connection charges are waived.
- Line 12(a) Enter the dollar amount of reduction per subscriber. The reduction should be one-half of the service providers' charge or \$30.00, whichever is less. For multiple rates, use an averaged amount.
- Line 13(a) Enter the dollar amount of connection charges reduced (multiply Lines 11(a) and 12(a)).
- Line 14(a) Enter the dollar amount of deferred interest (if applicable).
- Line 15(a) Enter the dollar amount of total Link Up support (sum of Lines 13(a) and 14(a)). All amounts should be reported in whole dollars.

Approved by OMB 3060-0819 Avg. Burden Est. per Respondent; 3.0 Hrs.

#### <u>Link Up;</u>

#### (b) Tribal Land Low-Income Subscribers Only

- Line 11(b) Enter monthly count of Link Up subscribers residing on tribal lands, designated as such by the Bureau of Indian Affairs, for whom charges are waived.
- Line 12(b) Enter the dollar amount of reduction per subscriber. This reduction should not exceed \$100 in total. In addition to the \$30.00 referenced in paragraph 12(a) above, an additional \$70.00 reduction is available to cover 100 per cent of the charges between \$60.00 and \$130.00 for commencing service at the principal place of residence of an eligible resident of tribal lands.
- Line 13(b) Enter the dollar amount of connection charges reduced (multiply Lines 11(b) and 12(b)).
- Line 14(b) Enter the dollar amount of deferred interest (if applicable).
- Line 15(b) Enter the dollar amount of total Link Up support (sum of Lines 13(b) and 14(b)). All amounts should be reported in whole dollars.

(c) Total Link Up (Shaded box)

Line 15(c) Total Link Up dollars claimed for the reported month. Should be equal to the sum of lines 15(a) and 15(b) and reported in whole dollars.

#### Toll Limitation Services (TLS):

Description: TLS is a service that carriers must provide to eligible low-income subacribers in order to be eligible to receive universal service support. This service 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. Carriers are required to provide at least one type of toll-limitation service, unless their state commission provides them with additional time to complete the network upgrades needed to provide TLS.

- Line 16 Enter the dollar amount for the incremental cost of providing TLS. These costs include the costs that carriers otherwise would not incur if they did not provide toll-limitation service to a given customer. Carriers will be compensated for their costs in providing such service. Please note that the incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. In addition, Lifeline support in excess of the incremental cost of providing toll blocking will not be provided for switch upgrades.
- Line 17 Enter number of eligible subscribers for whom TLS was initiated. Must be equal to or less than either the number of Lifeline low income subscribers or Link Up low income subscribers.
- Line 18 Enter the dollar amount of total TLS dollars claimed (multiply Lines 16 and 17). All amounts should be reported in whole dollars

Presubscribed Interexchange Carrier Charge (PICC): (Price cap companies only; effective prior to 7/1/2000)

Description: The flat, presubscribed interexchange carrier charge (PICC) will enable incumbent LECs to recover non-traffic sensitive common line costs not recovered through subscriber line charges (SLCs). The PICC for primary residential lines has been eliminated effective 7/1/2000 with the CALLS Order.

- Line 19 Enter prior period adjustments (prior to July 2000) for the monthly PICC charge per primary residential line, which should not exceed \$1.04 per month from July 1999 through June 2000. After that date, no dollars should be reported.
- Line 20 Enter the number of eligible low-income subscribers, who have toll-blocking, per month. Must be equal to or less than either the number of Lifeline or Link Up low income subscribers.
- Line 21 Enter the dollar amount of the total waived PICC claimed (multiply Lines 19 and 20). All amounts should be reported in whole dollars.

Approved by OMB 3060-0819 Avg. Burden Est. per Respondent: 3.0 Hrs.

Box 22 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Lines 10 - total Lifeline, 15(c) - total Link Up, 18 - total TLS and 21 - total PICC. Enter the sum of these dollars on the line labelled Total Dollars. All amounts should be reported in whole dollars.

USAC projects each month's payment prior to receiving actual data and, upon receipt of actual data submitted on FCC Form 497, trues up the total dollars.

#### Certifications and Signatures (Block 23)

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

1) Certify that your company will publicize the availability of Lifeline and Link Up services in a manner reasonably designed to reach those likely to qualify for those services. See 47 C.F.R. Section 54.405(b).

