	m 481 - Carrier Annual Reporting Illection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309007	
<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>	etclifelineforms@cgminc.com	
ANNUA	L REPORTING FOR ALL CARRIERS		54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete attached wo	(check box when complete) orksheet)
<200> <210>	Outage Reporting (voice) < check box if	(complete attached wo	orksheet) V
<310>	Unfulfilled Service Requests (voice) Detail on Attempts (voice) Unfulfilled Service Requests (broadband) Detail on Attempts (broadband)	(attach descriptive do	
<400> <410> <420> <430> <440> <450>	Number of Complaints per 1,000 customers (voice Fixed Mobile 1.8 Number of Complaints per 1,000 customers (broat Fixed Mobile		
<500> <510> <600> <610> <700> <710> <800> <1010> <1010> <1110> <1200>	Service Quality Standards & Consumer Protection 309007 OH 510 Functionality in Emergency Situations 309007 OH 610	(attached descriptive do	pocument) vification) virisheet) orksheet) vification) orksheet) virisheet) virisheet)
<2000> <2005>		(check to indicate certi, (complete attached wo	1 2 2 2 2 2
<3000>	Rate of Return Carriers, Proceed to <u>ROR Addition</u>	al Documentation Worksheet (check to indicate certi	

	ervice Quality Improvement Reporting Illection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013					
<010>	Study Area Code 309007						
<015>	Study Area Name I-Wireles	LLC					
<020>	Program Year 2014						
<030>	Contact Name - Person USAC should contact regarding this data	cher 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					
<110>	Has your company received its ETC certification from the FCC?	(yes / no) O					
<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) O					
<112>	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. 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 of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	mpany is a					
	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.	Name of Attached Document (.pdf)					
<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.						

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309007		
<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			

<220>	<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		1
	Number	Date	Time	Date	Time	Customers Affected	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
								ما ما				1
							See attache	u				
						WC	rksheet					
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												<u> </u>
												İ

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	309007
<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

<701> Residential Local Service Charge Effective Date

<702> Single State-wide Residential Local Service Charge

<703>

	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
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-									+
									<u> </u>
-					Coo ott	achad warkahaat			+
					See all	ached worksheet			
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(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	309007
<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 <03	0> (770) 232-7805
<039>	Contact Email Address - Email Address of person identified in data line <03	0> etclifelineforms@cgminc.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
-									
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. , .	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		309007	
<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 Num	nber - Number of person identified in data line	<030> (770) 232-7805	
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> etclifelineforms@cgminc.com			
<810>	Reporting Carrier	i-wireless, LLC		
<811>	Holding Company	N/A		

N/A

<812> Operating Company

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-	See a	ttached works	heet
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-	bal Lands Reporting lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309007		-
<015>	Study Area Name	I-Wireless I	.T.C	
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data	Heather Kir	by	
<035>	Contact Telephone Number - Number of person identified in data line	ne <030> (770)	232-7805	
<039>	Contact Email Address - Email Address of person identified in data line		Eelineforms@cgminc.com	
<910>	Tribal Land(s) on which ETC Serves			
<920>	Tribal Government Engagement Obligation	-		
	If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:	Select (Yes,No,	Name of Attached Document (.po	df)
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;	NA)		
<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.			

	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309007	
<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	
<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)		

Lifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		309007	
<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	
	Terms & Conditions of Voice Telephony Lifeline Plans	N	309007 OH 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,	V		
<1223>	Additional charges for toll calls, and rates for each such plan.	V		

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(2000) Pr	(2000) Price Cap Carrier Additional Documentation FCC Form 481					
Data Coll	tata Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-09819					
Including	ncluding Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers July 2013					
meraumg	Nate of Netarn Carners affinated with thee cap Eocal Exchange Carners					
<010>	Study Area Code 309	007				
<015>	Study Area Name	reless LLC				
<020>	Program Year 201					
<030>	Contact Name - Person USAC should contact regarding this data Hea	her 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	h - h h -	Photo Lorent from this Continue this Continue the first continue the f				
CHECK II	· · · · · · · · · · · · · · · · · · ·	Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II the information reported on this form and in the documents attached below is accurate.				
	support as set forth in 47 CFR 9 54.515(b),(c),(d),(e	the information reported on this form and in the documents attached below is accurate.				
	In any second of Comment Associate Phone I was entire					
-2040	Incremental Connect America Phase I reporting					
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	├				
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}					
	Dries Can Carrier Bassining France Support Cartification (47 CER & E4 212(a))					
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Certification					
<2012>						
<2013>	2014 Frozen Support Certification					
<2014>	2015 Frozen Support Certification					
<2015>	2016 and future Frozen Support Certification					
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}					
<2016>	Certification Support Used to Build Broadband					
<2010>	Certification support osed to build broadband					
	Connect America Phase II Reporting {47 CFR § 54.313(e)}					
<2017>	3rd year Broadband Service Certification					
<2017>	5th year Broadband Service Certification	<u>├</u>				
<2019>	Interim Progress Certification	├				
<2019>	Please check the box to confirm that the attached PDF, on line 2021,					
\2020>		injunt.				
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a re	·				
	of CAF Phase II support shall provide the number, names, and addresses					
	community anchor institutions to which began providing access to broad	uanu				
×20245	service in the preceding calendar year.	Name of Attached Decument Listing Required Information				
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information				

