

OCT 20 2014

Federal Communications Commission
Office of the Secretary

DOC 06-122

HELP DESK LOG FORM

TrackingNumber

Today's Date:

Call Start Time

Call End Time:

Help Desk Operator (Preparer):

Source:
Voice Mail (418-1995)

Contact Name:

Primary FRN:

Additional FRN (s):

Company Name:

Contact Address:

Contact Phone:

Contact Email:

Contact Fax:

Issue Presented by Contact: Red Light Letter ID:

Red Light Ltr Date:

Date of Request for Reconsideration or subsequent appeal:

Reference:

Date of Dismissal:

Tax Payer Identification Number:

Was payment or challenge received within 30 days of the date of the red-light notice?

Enter Date of Payment or Challenge:

Recommend Reinstatement of service or license:

Reinstatement Reason:

DOCKET FILE COPY ORIGINAL

Comments:

Action Taken

Issue Reslvd Date:

No. of Copies rec'd 042
List ABCDE

Incoming Communication Tracking - Entry Screen

Tracking Number	12660	Date Received	2/3/2010
File Number		Date Filed	2/2/2010
		Date Completed	

Letters Sent

2 day	<input type="checkbox"/>
30 day	<input type="checkbox"/>
60 day	<input type="checkbox"/>
60 day (2)	<input type="checkbox"/>

General Information

Source	Email	Call Sign	
Program	USF	FCC Code 1	
Communication Type	Waiver of Rules	FCC Code 2	
Bureau	OMD	Licensing System	
Secondary Bureau	OMD	Wavier Amount	\$0.00

Applicant/Contact Information

FRN	0008759722		
Applicant Name	Achieve Telecom Network Of MA, LLC		
Address 1	40 Shawmut Road		
Address 2	Suite 200		
City, State Zip	Canton	MA	02021
Contact Name	Joy Jackson	Additional FRN	
Contact Phone	(781) 737-1891	Additional Name	

Assignment/Status Information

Assigned To	PEROT	Disposition Status	Open
Assigned To POC		Outcome	
RE	Request for Waiver appeal for all open USF debts.	Filer ID	823002
Date Assigned		Bill Number	09US005149,09US
Reassigned To		Fee Control Numbe	
Date Reassigned			
2nd Reassigned To			
2nd Date Reassigned			

Assignment/Status Information

<p>Comments</p> <p>Please find the attached file for Achieve Telecom Network regarding a Waiver-Appeal Request as indicated on the documents.</p> <p>Please call with any questions at 781-737-1891 or email me directly at joyjackson@achievetelnet.com.</p>
--

Sherry Elkheshin

From: ARINQUIRIES
Sent: Tuesday, February 02, 2010 5:52 PM
To: Sherry Elkheshin
Subject: FW: Waiver Appeal Submittal for Achieve Telecom Network of MA LLC
Attachments: Waiver filed to FCC #1 020210.pdf

Stephen M. French
Protiviti Government Services
OMD-Financial Operations
Office: 2-A629
Direct Line: 202-418-1878
Fax: 202-418-7869

From: Joy Jackson [mailto:joyjackson@achievetelnet.com]
Sent: Tuesday, February 02, 2010 4:10 PM
To: ARINQUIRIES
Subject: Waiver Appeal Submittal for Achieve Telecom Network of MA LLC

Please find the attached file for Achieve Telecom Network regarding a Waiver-Appeal Request as indicated on the documents.

Please call with any questions at 781-737-1891 or email me directly at joyjackson@achievetelnet.com.

Thank you -

Joy Jackson
President
Achieve Telecom Network
joyjackson@achievetelnet.com



February 2, 2010

Federal Communications Commission
Office of the Managing Director
445 12th Street, S.W. - Room 1-A625
Washington, D.C. 20554
Attn: Regulatory Fee Waiver/Reduction Request

Request for Waiver Appeal for all Open Universal Service Fund Alleged Debts

RE: Bill Number(s): 09US005149 AND 09US005330
FRN: 008759722

Please accept this letter as formal notification to the Federal Communications Commission (FCC) regarding the above mentioned Bill Numbers 09 US005149 AND 09US005330 for Achieve Telecom Network of MA, LLC; FRN 008759722; Filer ID Number: 823002 that Achieve Telecom is not operating as a company at this time and we do not owe these invoices.

At this time, I respectfully ask that the FCC cease any collection activities to collect these alleged USF debts from Achieve Telecom. Achieve Telecom has not filed nor has it projected any telecommunications revenue on FCC Form 499Q in the last six reporting quarters. FCC Form 499A for 2009 has "zero" revenue recognition and "zero" projected revenue. I have attached these documents for your information. It is clear from these filings that Achieve Telecom has not recognized revenues from any telecommunications business for a substantial period of time. Based upon the submission of these forms, I ask the FCC to consider this matter resolved and that Achieve Telecom has no outstanding fees including any late fees or interest due to the FCC.

In addition, Achieve Telecom has received a true-up invoice (attached) from the Universal Service Administrative Company (USAC) for \$24, 097.42 which indicates that projected revenue was adjusted by USAC and funds are owed to Achieve Telecom by USAC.

If you should have any questions, please feel free to contact me via telephone at 781-737-1891; cell phone at 865-41406624 or via email at joyjackson@achievetelnet.com.

Sincerely,


Joy Jackson
President

attachments

COPY

FCC Form 499-Q Telecommunications Reporting Worksheet
Quarterly Filing for Universal Service Contributors

Approval by OMB
3060-0855

>>> Please read instructions before completing <<<

Block 1: Contributor Identification Information		101	Filer 499 ID	823002
102	Legal name of reporting entity	Achieve Telecom Network of MA, LLC		
103	IRS employer identification number	32-0061935		
104	Name telecommunications provider is doing business as	Achieve Telecom Network of MA, LLC		
105	Holding company [All affiliated companies should show same name here.]			
106	FCC Registration Number (FRN)	0008-7597-22		
107	Complete mailing address of reporting entity's corporate headquarters	Street 1 Street 2 Street 3	40 Shawmut Road Suite 200	City St Country

Block 2: Contact Information				
108	Person who completed this worksheet	First Joy	M D	Last Jackson
109	Telephone number of this person	(781) - 737-1891	ext	
110	Fax number of this person	(781) - 821-2236		
111	Email of this person	joyjackson@achievetelnet.com		
112	Billing address and billing contact person [Bills for Universal Service contributions will be sent to this address.]	Street1 Street2 Street3	40 Shawmut Road Suite 200	City St E-Mail