2) Certify that your company will pass through the full amount of all Tier Two, Tier Three, and Tier Four 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 local telephone service. See 47 C.F.R. sections 54.403(a),(2), (3) and (4).

3) Certify that your company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s). See Federal-State Joint Board on Universal Service: Promoting Deployment and Subscribership in Unserved and Underserved Areas, including Tribal and Insular Areas, CC Docket No. 96-45, Twelfth Report and Order, Memorandum Opinion and Order, and Further Notice of Proposed Rulemaking, FCC 00-208 (rel. June 30, 2000), at paras. 43 and 85 (*Tribal Order*).

4) Certify (check off only one) whether or not your company is subject to state regulation. See Tribal Order at paras. 85 and 89.

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

Completed worksheet and certification should be returned to the USAC Piscataway office listed below by the third Monday after the end of each quarter. (See schedule listed below). You should submit three separate worksheets per quarter, i.e., one worksheet for each month within the quarter.

Data Months	Due Dates of Forms Sent to USAC Piscataway Office
January February March	3rd Monday in April
April May June	3rd Monday in July
July August September	3rd Monday in October
October November December	3rd Monday In January

FCC 497 Instructions October 2000

#### Instructions For LIFELINE and LINK UP WORKSHEET

Approved by OMB 3060-0819 Avg. Burden Est. per Respondent: 3.0 Hrs.

Forms can be faxed to the USAC Piscataway office at (866) 873(USF)-4665 Toll Free (Attention: Low Income Program) or mailed to:

USAC - Low Income Program 444 Hoes Lane RR 4A1060 Piscataway, NJ 08854

NOTICE: To implement Section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs. The Commission has expanded the availability of these programs and the level of funding for discounts to low-income customers.

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7

## LIFELINE AND LINK UP WORKSHEET

Approved by OMB 3060-0819 Avg. Burden Est. per Respondent: 3.0 Hre.

USAC Service Provider Identification Number (1)			14303	4152				Servi	ng Area (2)	239019	
(3)					(4)						
Company Name:	Absolute Home Phones, Inc										
Mailing Address:	710 NE 48th Avenue Rd.				a) S	tubmiss	ion Dat	e	June 24, 2010		<del></del>
	Ocala, FL 34470				b) (	Deta Moi	nth		2010-05		
Contact Name:	Caitlyn Murphy										
Telephone Number:	678-389-6024				c) T	ype of fi	lling (Cl	neck one);	Draft	Draft	
Fax Number:	770-594-3878									•	
E-mail Address:	cmmurp@cgminc.com				d) S	tate Rej	porting		NC		
Lifeline				# Lifeline			Lifoli	ne Support/		Total Life	170
Liteine				Subscribers				ie Supporv ipscriber			
Tier 1 Low-Income Sul	bscribers			(a)			<u></u>	(b)*		(C)	
receiving federal	Lifeline Support	(5)		5,097	x	\$_	\$	6.50	_ =	\$ <u>\$ 33,130</u>	.50
Tier 2 Low-Income Sul receiving federal		(6)		5,097	x	e	\$	1.75	-	\$ \$ 8,919	75
Tier 3 Low-Income Sul		(0)		5,001	^	Ψ.	4	1.75		\$ <u>\$</u> _0,010	
receiving federal	Lifeline Support	(7)		5,097	x	\$	\$	1.75	. =	\$ <u>\$</u> 8,919	.75
Tier 4 Low-Income Sul receiving federal	Lifeline Support	(8)			x	\$	\$		_ =	\$ <u>\$</u>	<u> </u>
* For multiple rates, use an a Link Up	average amount	<u></u>		Non-Tribal		(Sum	of lines	5c, 6c, 7c, 8 <u>Tribal</u>	c & 9)	<u>Total Lin</u>	k Up
				(a)				(b)		(C)	
Number of Conn	ections waived	(11)	·	2,756	•			~	-		
Charges waived	per Connection	(12) *	\$	30.00	(\$30	) max)		\$0.00	)_(\$100 max)		
Total Connection	n charges walved	(13)		\$82,680.00				\$0.00	<u>)</u>		
Deferred Interes	st	(14)		\$0.00	-			\$0.00	<u>)</u>		
Total Link Up do		· (15)		\$82,680.00		+		\$0.00	) ==	\$ \$ 82,68	0.00 (15
* For multiple rates, use an a		<u> </u>			_	_					
Number of subs	rvices (TLS) t of providing TLS cribers for whom	(16) (17)		\$5.198898 5,354	-		Total 1	LS dollars cl	aimed	\$ \$ 27,83	4.90 (18
TLS initiated				-							··········
Monthly charge	erexchange Carrier Char per line scribers per month	ge (PICC) (19) (20)	(Fo	er Price-cap com \$0.00		les on		PICC dollars		\$ <u>.</u> \$	<u>- (</u> 21
ETC Payment (22)											
	Total Lifeline \$ \$52,202	2.89		Total TLS		\$		\$27,834.9	0		
	Total Link Up s \$82,680			Total PICC		\$		\$0.0			
				Total Dollars		\$		\$162,717.7	9]		

