

Marguerite McLean

From: Heather Kirby <hkirby@telecomcounsel.com>
Sent: Wednesday, October 16, 2013 2:29 PM
To: Filings@psc.state.fl.us
Cc: etclifelineforms@cgminc.com
Subject: COPY OF FCC FORM 481 - I-WIRELESS, LLC
Attachments: FL FILED 481 i-wi 2013.pdf

- 1) Submitted by:
Heather Kirby
etclifelineforms@cgminc.com
1725 Windward Concourse, Suite 150
Alpharetta, GA 30005
- 2) Undocketed
- 3) On behalf of i-wireless, LLC
- 4) 19 pages
- 5) Pursuant to 47 C.F.R. 54.422, attached please find a copy of i-wireless, LLC's FCC Form 481

Regards,

Heather Kirby
Regulatory Specialist
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Attorneys at Law
1725 Windward Concourse
Suite 150
Alpharetta, GA 30005
(770) 232-7805 (Direct)
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October 16, 2013

VIA ELECTRONIC DELIVERY

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

Re: i-wireless, LLC; Copy of FCC Form 481

To Whom It May Concern:

Pursuant to 47 C.F.R. § 54.422, enclosed please find for filing a copy of i-wireless, LLC's FCC Form 481.

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

Respectfully submitted,

s/

Heather Kirby, Regulatory Specialist
Lance J.M. Steinhart, P.C.
Attorneys for i-wireless, LLC

Enclosures

cc: Nicki Wollenhaupt

FCC Form 481 - Carrier Annual Reporting 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
<015> Study Area Name	I-Wireless LLC
<020> Program Year	2014
<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>	(770) 232-7805
<039> Contact Email Address: Email of the person identified in data line <030>	etclifelineform@cgminc.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion	Completion
	Required	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			
<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)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410>	Fixed	0.0		
<420>	Mobile	1.5		
<430>	Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440>	Fixed			
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510>	219018 FL 510	(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>	219018 FL 610	(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>		(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 type="checkbox"/>	<input checked="" 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
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<020>	Program Year	2014
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<035>	Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<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) <input type="radio"/> <input type="radio"/>
<111>	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) <input type="radio"/> <input type="radio"/>

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 (.pdf)

Please check these boxes below to confirm that the attached PDF, 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.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**(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	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
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<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	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cgminc.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

219018 FL 1210

Name of attached document (.pdf)

<1220> Link to Public Website

HTTP

"Please check these boxes below to confirm that the attached PDF, 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,

<1222> Details on the number of minutes provided as part of the plan,

<1223> Additional charges for toll calls, and rates for each such plan.

(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
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<010>	Study Area Code	219018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<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 PDF , 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	<input type="checkbox"/>
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

<010>	Study Area Code	219018
<015>	Study Area Name	I-Wireless LLC
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035>	Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<039>	Contact Email Address - Email Address of person identified in data line <030>	etclifelineforms@cqminc.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.

Progress Report on 5 Year Plan

<p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i)) Please check this box to confirm that the attached PDF, on line 3012,</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>
<p>(3011) contains the required information pursuant to § 54.313 (f)(1)(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.</p>		
<p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii)) (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 Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/> (Yes/No) <input type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p>		<p><input type="checkbox"/></p>
<p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation (3018) If the response is no on line 3014, Is your company audited? 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:</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/> (Yes/No)</p>
<p>(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) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(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: 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,</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3022) Underlying information subjected to a review by an independent certified public accountant (3023) Underlying information subjected to an officer certification.</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification. (3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/> <input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p>	<p><input type="checkbox"/></p>

**Certification - Reporting 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	2014
<030> Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035> Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<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
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<010> Study Area Code	219018
<015> Study Area Name	I-Wireless LLC
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Heather Kirby
<035> Contact Telephone Number - Number of person identified in data line <030>	(770) 232-7805
<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	
I certify that (Name of Agent) <u>FAS Tek Compliance Solutions, 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.	
Name of Authorized Agent:	FAS Tek Compliance Solutions, Inc
Name of Reporting Carrier:	I-Wireless LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 10/02/2013
Printed name of Authorized Officer:	Paul McAleese
Title or position of Authorized Officer:	CEO
Telephone number of Authorized Officer:	513-240-9800
Study Area Code of Reporting Carrier:	219018 Filing Due Date for this form: 10/15/2013
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.	