Block 3: Contributor Historical and Projected Revenue Information				
113	Year of historical revenue information	2009		
114	Indicate which quarterly filing this represents	<input checked="" type="checkbox"/> Filing due February 1 <input type="checkbox"/> May 1 <input type="checkbox"/> August 1 <input type="checkbox"/> November 1	Historical revenues for October 1 - December 31 (prior year) January 1 - March 31 April 1 - June 30 July 1 - September 30	Projected revenues for April 1 - June 30 July 1 - September 30 October 1 - December 31 January 1 - March 31 (following calendar year)
Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.		Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115	Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP	\$0.00	\$0.00	\$0.00
116	End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	\$0.00	\$0.00	\$0.00
117	All other goods and services	\$0.00	Column (b) and (c) not requested	
118	Gross-billed revenues from all sources [sum of above]	\$0.00	for Lines 117 and 118	
119	Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00
120	Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity	
121	I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. <input checked="" type="checkbox"/>
I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.	
122	Signature
123	Printed name of officer
124	Position with reporting entity
125	Email of officer Required if available
126	Date
127	This filing is: <input checked="" type="checkbox"/> Original filing <input type="checkbox"/> Revised filing [revisions due within 45 days of original filing deadline]

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W., Suite 200 Washington DC, 20036
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §101

FCC Form 499-Q Telecommunications Reporting Worksheet
Quarterly Filing for Universal Service Contributors

COOPY
 >>> Please read instructions before completing <<<

Approval by OMB
3080-0855

Block 1: Contributor Identification Information

101 Filer 499 ID: 101 Filer 499 ID: 823002

102 Legal name of reporting entity: Achieve Telecom Network of MA, LLC

103 IRS employer identification number: 32-0061935

104 Name telecommunications provider is doing business as: Achieve Telecom Network of MA, LLC

105 Holding company (All affiliated companies should show same name here.):

106 FCC Registration Number (FRN): 0008-7597-22

107 Complete mailing address of reporting entity's corporate headquarters:
 Street 1: 40 Shaws Road City: Canton
 Street 2: Suite 200 St: MA Zip: 02128
 Street 3: Country:

Block 2: Contact Information

108 Person who completed this worksheet: First Joy M D Last Jackson

109 Telephone number of this person: (781) - 737-1891 ext

110 Fax number of this person: (781) - 821-2236

111 Email of this person: joyjackson@achievetele.net

112 Billing address and billing contact person:
 [Bills for Universal Service contributions will be sent to this address.]
 Street 1: 40 Shaws Road City: Canton First Joy Last Jackson
 Street 2: Suite 200 St: MA Zip: 02128 Ph: 781 737-1891 Ext
 Street 3: E-Mail: joyjackson@achievetele.net Fax: 781 821-2236

Block 3: Contributor Historical and Projected Revenue Information

113 Year of historical revenue information: 2009

114 Indicate which quarterly filing this represents:
 Filing due February 1
 May 1
 August 1
 November 1

	Historical revenues for	Projected revenues for
	October 1 - December 31 (prior year)	April 1 - June 30
	January 1 - March 31	July 1 - September 30
	April 1 - June 30	October 1 - December 31
	July 1 - September 30	January 1 - March 31 (following calendar year)

Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.	Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115 Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP	\$0.00	\$0.00	\$0.00
116 End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	\$0.00	\$0.00	\$0.00
117 All other goods and services		Column (b) and (c) not requested	
118 Gross-billed revenues from all sources [sum of above]	\$0.00	for Lines 117 and 118	
119 Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00
120 Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity

121 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.

122 Signature

123 Printed name of officer: First Joy M D Last Jackson

124 Position with reporting entity: President, CEO

125 Email of officer || Required if available ||: joyjackson@achievetele.net

126 Date: 10/01/2009

127 This filing is: Original filing Revised filing [revisions due within 45 days of original filing deadline]

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems - file electronically at

<http://forms.universalservice.org>

FCC Form 499-Q
April 2009

COPY

FCC Form 499-Q Telecommunications Reporting Worksheet
Quarterly Filing for Universal Service Contributors

>>> Please read instructions before completing <<<

Approval by OMB
3060-0855

Block 1: Contributor Identification Information

101 Filer 499 ID 823002

102 Legal name of reporting entity Achieve Telecom Network of MA, LLC

103 IRS employer identification number 32-0061935

104 Name telecommunications provider is doing business as Achieve Telecom Network of MA, LLC

105 Holding company [All affiliated companies should show same name here.]

106 FCC Registration Number (FRN) 0008-7597-22

107 Complete mailing address of reporting entity's corporate headquarters
 Street 1 40 Shawmut Road City Carson
 Street 2 Suite 200 St MA Zip 02120
 Street 3 Country

Block 2: Contact Information

108 Person who completed this worksheet
 First Joy M D Last Jackson

109 Telephone number of this person (781) - 737-1891 ext

110 Fax number of this person (781) - 821-2236

111 Email of this person joyjackson@achievetelnet.com

112 Billing address and billing contact person.
 [Bills for Universal Service contributions will be sent to this address.]
 Street1 40 Shawmut Road City Carson First Joy Last Jackson
 Street2 Suite 200 St MA Zip 02120 Ph. 781 737-1891 Ext
 Street3 E-Mail joyjackson@achievetelnet.com Fax 781 821-2236

Block 3: Contributor Historical and Projected Revenue Information

113 Year of historical revenue information 2009

114 Indicate which quarterly filing this represents
 Filing due
 February 1
 May 1
 August 1
 November 1

	Historical revenues for	Projected revenues for
	October 1 - December 31 (prior year)	April 1 - June 30
	January 1 - March 31	July 1 - September 30
	April 1 - June 30	October 1 - December 31
	July 1 - September 30	January 1 - March 31 (following calendar year)

Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.	Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115 Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP	\$0.00	\$0.00	\$0.00
116 End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	\$0.00	\$0.00	\$0.00
117 All other goods and services		Column (b) and (c) not requested	
118 Gross-billed revenues from all sources [sum of above]	\$0.00	for Lines 117 and 118	
119 Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00
120 Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity

121 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.