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

#### LIFELINE AND LINK UP WORKSHEET

#### **CERTIFICATIONS AND SIGNATURES (23)**

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I certify that my company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s).

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Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify 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.

DATE

OFFICER/EMPLOYEE SIGNATURE

OFFICER/EMPLOYEE TITLE

OFFICER/EMPLOYEE NAME

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

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FCC 497 Instructions October 2000

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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) or Section 54.413 (Link Up) to receive support for offering Lifeline service to qualifying low-income customers or reduced service-connection charges through Link Up. 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 incremental cost of providing TLS. In addition, pursuant to Section 54.403(d), prior to July 1, 2000, the cost of the Presubscribed Carriers Charge (PICC) for Lifeline customers who elected toll blocking is also recoverable from the low-income program. FCC Form 497 is to be used 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 Serving Area indicate the 6-digit serving area for which you are claiming reimbursement.
- Box 3 Company Name, Mailing Address Indicate your company name and mailing address. Contact Name, Telephone Number and Fax Number - Person who should be contacted in the event we have inquiries regarding your form. E-mail Address - Indicate e-mail address of contact person listed above.

Box 4

- 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 work back as a submit back.
- b) but interior the month, on a quarterly basis.
   c) Type of filing Check "original" box if your company is reporting this data for the first time. If this is a revision to the 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 line items should be reported as positive numbers reflecting the actual amounts that should have been claimed for the month.
- d) State Reporting Please indicate in what state you are reporting activity.

#### Lifeline:

Description: The federal Lifeline Program benefits eligible low-income subscribers by reducing their monthly local phone charge between \$3.50 and \$32.85 per month. Tier 1

All eligible subscribers will receive a minimum of \$3,50 in federal support. Price cap companies are eligible to receive an additional \$0.85 in support for the period July 1, 2000 through June 30, 2001, if the additional amount is tariffed.

<u>Tier 2</u>

Another \$1.75 of federal support is available if the carrier certifies that it will pass through the full amount of Tier 2 support to its qualifying, low-income consumers and has received any non-federal regulatory approvals necessary to implement the required rate reduction. Tier 3

Additional federal Lifeline support in an amount equal to one-half the amount of any statemandated Lifeline support, or Lifeline support provided by the carrier, up to a maximum of \$1.75 per month, is also available, provided that the carrier has received any non-federal regulatory approvals and will pass through the full amount of Tier 3 support to its qualifying low-income consumers.

<u>Tier 4</u> 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), as long as that amount does not bring the basic local residential rate below \$1 per month per qualifying low income subscriber.

- Line 5(a) Provide the monthly number of low-income subscribers, for whom Tier 1 federal support is claimed.
- Line 5(b) Enter the rate of baseline federal support claimed per subscriber. Amount to be claimed is \$3.50 (\$4.35 for Price Cap companies) for the period July 1, 2000 through June 30, 2001.
- Line 5(c) Enter the total dollar amount of Tier 1 Lifeline support claimed. The amount will equal the product of line 5(a) and line 5(b). Amount should be reported in whole dollars.

Approved by OMB 3060-0819 Avg. Burden Est. per Respondent: 3.0 Hrs.

