

<010> Study Area Code	359002
<015> Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020> Program Year	2019
<030> Contact Name: Person USAC should contact with questions about this data	Chad Cleveland
<035> Contact Telephone Number: Number of the person identified in data line <030>	7128414610 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	chad@laurens-la.org
Form Type	54.422

<010>	Study Area Code	359002
<015>	Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

<220>

(400) Number of Complaints per 1,000 customers
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	159002
<015>	Study Area Name	LAMARSH MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line	7138414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line	chad@lamarsh-la.org
<400>	Select from the drop-down list to indicate how you would like to report voice complaints (zero or greater) for voice telephony service in the prior calendar year for each service area in which you are designated an ETC for any facilities you own, operate, lease, or otherwise utilize.	
<410>	Complaints per 1000 customers for fixed voice	
<420>	Complaints per 1000 customers for mobile voice	

(600) Compliance With Service Quality Standards and Consumer Protection Rules Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2018
<01> Study Area Code	319602	
<01> Study Area Name	LABORERS NONRESIDENTIAL COMMON CANTONS UTILITY	
<02> Program Year	2019	
<030> Contact Name - Person USAC should contact regarding this data	Chad Cleveland	
<030> Contact Telephone Number - Number of person identified in data line <030>	7124414610 ext.	
<030> Contact Email Address - Email Address of person identified in data line <030>	chad31@ucom-ia.org	
<51> Certify compliance with applicable minimum service standards		

(600) Functionality in Emergency Situations
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	359002
<015>	Study Area Name	LAURENS MONITORING COMMUNICATION UTILITY
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	724444610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-la.org
<600>	Certify compliance regarding ability to function in emergency situations	
<610>	Descriptive document for Functionality in Emergency Situations	

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2018

<010>	Study Area Code	359002
<015>	Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org
<810>	Reporting Carrier	Laurens Municipal Broadband Communications Utility
<811>	Holding Company	Laurens Municipal Broadband Communications Utility
<812>	Operating Company	Laurens Municipal Broadband Communications Utility

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

<010> Study Area Code	359002
<015> Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035> Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

<900> Does the filing entity offer tribal land services? (Y/N)

<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 PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(5) 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 or No or Not Applicable

**(1000) Voice and Broadband Service Rate Comparability
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	359002
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<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

<1000> Voice services rate comparability certification

<1010> Attach detailed description for voice services rate comparability compliance

Name of Attached Document

<1020> Broadband comparability certification

<1030> Attach detailed description for broadband comparability compliance

Name of Attached Document

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	359002
<015>	Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

<1100> Certify whether terrestrial backhaul options exist (Y/N)

<1130> Please select the appropriate response (Yes, No, Not Applicable) 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).

<1140> Alaska Plan rate-of-return certification (yes, no, or not applicable) of compliance with approved performance plan.

(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 2018

<010>	Study Area Code	359002
<015>	Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

FCC Lifeline Terms and Conditions 070118.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP www.laurens-ia.com

"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, ☒
- <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. ☒

(2005) Price Cap Carrier Additional Documentation**Data Collection Form***Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers*

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2018

<010>	Study Area Code	359002
<015>	Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of 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(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

<2015> 2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}

<2016> Certification support used to build broadband

Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017A> Connect America Fund Phase II recipient?

<2017C> Total amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2017.

<2018> Attach the number, names, and addresses of community anchor institutions to which the carrier newly began providing access to broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)

Name of Attached Document Listing
Required Information

<2019> Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)

(3005) Rate Of Return Carrier Additional Documentation
Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2018

<010>	Study Area Code	359002
<015>	Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

CAF BLS Reporting

- (3008A) Please indicate whether new locations were deployed during the prior calendar year. (Yes/No)
- (3008B) Please enter the number of new locations deployed in the prior calendar year associated with each of the following speed tiers.
- (3008B1) Number of newly built locations with access to broadband speeds of at least 10/1 Mbps but less than 25/3 Mbps.
- (3008B2) Number of newly built locations with access to broadband speeds of 25/3 Mbps or higher.
- (3008C) Please provide the percentage of deployment across the entire study area.

<010>	Study Area Code	359002
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<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<038>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure 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.

(3009)	Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii)	
(3010A)	Certification of Public Interest Obligations (47 CFR § 54.313(f)(1)(i))	
(3010B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3012A)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
(3012B)	Please Provide Attachment	Name of Attached Document Listing Required Information
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No) <input type="radio"/> <input type="radio"/>
(3014)	If yes, does your company file the RUS annual report	(Yes/No) <input type="radio"/> <input type="radio"/>
	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:	
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(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) <input type="radio"/> <input type="radio"/>
	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	<input type="checkbox"/>
(3020)	(2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit.	<input type="checkbox"/>
	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	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information

(3005) Rate Of Return Carrier Additional Documentation (Continued)

FCC Form 481

Data Collection Form

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July 2018

<010> Study Area Code	359002
<015> Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035> Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

<010>	Study Area Code	359002
<015>	Study Area Name	
<020>	Program Year	LARSEN MUNICIPAL COMMUNICATIONS UTILITY 2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	712811450 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@claudena-la.org

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations and provide a list of newly served community anchor institutions.

Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 79)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas.

Community Anchor Institutions – FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003a, please provide a response for 4003b.

4003b. Provide the number, names and addresses Name of Attached Document Listing Required Information of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.

<010>	Study Area Code	315002
<015>	Study Area Name	LAURENS METRICFL COMMUNICATIONS UTILITY
<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Glad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	716325427 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad.laurens@la.org

(5010) Do you participate in the Alaska plan?