122 Signature

123 Printed name of officer First Joy M D Last Jackson

124 Position with reporting entity President, CEO

125 Email of officer || Required if available || joyjackson@achievetelnet.com

126 Date 07/07/2009

127 This filing is: Original filing Revised filing [revisions due within 45 days of original filing deadline]

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Foim499@universalservice.org

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems - file electronically at

http://forms.universalservice.org

FCC Form 499-Q
April 2009

COPY

FCC Form 499-Q Telecommunications Reporting Worksheet
Quarterly Filing for Universal Service Contributors

>>> Please read instructions before completing <<<

Approval by OMB
3060-0855

Block 1: Contributor Identification Information

101 Filer 499 ID: 101 823002

102 Legal name of reporting entity: Achieve Telecom Network of MA, LLC

103 IRS employer identification number: 32-0061935

104 Name telecommunications provider is doing business as: Achieve Telecom Network of MA, LLC

105 Holding company (All affiliated companies should show same name here.):

106 FCC Registration Number (FRN): 0008-7597-22

107 Complete mailing address of reporting entity's corporate headquarters:
 Street 1: 40 Shawmut Road
 Street 2: Suite 200
 Street 3:
 City: Canton
 St: MA
 Zip: 02129
 Country:

Block 2: Contact Information

108 Person who completed this worksheet: First Joy M D Last Jackson

109 Telephone number of this person: (781) - 737-1891 ext

110 Fax number of this person: (781) - 821-2236

111 Email of this person: joyjackson@achievetelnet.com

112 Billing address and billing contact person:
 [Bills for Universal Service contributions will be sent to this address.]
 Street 1: 40 Shawmut Road
 Street 2: Suite 200
 Street 3:
 City: Canton
 St: MA
 Zip: 02129
 E-Mail: joyjackson@achievetelnet.com
 First Joy M D Last Jackson
 Ph: 781 737-1891 Ext
 Fax: 781 821-2236

Block 3: Contributor Historical and Projected Revenue Information

113 Year of historical revenue information: 2009

114 Indicate which quarterly filing this represents:
 Filing due February 1
 Filing due May 1
 Filing due August 1
 Filing due November 1

Historical revenues for	Projected revenues for
October 1 - December 31 (prior year)	April 1 - June 30
January 1 - March 31	July 1 - September 30
April 1 - June 30	October 1 - December 31
July 1 - September 30	January 1 - March 31 (following calendar year)

Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.	Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115 Telecommunications provided to other universal service contributors for resale-as telecommunications or as interconnected VoIP	\$0.00	\$0.00	\$0.00
116 End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	\$0.00	\$0.00	\$0.00
117 All other goods and services	\$0.00	Column (b) and (c) not requested	
118 Gross-billed revenues from all sources [sum of above]	\$0.00	for Lines 117 and 118	
119 Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00
120 Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity

121 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.

122 Signature

123 Printed name of officer: First Joy M D Last Jackson

124 Position with reporting entity: President, CEO

125 Email of officer [Required if available]: joyjackson@achievetelnet.com

126 Date: 04/08/2009

127 This filing is: Original filing Revised filing [revisions due within 45 days of original filing deadline]

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

Save time, avoid problems - file electronically at

<http://forms.universalservice.org>

FCC Form 499-Q
February 2008

FCC Form 499-Q Telecommunications Reporting Worksheet
 Quarterly Filing for Universal Service Contributors

>>> Please read instructions before completing

Approval by OMB
3060-0855



Block 1: Contributor Identification Information 101

102 Legal name of reporting entity: Achieve Telecom Network of MA, LLC

103 IRS employer identification number: 32-0061935

104 Name telecommunications provider is doing business as: Achieve Telecom Network of MA, LLC

105 Holding company [All affiliated companies should show same name here.]:

106 FCC Registration Number (FRN): 0008-7597-22

107 Complete mailing address of reporting entity's corporate headquarters:
 Street 1: 40 Shavermet Road City: Canton
 Street 2: Suite 200 St: MA Zip: 02120
 Street 3: Country:

Block 2: Contact Information

108 Person who completed this worksheet: First Joy M D Last Jackson

109 Telephone number of this person: (781) - 737-1891 ext

110 Fax number of this person: (781) - 821-2236

111 Email of this person: joyjackson@achievetelnet.com

112 Billing address and billing contact person:
 [Bills for Universal Service contributions will be sent to this address.]
 Street1: 40 Shavermet Road City: Canton First Joy Last Jackson
 Street2: Suite 200 St: MA Zip: 02120 Ph: 781 737-1891 Ext
 Street3: E-Mail: joyjackson@achievetelnet.com Fax: 781 821-2236

Block 3: Contributor Historical and Projected Revenue Information

113 Year of historical revenue information: 2008

114 Indicate which quarterly filing this represents:
 Filing due February 1
 May 1
 August 1
 November 1
 Historical revenues for: October 1 - December 31 (prior year)
 January 1 - March 31
 April 1 - June 30
 July 1 - September 30
 Projected revenues for: April 1 - June 30
 July 1 - September 30
 October 1 - December 31
 January 1 - March 31 (following calendar year)

Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.	Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115 Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP	\$0.00	\$0.00	\$0.00
116 End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	\$0.00	\$0.00	\$0.00
117 All other goods and services	\$0.00	Column (b) and (c) not requested	
118 Gross-billed revenues from all sources [sum of above]	\$0.00	for Lines 117 and 118	
119 Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00
120 Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity

121 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.

122 Signature: _____

123 Printed name of officer: First Joy M D Last Jackson

124 Position with reporting entity: President, CEO

125 Email of officer || Required if available ||: joyjackson@achievetelnet.com

126 Date: 01/08/2009

127 This filing is: Original filing Revised filing [revisions due within 45 days of original filing deadline]

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Form499@universalservice.org

PERSONS WILLFULLY MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001

CONFIRM #: 2162653

FCC Form 499-Q Telecommunications Reporting Worksheet
 Quarterly Filing for Universal Service Contributors

Approval by OMB
3060-0855

>>> Please read instructions before completing <<<

Block 1: Contributor Identification Information		101	Filer 499 ID	823002
102	Legal name of reporting entity	Achieve Telecom Network of MA, LLC		
103	IRS employer identification number	32-0061935		
104	Name telecommunications provider is doing business as	Achieve Telecom Network of MA, LLC		
105	Holding company [All affiliated companies should show same name here.]			
106	FCC Registration Number (FRN)	0008-7597-22		
107	Complete mailing address of reporting entity's corporate headquarters	Street 1 Street 2 Street 3	48 Shavenot Road Suite 200	City St Country Canton MA Zip 02120

COPY

Block 2: Contact Information				
108	Person who completed this worksheet	First Joy	M D	Last Jackson
109	Telephone number of this person	(781) - 737-1891	ext	
110	Fax number of this person	(781) - 821-2236		
111	Email of this person	joyjackson@achievetelnet.com		
112	Billing address and billing contact person: [Bills for Universal Service contributions will be sent to this address.]	Street1 Street2 Street3	48 Shavenot Road Suite 200	City Canton St MA Zip 02120 First Joy Last Jackson Ph. 781 737-1891 Ext E-Mail joyjackson@achievetelnet.com Fax 781 821-2236