Line 6(a)	Provide the monthly count of low-income subscribers, for whom Tier 2 federal support is claimed.
Line 6(b)	Enter the additional rate per subscriber (\$1.75) for Tler 2 federal Lifeline support (if applicable).
Line 6(c)	Enter the total dollar amount of Tier 2 Lifeline support claimed. This amount is the product of line 6(a) and line 6(b). Amount should be reported in whole dollars.
Line 7(a)	Provide the monthly count of low-income subscribers, for whom Tier 3 federal Lifeline support is claimed.
Line 7(b)	Enter the rate per subscriber for Tier 3 federal Lifeline support claimed ( if applicable). This amount should be between \$0 (no state support) and \$1.75 (maximum federal support allowed).
Line 7(c)	Enter the total dollar amount of Tier 3 Lifeline support claimed. This amount is the product of line 7(a) and line 7(b). Amount should be reported in whole dollars.
Line 8(a)	Provide the monthly count of low-income subscribers, for whom Tier 4 federal Lifeline support is claimed.
Line 8(b)	Enter the rate per subscriber for Tier 4 Lifeline support claimed. This can range from \$0 to a maximum of \$25.
Line 8(c)	Enter total dollar amount of Tier 4 Lifeline support claimed. The amount will equal the product of line 8(a) and line 8(b). Amount should be reported in whole dollars.
Line 9	If claiming partial or pro-rata dollars, check the box on line 9. Enter the dollar amount (if applicable) for all partial or pro-rated subscribers. Amount should be reported in whole dollars, and may be either positive or negative, depending on whether there are more new subscribers being added part way through a month or more subscribers disconnecting during the reported month. DO NOT include partial or pro-rata amounts on lines 5 - 8.
Line 10	Total Lifeline dollars claimed for the reported month. Should be equal to the sum of lines 5(c), 6(c), 7(c), 8(c) and 9 and reported in whole dollars.
	Link Up:
	Description: Link Up reduces eligible low-income subscribers' charges for starting telephone service by one-half of the telephone company's charge, or \$30.00, whichever is iess, for subscribers residing on non-tribal lands. For subscribers residing on tribal lands, the reduction is up to \$100. Link Up also offers a deferred payment plan for charges assessed for starting service, for which eligible subscribers do not have to pay interest. Eligible subscribers are relieved of the requirement to pay interest charges of up to \$200 for a period not to exceed one year.
	(a) Non-Tribal Land Low-Income Subscribers Only
Line 11(a)	Provide the monthly count of Link Up subscribers not residing on tribal lands for whom connection charges are waived.
Line 12(a)	Enter the dollar amount of reduction per subscriber. The reduction should be one-half of the service providers' charge or \$30.00, whichever is less. For multiple rates, use an averaged amount.
Line 13(a)	Enter the dollar amount of connection charges reduced (multiply Lines 11(a) and 12(a)).
Line 14(a)	Enter the dollar amount of deferred interest (if applicable).

Line 15(a) Enter the dollar amount of total Link Up support (sum of Lines 13(a) and 14(a)). All amounts should be reported in whole dollars.

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#### Link Up:

#### (b) Tribal Land Low-Income Subscribers Only

- Line 11(b) Enter monthly count of Link Up subscribers residing on tribal lands, designated as such by the Bureau of Indian Affairs, for whom charges are waived.
- Line 12(b) Enter the dollar amount of reduction per subscriber. This reduction should not exceed \$100 in total. In addition to the \$30.00 referenced in paragraph 12(a) above, an additional \$70.00 reduction is available to cover 100 per cent of the charges between \$60.00 and \$130.00 for commencing service at the principal place of residence of an eligible resident of tribal lands.
- Line 13(b) Enter the dollar amount of connection charges reduced (multiply Lines 11(b) and 12(b)).
- Line 14(b) Enter the dollar amount of deferred interest (if applicable).
- Line 15(b) Enter the dollar amount of total Link Up support (sum of Lines 13(b) and 14(b)). All amounts should be reported in whole dollars.

(c) Total Link Up (Shaded box)

Line 15(c) Total Link Up dollars claimed for the reported month. Should be equal to the sum of lines 15(a) and 15(b) and reported in whole dollars.

#### Toll Limitation Services (TLS):

Description: TLS is a service that carriers must provide to eligible low-income subscribers in order to be eligible to receive universal service support. This service includes toll blocking, which allows subscribers to block outgoing toil calls, and also toil control, which allows subscribers to limit in advance their toil usage per month or billing cycle. Carriers are required to provide at least one type of toil-limitation service, unless their state commission provides them with additional time to complete the network upgrades needed to provide TLS.