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	
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.	
Name of Reporting Carrier:	I-Wireless LLC
Name of Authorized Agent or Employee of Agent:	FAS Tek Compliance Solutions, Inc
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 10/02/2013
Printed name of Authorized Agent or Employee of Agent:	Heather Kirby
Title or position of Authorized Agent or Employee of Agent:	Regulatory Specialist
Telephone number of Authorized Agent or Employee of Agent:	(770) 232-7805
Study Area Code of Reporting Carrier:	219018 Filing Due Date for this form: 10/15/2013
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.	

Attachments

Service Quality and Consumer Protection

The Company is committed to satisfying all applicable state and federal requirements related to consumer protection and service quality standards.

The Company complies with the Cellular Telecommunications and Internet Association's (CTIA) Consumer Code for Wireless Service.

1. Disclose Rates and Terms of Service – These are fully disclosed in advertising as well as on the Company's website.
2. Make Coverage Maps Available – Coverage maps are available on the Company's website; by inputting a zip code, customers can see a map of the coverage in that area.
3. Provide contract terms – this does not apply since i-wireless does not employ contracts.
4. Allow a trial service – Retail customers can return their phone within 14-days for a refund. Since Lifeline customers receive free service, there is no commitment to the service on their part. If the service does not suit their needs, they can cancel service at any time without penalty.
5. Provide Specific Disclosure in advertising – All Company advertising, including its website, fully discloses charges and service parameters.
6. Separately Identify Carrier Charges from Tax on Billing Statements – i-wireless does not render billing statements to its prepaid customers, but for every transaction they make, service charges vs. taxes are fully described.
7. Provide Customers with the Right to Terminate Service Upon Changes to Their Contract – As mentioned, we don't employ contracts so this provision does not apply. Customers can, however, cancel service at any time without penalty.
8. Provide Ready Access to Customer Service – Customers can call customer service for free by dialing 611 or an 800 number. These numbers are disclosed on the Company's website and in advertising and customer welcome materials. Of note, our customer care service provides exceptional service that generally well exceeds our prepaid wireless peers. We have deployed technology whereby customers are offered a convenient call back, if the hold time will be more than 2 minutes due to peak traffic periods. Customers may also access Customer Service online through the Company's website.
9. Promptly Respond to Customer Inquiries and Complaints from Government Agencies – We promptly respond to all complaints. If a customer care representative cannot help a customer, we have an escalation process. i-wireless is committed to resolving customer questions, concerns and complaints in a swift and satisfactory manner.
10. Privacy Policy – Our privacy policy is available, via link, on every page of the Company's website. Our Terms and Conditions (which customers receive in their welcome packet) also summarize the privacy policy and refer customers to the more extensive privacy policy itself, for more information.

Functionality in Emergency Situations

As a reseller, the Company relies upon its underlying facilities-based carrier for functionality in emergency situations. Through the Company's agreement with its underlying carrier, Sprint, the Company has the ability to remain functional in emergency situations. The Sprint wireless network has reasonable amounts of back-up power and the ability to reroute traffic around damaged facilities and manage traffic spikes resulting from emergency situations. Each cell site in the Sprint's network is equipped with two to four hours of battery back-up power. Many cell sites in the Sprint network provide overlapping coverage for neighboring areas, ensuring that coverage continues in the event of damage to a particular facility. These neighboring cell sites can be adjusted to provide coverage to a wider service area in the event of an emergency. As an MVNO of Sprint, these capabilities benefit i-wireless customers.

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