Block 3: Contributor Historical and Projected Revenue Information				
113	Year of historical revenue information	2008		
114	Indicate which quarterly filing this represents	Filing due <input type="checkbox"/> February 1 <input type="checkbox"/> May 1 <input type="checkbox"/> August 1 <input checked="" type="checkbox"/> November 1	Historical revenues for October 1 - December 31 (prior year) January 1 - March 31 April 1 - June 30 July 1 - September 30	Projected revenues for April 1 - June 30 July 1 - September 30 October 1 - December 31 January 1 - March 31 (following calendar year)
Historical billed revenues with no allowance or deductions for uncollectibles. See instructions.		Total Revenues (a)	Interstate Revenues (b)	International Revenues (c)
115	Telecommunications provided to other universal service contributors for resale as telecommunications or as interconnected VoIP	\$0.00	\$0.00	\$0.00
116	End-user telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues	\$0.00	\$0.00	\$0.00
117	All other goods and services	\$0.00	Column (b) and (c) not requested	
118	Gross-billed revenues from all sources [sum of above]	\$0.00	for Lines 117 and 118	
119	Projected gross-billed end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00
120	Projected collected end-user interstate and international telecommunications revenues including any pass-through charges for universal service contributions, but excluding international-to-international revenues		\$0.00	\$0.00

Block 4: CERTIFICATION: to be signed by an officer of the reporting entity				
121	I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules. <input checked="" type="checkbox"/>			
I certify that I am an officer of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true, that said Worksheet is an accurate statement of the affairs of the above-named company for the quarter and that the projections of gross-billed and collected revenues represent a good-faith estimate based on company procedures and policies.				
122	Signature			
123	Printed name of officer	First Joy	M D	Last Jackson
124	Position with reporting entity	President, CEO		
125	Email of officer Required if available	joyjackson@achievetelnet.com		
126	Date	10/21/2008		
127	This filing is:	<input checked="" type="checkbox"/> Original filing <input type="checkbox"/> Revised filing [revisions due within 45 days of original filing deadline]		

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
 For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet Info: (888) 641-8722 or via e-mail: Fom499@universalservice.org

PERSONS WILLFULLY-MAKING FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1011

Save time, avoid problems - file electronically at

<http://forms.universalservice.org>

FCC Form 499-Q
February 2008

CONFIDENTIAL

2009 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2008 Revenues)

Approval by OMB 3060-0855

>>> Please read instructions before completing. <<<

Annual Filing -- due April 1, 2009

Block 1: Contributor Identification Information

During the year, filers must refile Blocks 1, 2 and 6 if there are any changes in Lines 104 or 112. See instructions.

101 Filer 499 ID [If you don't know your number, contact the administrator at (888) 641-8722. If you are a new filer, write "new" in this block and a Filer 499 ID will be assigned to you.]

823002

102 Legal name of reporting entity

Achieve Telecom Network of MA, LLC

COPY

103 IRS employer identification number

[Enter 9 digit number] 32-0061935

104 Name telecommunications provider is doing business as

Achieve Telecom Network of MA, LLC

105 Telecommunications activities of filer [Select up to 5 boxes that best describe the reporting entity. Enter numbers starting with "1" to show the order of importance -- see directions.]

- Checkboxes for CAP/CLEC, Cellular/PCS/SMR, Interconnected VoIP, Payphone Service Provider, Shared-Tenant Service Provider, Cellular/PCS/SMR (wireless telephony incl. by resale), Interexchange Carrier (IXC), Local Reseller, Prepaid Card, SMR (dispatch), Coaxial Cable, Operator Service Provider (OSP), Private Service Provider, Toll Reseller, Incumbent LEC, Paging & Messaging, Satellite Service Provider, Wireless Data.

If Other Local, Other Mobile or Other Toll is checked, describe carrier type / services provided: ->

106.1 Holding company name (All affiliated companies must show the same name on this line.)

106.2 Holding company IRS employer identification number

[Enter 9 digit number]

107 FCC Registration Number (FRN) [https://svartifoss2.fcc.gov/cores/CoresHome.html] [For assistance, contact the CORES help desk at 877-480-3201 or CORES@fcc.gov]

0008-7597-22

[Enter 10 digit number]

108 Management company [if filer is managed by another entity]

109 Complete mailing address of reporting entity corporate headquarters

Note: this address will be used for the ITSP FCC regulatory fee billings unless the appropriate box is checked on Line 208.

Street1 40 Shawmut Road, Street2 Suite 200, Street3, City Canton, State MA, Zip (postal code) 02120, Country if not USA

110 Complete business address for customer inquiries and complaints

check if same address as Line 109

Street1 40 Shawmut Road, Street2 Suite 200, Street3, City Canton, State MA, Zip (postal code) 02120, Country if not USA

111 Telephone number for customer complaints and inquiries [Toll-free number if available]

(888) - 743-1144 ext -

112 List all trade names used in the past 3 years in providing telecommunications. Include all names by which you are known by customers.

a, b, c, d, e, f

g, h, i, j, k, l

Use an additional sheet if necessary. Each reporting entity must provide all names used for telecommunications activities.

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

http://forms.universalservice.org

FCC Form 499-A February 2009

2009 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2008 Revenues)

Block 2-A: Regulatory Contact Information

201 Filer 499 ID [from Line 101]	823002
202 Legal name of reporting entity [from Line 102]	Achieve Telecom Network of MA, LLC
203 Person who completed this Worksheet	First Joy MI D Last Jackson
204 Telephone number of this person	(781) - 737-1891 ext -
205 Fax number of this person	(781) - 821-2236
206 Email of this person Required if available -- not for public release	joyjackson@achievetelnet.com
207 Corporate office, attn. name, and mailing address to which future Telecommunications Reporting Worksheets should be sent check if same name as Line 203 <input checked="" type="checkbox"/> check if same address as Line 109 <input checked="" type="checkbox"/>	Office Email [required if available, not for public release] joyjackson@achievetelnet.com Attn First name Joy MI D Last Jackson Phone (781) - 737-1891 ext- Fax (781) - 821-2236 Street1 40 Shawmut Road Street2 Suite 200 Street3 City Canton State MA Zip (postal code) 02120 Country if not USA
208 Billing address and billing contact person: [Plan administrators will send bills for contributions to this address. Please attach a written request for alternative billing arrangements.] check if name and address same as Line 207 <input checked="" type="checkbox"/> check to use Line 208 information for FCC ITSP regulatory fee bill <input checked="" type="checkbox"/>	Company Email [required if available, not for public release] joyjackson@achievetelnet.com Attn First name Joy MI D Last Jackson Phone (781) - 737-1891 ext- Fax (781) - 821-2236 Street1 40 Shawmut Road Street2 Suite 200 Street3 City Canton State MA Zip (postal code) 02120 Country if not USA