- Line 16 Enter the dollar amount for the incremental cost of providing TLS. These costs include the costs that carriers otherwise would not incur if they did not provide toil-limitation service to a given customer. Carriers will be compensated for their costs in providing such service. Please note that the incremental cost of TLS does not include the full retail charge for TLS that the carrier would charge other consumers. In addition, Lifeline support in excess of the incremental cost of providing toil blocking will not be provided for switch upgrades.
- Line 17 Enter number of eligible subscribers for whom TLS was initiated. Must be equal to or less than either the number of Lifeline low income subscribers or Link Up low income subscribers.
- Line 18 Enter the dollar amount of total TLS dollars claimed (multiply Lines 16 and 17). All amounts should be reported in whole dollars

Presubscribed Interexchange Carrier Charge (PICC): (Price cap companies only; effective prior to 7/1/2000)

Description: The flat, presubscribed interexchange carrier charge (PICC) will enable incumbent LECs to recover non-traffic sensitive common line costs not recovered through subscriber line charges (SLCs). The PICC for primary residential lines has been eliminated effective 7/1/2000 with the CALLS Order.

- Line 19 Enter prior period adjustments (prior to July 2000) for the monthly PICC charge per primary residential line, which should not exceed \$1.04 per month from July 1999 through June 2000. After that date, no dollars should be reported.
- Line 20 Enter the number of eligible low-income subscribers, who have toll-blocking, per month. Must be equal to or less than either the number of Lifeline or Link Up low income subscribers.
- Line 21 Enter the dollar amount of the total waived PICC claimed (multiply Lines 19 and 20). All amounts should be reported in whole dollars.

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Box 22 This is the Total Low-Income Support amount to be paid to Eligible Telecommunications Carriers for the reported month. Enter the dollar amounts from Lines 10 - total Lifeline, 15(c) - total Link Up, 18 - total TLS and 21 - total PICC. Enter the sum of these dollars on the line labelled Total Dollars. All amounts should be reported in whole dollars. USAC projects each month's payment prior to receiving actual data and, upon receipt of actual data submitted on FCC Form 497, trues up the total dollars.

#### Certifications and Signatures (Block 23)

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

1) Certify that your company will publicize the availability of Lifeline and Link Up services in a manner reasonably designed to reach those likely to qualify for those services. See 47 C.F.R. Section 54.405(b).

2) Certify that your company will pass through the full amount of all Tier Two, Tier Three, and Tier Four 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 local telephone service. See 47 C.F.R. sections 54.403(a),(2), (3) and (4).

3) Certify that your company has received any non-federal regulatory approvals necessary to implement the required rate reduction(s). See Federal-State Joint Board on Universal Service: Promoting Deployment and Subscribership in Unserved and Underserved Areas, Including Tribal and Insular Areas, CC Docket No. 96-45, Twelfth Report and Order, Memorandum Opinion and Order, and Further Notice of Proposed Rulemaking, FCC 00-208 (rel. June 30, 2000), at paras. 43 and 85 (Tribal Order).

 Certify (check off only one) whether or not your company is subject to state regulation. See Tribel Order at paras. 85 and 89.

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

Completed worksheet and certification should be returned to the USAC Piscataway office listed below by the third Monday after the end of each quarter. (See schedule listed below). You should submit three separate worksheets per quarter, i.e., one worksheet for each month within the quarter.

Data Months	Due Dates of Forms Sent to USAC Piscataway Office
January February March	3rd Monday in April
April May June	3rd Monday in July
July August September	3rd Monday In October
October November December	3rd Monday in January

FCC 497 Instructions October 2000

#### Instructions For LIFELINE and LINK UP WORKSHEET

Forms can be faxed to the USAC Piscataway office at (866) 873(USF)-4665 Toll Free (Attention: Low Income Program) or mailed to:

USAC - Low Income Program 444 Hoes Lane RR 4A1060 Piscataway, NJ 08854

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 attordable 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, livre 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 with the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Peperwork Reduction Project (2050-0819). We will also accept your comments on the burden estimate via the Internet if you send them to jooley@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

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, proseculting, enforcing, or implementing the statute, rule, regulation or order. In cartiel cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

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

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