` '	ate Of Return Carrier Additional Documentation ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
- <010>	Study Area Code 309007		
<015>	Study Area Name I-Wirele	ss LLC	
<020>	Program Year 2014		
<030>	<u> </u>	ather Kirby	
<035> <039>	Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	(770) 232-7805 etclifelineforms@cgminc.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursu CFR § 54.313(f)(2). I further certify that	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attacl	
	Progress Report on 5 Year Plan		
(3010)	Milestone Certification {47 CFR § $54.313(f)(1)(i)$ } Please check this box to confirm that the attached PDF , on line 3012,	Name of Attached Document Listing Required Information	
(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.		
(3012) (3013) (3014)	Community Anchor Institutions {47 CFR § 54.313{f}(1)(ii)} Is your company a Privately Held ROR Carrier {47 CFR § 54.313{f}(2)} 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:	Name of Attached Document Listing Required Information	(Yes/No) (Yes/No)
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3017)	If the response is yes on line 3014, attach your company's RUS annual		
(3018)	report and all required documentation If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Information	(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)	PDF of 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.		
(3022)	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		
(3022)	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.		H
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	- <u></u>

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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	309007		
<015>	Study Area Name	I-Wireless LLC		
<020>	Program Year	2014		
<020×	Contact Name Borce	an LICAC should contact regarding this data	Heather Kirby	

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

<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

uring the accuracy of the annual reporting requirements for universal service support a and in any attachments is accurate.
Date
Filing Due Date for this form:
fen

	tion - Agent / Carrier lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	309007
<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 - Emai	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:

certify that (Name of Agent) Tek Compliance Solutions, Inc. 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, Ir	3				
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: 309007	Filing Due Date for this form: 10/15/2013				

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: 309007 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 Communica 18 of the United States Code, 18 U.S.C. §		r fine or imprisonment under Title			

Attachments

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		309007		
<015>	Study Area Name		I-Wireless LLC		
<020>	Program Year		2014		
<030>	Contact Name - Person L	JSAC should contact regarding this data	Heather Kirby		
<035>	Contact Telephone Num	ber - 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				
<810>	Reporting Carrier	i-wireless, LLC			
<811>	Holding Company	N/A			
<812>	Operating Company	N/A			

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	N/A	309007	Access Wireless
_	N/A	309007	K-Wireless, LLC
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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. <u>Disclose Rates and Terms of Service</u> These are fully disclosed in advertising as well as on the Company's website.
- 2. <u>Make Coverage Maps Available</u> –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. <u>Provide contract terms</u> this does not apply since i-wireless does not employ contracts.
- 4. <u>Allow a trial service</u> 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. <u>Provide Specific Disclosure in advertising</u> All Company advertising, including its website, fully discloses charges and service parameters.
- 6. <u>Separately Identify Carrier Charges from Tax on Billing Statements</u> 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. <u>Provide Customers with the Right to Terminate Service Upon Changes to Their Contract</u> As mentioned, we don't employ contracts so this provision does not apply. Customers can, however, cancel service at any time without penalty.
- 8. <u>Provide Ready Access to Customer Service</u> 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. <u>Promptly Respond to Customer Inquiries and Complaints from Government Agencies</u> 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. <u>Privacy Policy</u> 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:

Talk		Unlimited		Picture
Amount	Minutes	Text	Data	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

This foregoing document was electronically filed with the Public Utilities

Commission of Ohio Docketing Information System on

10/15/2013 6:25:08 PM

in

Case No(s). 13-1115-TP-COI

Summary: Annual Report FCC Form 481 electronically filed by Miss Sunny B Rollings on behalf of i-wireless, LLC