COPY

Block 2-B: Agent for Service of Process

All carriers and providers of interconnected VoIP must complete Lines 209 through 213. During the year, carriers and providers of interconnected VoIP must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

209 D.C. Agent for Service of Process per 47 U.S.C. § 413	Company Patton Boggs LLP Attn First name Paul MI C Last Besozzi
210 Telephone number of D.C. agent	(202) - 457-5292 ext -
211 Fax number of D.C. agent	(202) - 457-6315
212 Email of D.C. agent Required if available	
213 Complete business address of D.C. agent for hand service of documents check to use Line 213 information for FCC ITSP regulatory fee bill <input type="checkbox"/> [If both Line 208 and Line 213 are checked, Line 208 will be used.]	Street1 2550 M Street NW Street2 Street3 City Washington State DC Zip 20037 1350
214 Local/alternate Agent for Service of Process (optional)	Company Attn First name MI Last
215 Telephone number of local/alternate agent	() - ext -
216 Fax number of local/alternate agent	() -
217 Email of local/alternate agent Required if available	
218 Complete business address of local/alternate agent for hand service of documents check to use Line 218 information for FCC ITSP regulatory fee bill <input type="checkbox"/> [If both Line 208 and Line 218 are checked, Line 208 will be used.]	Street1 Street2 Street3 City State Zip (postal code) Country if not USA

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

2009 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2008 Revenues)

Block 2-C: FCC Registration and Contact Information

Filers must refile Blocks 1, 2 and 6 if there are any changes in this section. See Instructions.

219 Filer 499 ID [from Line 101]	823002		
220 Legal name of reporting entity [from Line 102]	Achieve Telecom Network of MA, LLC		
221 Chief Executive Officer (or, highest ranking company officer if the filing entity does not have a chief executive officer)	First Joy	M D	Last Jackson
222 Business address of individual named on Line 221 check if same as Line 109 <input checked="" type="checkbox"/>	Street1 40 Shawmut Road Street2 Suite 200 Street3 City Canton	State MA	Zip (postal code) 02120 Country if not USA
223 Second ranking company officer, such as Chairman (Must be someone other than the individual listed on Line 221)	First Victor	M E	Last Gallo
224 Business address of individual named on Line 223 check if same as Line 109 <input checked="" type="checkbox"/>	Street1 40 Shawmut Road Street2 Suite 200 Street3 City Canton	State MA	Zip (postal code) 02120 Country if not USA
225 Third ranking company officer, such as President or Secretary (Must be someone other than individuals listed on Lines 221 or 223)	First	M	Last
226 Business address of individual named on Line 225 check if same as Line 109 <input type="checkbox"/>	Street1 Street2 Street3 City	State	Zip (postal code) Country if not USA
227 Indicate jurisdictions in which the filing entity provides service. Include jurisdictions in which service was provided in the past 15 months and jurisdictions in which service is likely to be provided in the next 12 months.			
<input type="checkbox"/> Alabama	<input type="checkbox"/> Guam	<input checked="" type="checkbox"/> Massachusetts	<input type="checkbox"/> New York
<input type="checkbox"/> Alaska	<input type="checkbox"/> Hawaii	<input type="checkbox"/> Michigan	<input type="checkbox"/> North Carolina
<input type="checkbox"/> American Samoa	<input type="checkbox"/> Idaho	<input type="checkbox"/> Midway Atoll	<input type="checkbox"/> North Dakota
<input type="checkbox"/> Arizona	<input type="checkbox"/> Illinois	<input type="checkbox"/> Minnesota	<input type="checkbox"/> Northern Mariana Islands
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Indiana	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Ohio
<input type="checkbox"/> California	<input type="checkbox"/> Iowa	<input type="checkbox"/> Missouri	<input type="checkbox"/> Oklahoma
<input type="checkbox"/> Colorado	<input type="checkbox"/> Johnston Atoll	<input type="checkbox"/> Montana	<input type="checkbox"/> Oregon
<input type="checkbox"/> Connecticut	<input type="checkbox"/> Kansas	<input type="checkbox"/> Nebraska	<input type="checkbox"/> Pennsylvania
<input type="checkbox"/> Delaware	<input type="checkbox"/> Kentucky	<input type="checkbox"/> Nevada	<input type="checkbox"/> Puerto Rico
<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New Hampshire	<input type="checkbox"/> Rhode Island
<input type="checkbox"/> Florida	<input type="checkbox"/> Maine	<input type="checkbox"/> New Jersey	<input type="checkbox"/> South Carolina
<input type="checkbox"/> Georgia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New Mexico	<input type="checkbox"/> South Dakota
<input type="checkbox"/> Tennessee	<input type="checkbox"/> Texas	<input type="checkbox"/> Utah	<input type="checkbox"/> U.S. Virgin Islands
<input type="checkbox"/> Vermont	<input type="checkbox"/> Virginia	<input type="checkbox"/> Wake Island	<input type="checkbox"/> Washington
<input type="checkbox"/> West Virginia	<input type="checkbox"/> Wisconsin	<input type="checkbox"/> Wyoming	

COPY

228 Year and month filer first provided (or expects to provide) telecommunications in the U.S.	<input type="checkbox"/> Check if prior to 1/1/1999, otherwise	Year 2003	Month
--	--	-----------	-------

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

http://forms.universalservice.org

FCC Form 499-A
February 2009

SAVE AND PRINT

2009 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2008 Revenues)

Block 3: Carrier's Carrier Revenue Information

301 Filer 499 ID [from Line 101]	623002
302 Legal name of reporting entity [from Line 102]	Achieve Telecom Network of MA, LLC

Report billed revenues for January 1 through December 31, 2008. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars.

See instructions regarding percent interstate & international.

Revenues from Services Provided for Resale as Telecommunications by Other Contributors to Federal Universal Service Support Mechanisms

