

Shawna Senko

From: Caitlyn Lumpkin <caitlyn.lumpkin@cgminc.com>
Sent: Monday, June 30, 2014 3:16 PM
To: Filings@psc.state.fl.us
Cc: ETC Lifeline Forms
Subject: COPY OF FCC FORM 481 - I-WIRELESS, LLC
Attachments: FL 481 IWI 2014.pdf

- 1) Heather Kirby
etclifelineforms@cgminc.com
1725 Windward Concourse, Ste 150
Alpharetta, Georgia 30005
- 2) Undocketed
- 3) On behalf of i-wireless, LLC
- 4) _17_ pages including cover letter
- 5) Pursuant to 47 C.F.R. 54.422, attached please find a copy of i-wireless, LLC's FCC Form 481

Regards,

Caitlyn Lumpkin
CGM, LLC
678-389-6024 (Direct)
770-594-3870 (Main)
770-594-3878 (Fax)

Expert Telecom Compliance, Inc.

1725 Windward Concourse
Suite 150
Alpharetta, Georgia 30005

June 30, 2014

VIA ELECTRONIC DELIVERY

Florida Public Service Commission
2540 Shumard Oak Blvd.
Tallahassee, FL 32399-0850

Re: FCC Form 481 - i-wireless, LLC

Dear Sir/Madam:

Pursuant to 47 C.F.R. § 54.422, enclosed please find for filing a copy of i-wireless, LLC's Eligible Telecommunications Carrier Annual Report (FCC Form 481).

- 1) Heather Kirby
etclifelineforms@cgminc.com
1725 Windward Concourse, Ste 150
Alpharetta, Georgia 30005
- 2) Undocketed
- 3) On behalf of i-wireless, LLC
- 4) _17_ pages including cover letter
- 5) Pursuant to 47 C.F.R. 54.422, attached please find a copy of i-wireless, LLC's FCC Form 481

If you have any questions or if I may provide you with any additional information, please do not hesitate to contact me at 770-232-7805 or etclifelineforms@cgminc.com.

Respectfully submitted,

/s/ Heather Kirby

Heather Kirby, Regulatory Specialist
Expert Telecom Compliance, Inc.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|--|-----------------------------|
| <010> Study Area Code | 219018 |
| <015> Study Area Name | I-Wireless LLC |
| <020> Program Year | 2015 |
| <030> Contact Name: Person USAC should contact with questions about this data | Heather Kirby |
| <035> Contact Telephone Number: Number of the person identified in data line <030> | 7702327805 ext. |
| <039> Contact Email Address: Email of the person identified in data line <030> | etclifelineforms@cgminc.com |

| | | |
|--|----------------------------|----------------------------|
| ANNUAL REPORTING FOR ALL CARRIERS | 54.313 | 54.422 |
| | Completion Required | Completion Required |

(check box when complete)

| | | | |
|---|---|-------------------------------------|-------------------------------------|
| <100> Service Quality Improvement Reporting | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <200> Outage Reporting (voice) | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <210> <input checked="" type="checkbox"/> <-- check box if no outages to report | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <300> Unfulfilled Service Requests (voice) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <310> Detail on Attempts (voice) | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <320> Unfulfilled Service Requests (broadband) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <330> Detail on Attempts (broadband) | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <400> Number of Complaints per 1,000 customers (voice) | | | |
| <410> Fixed | 0.0 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <420> Mobile | 0.57 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <430> Number of Complaints per 1,000 customers (broadband) | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <440> Fixed | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <450> Mobile | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <500> Service Quality Standards & Consumer Protection Rules Compliance | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <510> <input type="checkbox"/> 219018f1510.pdf | (attached descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <600> Functionality in Emergency Situations | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <610> <input type="checkbox"/> 219018f1610.pdf | (attached descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <700> Company Price Offerings (voice) | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <710> Company Price Offerings (broadband) | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <800> Operating Companies and Affiliates | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/> | (if yes, complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1000> Voice Services Rate Comparability | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1010> <input type="checkbox"/> | (attach descriptive document) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/> | (if not, check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1110> | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <1200> Terms and Condition for Lifeline Customers | (complete attached worksheet) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

| | | | |
|--------|-----------------------------------|--------------------------|-------------------------------------|
| <2000> | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <2005> | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

| | | | |
|--------|-----------------------------------|--------------------------|-------------------------------------|
| <3000> | (check to indicate certification) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <3005> | (complete attached worksheet) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|-----------------------------|
| <010> Study Area Code | 219018 |
| <015> Study Area Name | I-Wireless LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

<110> Has your company received its ETC certification from the FCC? (yes / no)

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? (yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

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**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

| | |
|---|-----------------------------|
| <010> Study Area Code | 219018 |
| <015> Study Area Name | I-Wireless LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | etc1ifelineforms@cgminc.com |

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

| Select (Yes,No, NA) |
|---------------------------|
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| (1100) No Terrestrial Backhaul Reporting Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|-----------------------------|
| <010> | Study Area Code | 219018 |
| <015> | Study Area Name | I-Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

| | |
|--|--|
| (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|--|--|

| | | |
|-------|---|-----------------------------|
| <010> | Study Area Code | 219018 |
| <015> | Study Area Name | I-Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

| | |
|---|--|
| <1210> Terms & Conditions of Voice Telephony Lifeline Plans | 219018f11210.docx Name of Attached Document |
|---|--|

| | |
|-------------------------------|------|
| <1220> Link to Public Website | HTTP |
|-------------------------------|------|

“Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- | | |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
|--|-------------------------------------|
- | | |
|---|-------------------------------------|
| <1222> Details on the number of minutes provided as part of the plan, | <input checked="" type="checkbox"/> |
|---|-------------------------------------|
- | | |
|---|-------------------------------------|
| <1223> Additional charges for toll calls, and rates for each such plan. | <input checked="" type="checkbox"/> |
|---|-------------------------------------|

| | |
|---|--|
| (2000) Price Cap Carrier Additional Documentation Data Collection Form <i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i> | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|-----------------------------|
| <010> | Study Area Code | 219018 |
| <015> | Study Area Name | I-Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

| | | |
|--|---|---|
| Incremental Connect America Phase I reporting | | |
| <2010> | 2nd Year Certification {47 CFR § 54.313(b)(1)} | <input type="checkbox"/> |
| <2011> | 3rd Year Certification {47 CFR § 54.313(b)(2)} | <input type="checkbox"/> |
| Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)} | | |
| <2012> | 2013 Frozen Support Certification | <input type="checkbox"/> |
| <2013> | 2014 Frozen Support Certification | <input type="checkbox"/> |
| <2014> | 2015 Frozen Support Certification | <input type="checkbox"/> |
| <2015> | 2016 and future Frozen Support Certification | <input type="checkbox"/> |
| Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} | | |
| <2016> | Certification Support Used to Build Broadband | <input type="checkbox"/> |
| Connect America Phase II Reporting {47 CFR § 54.313(e)} | | |
| <2017> | 3rd year Broadband Service Certification | <input type="checkbox"/> |
| <2018> | 5th year Broadband Service Certification | <input type="checkbox"/> |
| <2019> | Interim Progress Certification | <input type="checkbox"/> |
| <2020> | Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year. | <input type="checkbox"/> |
| <2021> | Interim Progress Community Anchor Institutions | <div style="border: 1px solid black; width: 200px; height: 80px; margin: 0 auto;"></div> Name of Attached Document Listing Required Information |

| | |
|---|---|
| (3000) Rate Of Return Carrier Additional Documentation | FCC Form 481 |
| Data Collection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | July 2013 |

| | |
|--|-----------------------------|
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| <015> Study Area Name | I-Wireless LLC |
| <020> Program Year | 2015 |
| <030> Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) **Progress Report on 5 Year Plan**
Milestone Certification (47 CFR § 54.313(f)(1)(i))

Name of Attached Document Listing Required Information

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(3014) If yes, does your company file the RUS annual report

(Yes/No)

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(3018) If the response is no on line 3014, Is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

| | |
|---|--|
| Certification - Reporting Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
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| <010> | Study Area Code | 219018 |
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| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| | |
|---|--------------------------------|
| Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients | |
| I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001. | |

| | |
|---|--|
| Certification - Agent / Carrier Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---|--|

| | | |
|-------|---|-----------------------------|
| <010> | Study Area Code | 219018 |
| <015> | Study Area Name | I-Wireless LLC |
| <020> | Program Year | 2015 |
| <030> | Contact Name - Person USAC should contact regarding this data | Heather Kirby |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7702327805 ext. |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | etclifelineforms@cgminc.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|--|--|
| <p>I certify that (Name of Agent) <u>Expert Telecom Compliance, Inc.</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.</p> | |
| Name of Authorized Agent: <u>Expert Telecom Compliance, Inc.</u> | |
| Name of Reporting Carrier: <u>I-Wireless LLC</u> | |
| Signature of Authorized Officer: <u>CERTIFIED ONLINE</u> | Date: <u>06/27/2014</u> |
| Printed name of Authorized Officer: <u>Paul McAleese</u> | |
| Title or position of Authorized Officer: <u>CEO</u> | |
| Telephone number of Authorized Officer: <u>5132409800 ext.</u> | |
| Study Area Code of Reporting Carrier: <u>219018</u> | Filing Due Date for this form: <u>07/01/2014</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier | |
|---|--|
| <p>I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.</p> | |
| Name of Reporting Carrier: <u>I-Wireless LLC</u> | |
| Name of Authorized Agent or Employee of Agent: <u>Expert Telecom Compliance, Inc.</u> | |
| Signature of Authorized Agent or Employee of Agent: <u>CERTIFIED ONLINE</u> | Date: <u>06/27/2014</u> |
| Printed name of Authorized Agent or Employee of Agent: <u>Heather Kirby</u> | |
| Title or position of Authorized Agent or Employee of Agent: <u>Regulatory Specialist</u> | |
| Telephone number of Authorized Agent or Employee of Agent: <u>7702327805 ext.</u> | |
| Study Area Code of Reporting Carrier: <u>219018</u> | Filing Due Date for this form: <u>07/01/2014</u> |
| <small>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</small> | |

Attachments

i-wireless, LLC
Access Wireless Lifeline Rates, Terms & Conditions

Option 1: Lifeline 250 Minutes Plan*

250 anytime minutes per month

(1 text = 1 minute of usage)

Net cost to Lifeline customer: \$0

Option 2: Lifeline Retail Discount Plan*

Lifeline eligible customers may apply a \$15 discount to any i-wireless monthly retail plan (excluding text only plans). Information on current retail plans can be found at

<http://www.iwirelesshome.com/shop/plans>

**both options include:*

- Free handset
- Free access to Voicemail, Caller-ID and call waiting
- Free calls to Customer Service
- Free calls to 911 emergency services
- Free balance inquiries
- Free domestic long distance
- Unused minutes can rollover to following month
- Customer can earn additional free minutes through Kroger Free Minute Loyalty Program

Additional Airtime:

| Amount | Talk Minutes | Unlimited Text | Data | Picture Mail |
|---------------|---------------------|-----------------------|-------------|---------------------|
| \$10 | 150 | 10 days | 100MB | 25 |
| \$25 | 300 | 30 days | .5G | 50 |
| \$50 | Unlimited | 30 days | 1G | 100 |

Complete program terms and conditions are available at www.accesswireless.com