(Yes/No)

(Yes/No)

(Yes/No)

[illegible]

**Certification - Reporting Carrier
Data Collection Form**

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 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2018

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<020>	Program Year	2019
<030>	Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035>	Contact Telephone Number - Number of person identified in data line <030>	7128414610 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

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:	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
Signature of Authorized Officer:	CERTIFIED ONLINE Date 07/06/2018
Printed name of Authorized Officer:	Chad Cleveland
Title or position of Authorized Officer:	Manager
Telephone number of Authorized Officer:	7128414610 ext.
Study Area Code of Reporting Carrier:	359002 Filing Due Date for this form: 07/16/2018
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. 3060-0985/OMB Control No. 3060-0819
 July 2018

<010> Study Area Code	359002
<015> Study Area Name	LAURENS MUNICIPAL COMMUNICATIONS UTILITY
<020> Program Year	2019
<030> Contact Name - Person USAC should contact regarding this data	Chad Cleveland
<035> Contact Telephone Number - Number of person identified in data line <030>	7128414510 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	chad@laurens-ia.org

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) _____ 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:	
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.	

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:	
Name of Authorized Agent Firm:	
Signature of Authorized Agent or Employee of Agent:	Date:
Name of Authorized Agent Employee:	
Title or position of Authorized Agent or Employee of Agent	
Telephone number of Authorized Agent or Employee of Agent:	
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.	

Attachments

Laurens Municipal Broadband Communications Utility

Lifeline Terms and Conditions

Laurens Municipal Broadband Communications Utility (the "Company") offers Lifeline program-supported service to qualified low-income residential consumers. The Lifeline Assistance Program provides discounts to eligible low-income consumers to help them establish and maintain telephone service or broadband internet access service. Lifeline assistance lowers the cost of basic, monthly local telephone or broadband internet service. Eligible consumers can receive \$9.25 per month in discounts. In addition, the Federal Universal Service Charge is not assessed to consumers participating in Lifeline. Toll blocking prevents the placement of all long distance calls for which a subscriber would be charged. Toll blocking is available to eligible consumers at no cost. Also, by choosing this option, consumers are usually not charged a deposit.

Lifeline Program Eligibility Information

Program Based Eligibility

Consumers are eligible for Lifeline if they, one of their dependents or their household participate in one of the following qualifying assistance programs:

Medicaid
 Supplemental Nutrition Assistance Program (SNAP)
 Supplemental Security Income (SSI)
 Federal Public Housing Assistance
 Veterans and Survivors Pension Benefit

Acceptable documentation of program eligibility includes the current or prior year's statement of benefits from a qualifying assistance program, a notice, letter or documents of participation in a qualifying assistance program, or another official document demonstrating that you, or one or more of your dependents, or your household receives benefits from a qualifying assistance program.

Lifeline applicants must present documentation demonstrating eligibility either through participation in one of the qualifying federal assistance programs or through income-based means.

Income Based Eligibility

In addition, consumers are eligible for Lifeline if their household income is at or below 135% of the federal poverty guidelines.

2018 Federal Poverty Guidelines – 135%

Household Size	48 Contiguous States and D.C.	Alaska	Hawaii
1	\$16,389	\$20,493	\$18,846
2	\$22,221	\$27,783	\$25,555.50
3	\$28,053	\$35,073	\$32,265
4	\$33,885	\$42,363	\$38,974.50
5	\$39,717	\$49,653	\$45,684
6	\$45,549	\$56,943	\$52,393.50
7	\$51,381	\$64,233	\$59,103
8	\$57,213	\$71,523	\$65,812.50
For each additional person, add	\$5,832	\$7,290	\$6,709.50

Acceptable documentation of income eligibility includes: prior year's federal or state income tax return; current annual income statement from an employer; paycheck stubs for most recent three (3) consecutive months; social security statement of benefits; Veterans Administration statement of benefits; retirement or pension statement of benefits; unemployment or workmen's compensation statement of benefits; Letter of participation in general assistance; or a divorce decree or child support.

Numbers of Minutes-of-Use Provided as Part of Lifeline Program Service

The Company's Voice Lifeline service includes unlimited local minutes-of-use within the toll-free calling area. The Company's Voice Lifeline Plan does not include any free minutes-of-use for toll. Toll is billed at the standard toll rate depending on which interexchange carrier the consumer subscribes to for toll service. As part of the Lifeline service, Toll Blocking is available to eligible consumers at no cost.

Rates

Subscribers may receive the Lifeline credit on any type or grade of local service, including bundled services that are normally offered by the Company. Advertised rates do not include any applicable taxes or surcharges.

Residential Phone Line:	\$10.00 a month
LMPC Long Distance:	\$0.12 per minute
LMPC Unlimited Long Distance:	\$15.00 a month

Recertification of Lifeline Eligibility

Lifeline recipients are required to recertify their eligibility annually. Failure to properly recertify a recipient's continued eligibility for the Lifeline program will result in termination of the Lifeline recipient's monthly Lifeline discount and de-enrollment from the Lifeline Program.

Additional Lifeline Program Information

The Lifeline program is limited to one benefit per household, consisting of either wireline or wireless telephone service or broadband Internet access service. A household is defined, for purposes of the Lifeline program, as an individual or group of individuals who live together at the same address and share income and expenses. Lifeline is a government benefit program, and consumers who willfully make false statements in order to obtain the benefit can be punished by fine or imprisonment or can be barred from the program.