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate (b)	International (c)	Interstate Revenues (d)	International Revenues (e)
Fixed local service					
Monthly service, local calling, connection charges, vertical features, and other local exchange service including subscriber line and PICC charges to IXCs					
303.1 Provided as unbundled network elements (UNEs)	\$0.00	0.00	0.00	\$0.00	\$0.00
303.2 Provided under other arrangements	\$0.00	0.00	0.00	\$0.00	\$0.00
Per-minute charges for originating or terminating calls					
Provided under state or federal access tariff					
304.1	\$0.00	0.00	0.00	\$0.00	\$0.00
304.2 Provided as unbundled network elements or other contract arrangement	\$0.00	0.00	0.00	\$0.00	\$0.00
Local private line & special access service					
Provided to other contributors for resale as telecommunications					
305.1	\$0.00	0.00	0.00	\$0.00	\$0.00
Provided to other contributors for resale as interconnected VoIP					
305.2	\$0.00	0.00	0.00	\$0.00	\$0.00
306 Payphone compensation from toll carriers	\$0.00	0.00	0.00	\$0.00	\$0.00
307 Other local telecommunications service revenues	\$0.00	0.00	0.00	\$0.00	\$0.00
308 Universal service support revenues received from Federal or state sources	\$0.00	0.00	0.00	\$0.00	\$0.00
Mobile services (including wireless telephony, paging & messaging, and other mobile services)					
309 Monthly, activation, and message charges except toll	\$0.00	0.00	0.00	\$0.00	\$0.00
Toll services					
Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.)					
310	\$0.00	0.00	0.00	\$0.00	\$0.00
Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
311	\$0.00	0.00	0.00	\$0.00	\$0.00
312 Long distance private line services	\$0.00	0.00	0.00	\$0.00	\$0.00
313 Satellite services	\$0.00	0.00	0.00	\$0.00	\$0.00
314 All other long distance services	\$0.00	0.00	0.00	\$0.00	\$0.00
315 Total revenues provided for resale [Lines 303 through 314]	\$0.00	0.00	0.00	\$0.00	\$0.00

Note: As stated in the instructions, for all revenues reported on this page, you must retain the Filer 499 ID and contact information for the associated customers. You must verify that each of these customers was a direct contributor to the federal universal service support mechanism for calendar year 2008 and that the customer is purchasing service for resale as telecommunications. These records must be made available to the administrator or the FCC upon request. The FCC website contains information on federal universal service contributors. (See instructions.)

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A
February 2009

SAVE AND CLOSE

2009 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2008 Revenues)

Block 4-A: End-User and Non-Telecommunications Revenue Information

401 Filer 499 ID [from Line 101]	823002				
402 Legal name of reporting entity [from Line 102]	Achieve Telecom Network of MA, LLC				
Report billed revenues for January 1 through December 31, 2008. Do not report any negative numbers. Dollar amounts may be rounded to the nearest thousand dollars. However, report all amounts as whole dollars. See instructions regarding percent interstate & international.	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Interstate Revenues (d)	International Revenues (e)
		Interstate (b)	International (c)		
Revenues from All Other Sources (end-user telecom. & non-telecom.)					
403 Surcharges or other amounts on bills identified as recovering State or Federal universal service contributions	\$0.00	0.00	0.00	\$0.00	\$0.00
<i>Fixed local services</i>					
Monthly service, local calling, connection charges, vertical features, and other local exchange service charges except for federally tariffed subscriber line charges and PICC charges	\$0.00	0.00	0.00	\$0.00	\$0.00
<i>traditional circuit switched</i>					
404.1 Provided at a flat rate including interstate toll service -- local portion					
404.2 Provided at a flat rate including interstate toll service -- toll portion	\$0.00	0.00	0.00	\$0.00	\$0.00
404.3 Provided without interstate toll included (see instructions)	\$0.00	0.00	0.00	\$0.00	\$0.00
<i>interconnected VoIP</i>					
404.4 Offered in conjunction with a broadband connection	\$0.00	0.00	0.00	\$0.00	\$0.00
404.5 Offered independent of a broadband connection	\$0.00	0.00	0.00	\$0.00	\$0.00
405 Tariffed subscriber line charges and PICC charges levied by a local exchange carrier on a no-PIC customer	\$0.00	0.00	0.00	\$0.00	\$0.00
406 Local private line & special access service [Includes the transmission portion of wireline broadband Internet access provided on a common carrier basis.]	\$0.00	0.00	0.00	\$0.00	\$0.00
407 Payphone coin revenues (local and long distance)	\$0.00	0.00	0.00	\$0.00	\$0.00
408 Other local telecommunications service revenues	\$0.00	0.00	0.00	\$0.00	\$0.00
<i>Mobile services (including wireless telephony, paging & messaging, and other mobile services)</i>					
409 Monthly and activation charges	\$0.00	0.00	0.00	\$0.00	\$0.00
410 Message charges including roaming and air-time charges for toll calls, but excluding separately stated toll charges	\$0.00	0.00	0.00	\$0.00	\$0.00

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A
February 2009

Block 4-A: Continued

	Total Revenues (a)	If breakouts are not book amounts, enter whole percentage estimates		Breakouts	
		Interstate	International	Interstate Revenues (d)	International Revenues (e)
<i>Toll services</i>					
411 Prepaid calling card (including card sales to customers and non-carrier distributors) reported at face value of cards	\$0.00	0.00	0.00	\$0.00	\$0.00
412 International calls that both originate and terminate in foreign points	\$0.00	0%	100%		\$0.00
413 Operator and toll calls with alternative billing arrangements (credit card, collect, international call-back, etc.) other than revenues reported on Line 412	\$0.00	0.00	0.00	\$0.00	\$0.00
Ordinary long distance (direct-dialed MTS, customer toll-free (800/888 etc.) service, "10-10" calls, associated monthly account maintenance, PICC pass-through, and other switched services not reported above)					
414.1 All, other than interconnected VoIP, including, but not limited to, itemized toll on wireline and wireless bills	\$0.00	0.00	0.00	\$0.00	\$0.00
414.2 All interconnected VoIP long distance, including, but not limited to, itemized toll	\$0.00	0.00	0.00	\$0.00	\$0.00
415 Long distance private line services	\$0.00	0.00	0.00	\$0.00	\$0.00
416 Satellite services	\$0.00	0.00	0.00	\$0.00	\$0.00
417 All other long distance services	\$0.00	0.00	0.00	\$0.00	\$0.00
Revenues other than U.S. telecommunications revenues, including information services, inside wiring maintenance, billing and collection customer premises equipment, published directory, dark fiber, Internet access, cable TV program transmission, foreign carrier operations, and non-telecommunications revenues. (See instructions.)					
418.1 bundled with circuit switched local exchange service	\$0.00				
418.2 bundled with interconnected VoIP local exchange service	\$0.00				
418.3 other	\$0.00				

COPY

Block 4-B: Total Revenue and Uncollectible Revenue Information

419 Gross billed revenues from all sources (incl. reseller & non-telecom.) [Lines 303 through 314 plus Lines 403 through 418]	\$0.00			\$0.00	\$0.00
420 Gross universal service contribution base amounts [Lines 403 through 411 Lines 413 through 417] See Figure 4 in instructions.	\$0.00			\$0.00	\$0.00
421 Uncollectible revenue/bad debt expense associated with gross billed revenues amounts shown on Line 419 [See Instructions Page 26]	\$0.00			\$0.00	\$0.00
422 Uncollectible revenue/bad debt expense associated with universal service contribution base amounts shown on Line 420	\$0.00			\$0.00	\$0.00
423 Net universal service contribution base revenues [Line 420 minus line 422]	\$0.00			\$0.00	\$0.00

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A

February 2009

2009 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2008 Revenues)

Block 5: Additional Revenue Breakouts

501 Filer 499 ID [from Line 101]	823002
502 Legal name of reporting entity [from Line 102]	Achieve Telecom Network of MA, LLC

Filers that report revenues in Block 3 and Block 4 must provide the percentages requested in Lines 503 through 510. See page 27 of instructions for limited exceptions.

Percentage of revenues reported in Block 3 and Block 4 billed in each region of the country. Round or estimate to nearest whole percentage. Enter 0 if no service was provided in the region.

COPY

		Block 3 Carrier's Center (a)	Block 4 End-User Telecom. (b)
503 Southeast:	Alabama, Florida, Georgia, Kentucky, Louisiana, Mississippi, North Carolina, Puerto Rico, South Carolina, Tennessee, and U.S. Virgin Islands	0 %	0 %
504 Western:	Alaska, Arizona, Colorado, Idaho, Iowa, Minnesota, Montana, Nebraska, New Mexico, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming	0 %	0 %
505 West Coast:	California, Hawaii, Nevada, American Samoa, Guam, Johnston Atoll, Midway Atoll, Northern Mariana Islands, and Wake Island.	0 %	0 %
506 Mid-Atlantic:	Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Virginia, and West Virginia	0 %	0 %
507 Mid-West:	Illinois, Indiana, Michigan, Ohio, and Wisconsin	0 %	0 %
508 Northeast:	Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont	0 %	0 %
509 Southwest:	Arkansas, Kansas, Missouri, Oklahoma, and Texas	0 %	0 %
510 Total	[Percentages must add to 0 or 100.]	0 %	0 %

511 Revenues from resellers that do not contribute to Universal Service support mechanisms are included in Block 4-B, Line 420 but may be excluded from a filer's TRS, NANPA, LNP, and FCC interstate telephone service provider regulatory fee contribution bases. To have these amounts excluded, the filer has the option of identifying such revenues below. As stated in the instructions, you must have in your records the FCC Filer 499 ID for each customer whose revenues are included on Line 511. (See instructions.)

	(a)	(b)
	Total Revenues	Interstate and International
Revenues from resellers that do not contribute to Universal Service	\$ 0	\$ 0

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A
February 2009

2009 FCC Form 499-A Telecommunications Reporting Worksheet (Reporting Calendar 2008 Revenues)

Block 6: CERTIFICATION: to be signed by an officer of the filer

601 Filer 499 ID [from Line 101]	823002
602 Legal name of reporting entity [from Line 102]	Achieve Telecom Network of MA, LLC

Section IV of the instructions provides information on which types of reporting entities are required to file for which purposes. Any entity claiming to be exempt from one or more contribution requirements should so certify below and attach an explanation. [The Universal Service Administrator will determine which entities meet the *de minimis* threshold based on information provided in Block 4, even if you fail to so certify, below.]

603 I certify that the reporting entity is exempt from contributing to: Universal Service TRS NANPA LNP Administration

Provide explanation below:

604 Please indicate whether the reporting entity is State or Local Government Entity I.R.C. § 501 or State Tax Exempt (see instructions)

605 I certify that the revenue data contained herein are privileged and confidential and that public disclosure of such information would likely cause substantial harm to the competitive position of the company. I request nondisclosure of the revenue information contained herein pursuant to Sections 0.459, 52.17, 54.711 and 64.604 of the Commission's Rules.

I certify that I am an officer of the above-named reporting entity as defined on page 33 of the instructions, that I have examined the foregoing report and, to the best of my knowledge, information and belief, all statements of fact contained in this Worksheet are true and that said Worksheet is an accurate statement of the affairs of the above-named company for the previous calendar year. In addition, I swear, under penalty of perjury, that all requested identification registration information has been provided and is accurate. If the above-named reporting entity is filing on a consolidated basis, I certify that this filing incorporates all of the revenues for the consolidated entities for the entire year and that the filer adhered to and continues to meet the conditions set forth in Section II-B of the instructions.

606 Signature			
607 Printed name of officer	First Joy	MI D	Last Jackson
608 Position with reporting entity	President, CEO		
609 Business telephone number of officer	(781) - 737-1891	ext -	
610 Email of officer Required if available -- not for public release	joyjackson@achievetelnet.com		
611 Date	03/11/2009		
612 Check those that apply:	<input checked="" type="checkbox"/> Original April 1 filing for year	<input type="checkbox"/> New filer, registration only	<input type="checkbox"/> Revised filing with updated registration <input type="checkbox"/> Revised filing with updated revenue data

Do not mail checks with this form. Send this form to: Form 499 Data Collection Agent c/o USAC 2000 L Street, N.W. Suite 200 Washington DC, 20036
For additional information regarding this worksheet contact: Telecommunications Reporting Worksheet information: (888) 641-8722 or via email: Form499@universalservice.org

PERSONS MAKING WILLFUL FALSE STATEMENTS IN THE WORKSHEET CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. § 1001

Save time, avoid problems -- file electronically at

<http://forms.universalservice.org>

FCC Form 499-A
February 2009

SAVE



Filer 499 ID: 823002
 Invoice Number: UBDI0000401837
 Statement Date: 01/22/2010
 New Balance: (\$24,097.42)
 Payment Due Date: 02/12/2010
 Amount Enclosed:

Achieve Telecom Network of MA, LLC
 Attention: Joy Jackson
 40 Shawmut Road, Suite 200
 Canton, MA, 02120

Mail Payment To:
 Universal Service Administrative Company
 PO Box 105056
 Atlanta, GA 30348-5056

Address Change? See reverse side for instructions.

If paying for multiple Filer 499 IDs, please check here and complete form on back.

Send top portion of statement with payment in enclosed envelope. Keep bottom portion for your records.

STATEMENT OF ACCOUNT

Date	Description	Charges	Credits
01/15/2010	Previous Balance		(\$24,097.42)
	TOTAL OUTSTANDING USAC BALANCE AS OF 1/15/2010		(\$24,097.42)

Transactions occurring after 01/15/2010 are not reflected on this statement.

Under the Debt Collection Improvement Act of 1996 (Pub. L. 104-134) (DCIA), your BALANCE DUE is a demand that you pay a DEBT owed to the United States on or before the DUE DATE. If the DUE DATE is non-business day, payment must be received the business day before that date. Any portion of the DEBT unpaid after the DUE DATE is a DELINQUENT DEBT, which may result in sanctions, including interest, penalties, and administrative charges. Failure to file a Telecommunications Worksheet may result in a late filing fee DEBT added to your BALANCE DUE. Read the reverse of this Invoice for important information about those sanctions and your legal rights and obligations.

Statement Date	Invoice Number	Filer 499 ID	Balance Due USAC
01/22/2010	UBDI0000401837	823002	(\$24,097.42)
FORM 499Q DATA		PAYMENT INFORMATION	
This month's support mechanism charges were calculated using an FCC contribution factor of 0.141000 and the following revenue data: November 2009 499Q 120b \$0.00 120c \$0.00 If the figures do not correspond with your records, please contact USAC Customer Service at 888-641-8722		All payments received (regardless of specific instructions) will be applied to your outstanding USAC balance in historical order as outlined in FCC order 07-150. Please remit ACH payments in a CCD+ format to ABA #071000039, Account #5590045653. All Wire Transfers should be sent to ABA #026009593, DDA (or Account) #5590045653. Payments must include your Company Name, Filer 499 ID, and Invoice Number to ensure timely posting.	



Filer 499 ID: 823002
 Invoice Number: UBD10000401837
 Statement Date: 01/22/2010

LATE FILING SANCTION

A late filing fee (described on the reverse of the invoice) may be imposed for failing to file a Worksheet (Form 499-Q or 499-A). That late filing fee is the greater of \$100 per month or an amount computed using the rate of the U.S. prime rate (in effect on the date the applicable Worksheet is due) plus 3.5 percent multiplied against the filer's monthly contribution obligation as determined by the Administrator. The fee, included in the BALANCE DUE is a DELINQUENT DEBT if not paid, and subject to COLLECTION ACTION. The reverse of the Invoice provides more information.

Filing - Due Date A	Monthly USF Obligation B	Filing Received Date C	Rate D	Days/Months Delinquent E	Additional Sanction Amount F	Accrued Sanction Amount G	Total Sanction Amount (F + G) H
	NA	NR	NA	NA			
TOTAL							



Filer 499 ID: 823002
 Invoice Number: UBD10000401837
 Statement Date: 01/22/2010

Interest & DCIA Penalties

A DELINQUENT DEBT incurs interest at the annual rate equal to the U.S. prime rate as of the DATE OF DELINQUENCY plus 3.5 percent from that DATE until the DEBT is paid in full. Any portion of the DEBT unpaid more than 90 days, incurs a penalty of 6 percent a year from the DATE OF DELINQUENCY. The reverse of the Invoice provides more information on interest, penalties, and administrative charges.

Description - Debt Due Date	Principal	Payment/ Credit Date	Interest Rate	Days Late	Additional Interest (B*(D/365)*E)	Accrued Interest	Total Interest (F+G)	Payment & Credits Applied	Interest Outstanding	Principal Outstanding
A	B	C	D	E	F	G	H	I	J	K
Outstanding Items										
UBD10000371921 - 7/15/2009	(\$24,097.42)		0.00%	0	\$0.00	\$0.00	\$0.00		\$0.00	(\$24,097.42)
					<u>\$0.00</u>			<u>\$0.00</u>	<u>\$0.00</u>	<u>(\$24,097.42)</u>
								Principal Outstanding		(\$24,097.42)
								Interest & Penalties		\$0.00
								Total Amount Due		<u>(\$24,097.42)</u>



Red Light Display System

FCC > Fees > Red Light Display System

Logged in as: (0000000232) [[Log Out](#)][Admin](#) | [Print](#) | [Help](#)[View Bills Referred To Treasury](#)

2/3/2010 8:54 AM

Current Status of FRN 0008759722**STATUS: Red**You have **2 delinquent bills** which are restricting you from doing business with the FCC. [View Bills Referred To Treasury](#)[How to read Form 159B](#) [Treasury bills help](#)

Bill Number	Original Amount	Amount Paid	Balance Due	View/Print
Debtor: Achieve Telecom Network of MA, LLC (FRN: 0008759722)				
09US005149	\$8,568.49	\$0.00	\$8,568.49	Form 159B
09US005330	\$8,540.59	\$0.00	\$8,540.59	Form 159B

The Red Light Display System checks all FRNs associated with the same Taxpayer Identification Number (TIN). If a FRN owes a delinquent non-tax debt to the Commission, that debt will cause a red light to appear for inquiries made on behalf of all other FRNs sharing that TIN. Therefore, the Debtor FRNs listed above may not be the same as the one used to make this red light inquiry.

The Red Light Display System was last updated on 2/2/2010 at 6:55 PM; it is updated twice each business day at about 9 a.m. and 7 p.m., ET.

To view and print the Form 159B you must have [Adobe Reader®](#) installed on your machine. Form 159B will open in a new window. If you have a pop-up blocker enabled, please disable it before continuing.

Customer Service[Red Light Help](#)[FCC Debt Collection](#)[FCC Fees](#)[Web Policies / Privacy Policy](#)

Red Light Display System Help Line: (877) 480-3201, option 4, 4; TTY (202) 414-1255 (Mon.-Fri. 8 a.m.-6:00 p.m. ET)

Red Light Display System has a dedicated staff of customer service representatives standing by to answer your questions or concerns. You can email us at arinquiries@fcc.gov or fax us at (202) 418-7869.

**FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE
BILL FOR COLLECTION**

Approved by OMB
3060-0589
Page 1 of 1

Bill Number	Applicant FRN	Current Bill Date	FOR INQUIRIES CALL 1-202-418-1995 (Revenue and Receivable Operations Group)						
09US005149	0008759722	4/13/2009							
Application Information:			Payable to:						
Achieve Telecom Network of MA, LLC 40 Shawmut Road Suite 200 Canton, MA 02021			Federal Communications Commission Send a copy of this bill to: Federal Communications Commission Revenue & Receivables Operations Group P.O. Box 979088 St. Louis, MO 63197-9000						
Total Amount Due		TOTAL AMOUNT DUE MUST BE RECEIVED BY		Due Date					
\$8,568.49				5/13/2009					
Payer FRN No.		Please Complete The Payer Information, FCC Registration Number (FRN) is required							
Payer Name (if paying by credit card enter name as it appears on the card)									
Address Line No. 1									
Address Line No. 2									
City		State		Zip Code					
Daytime Phone Number (include area code)									
Reason For Bill:									
USAC Final Demand Letter									
Call Sign/Other FCC ID	Payment Type Code	Quantity	Fee Due For (PTC)	Total Fee	FCC Code 1	FCC Code 2			
823002	USAC		\$0.00	\$8,484.08	00000000000000000000	00000000000000000000			
	0899		\$0.00	\$59.41					
			\$0.00	\$25.00					
				TOTAL DUE	\$8,568.49				
Please choose a method of Payment and complete the section if paying by Credit Card									
Payment Method:									
CREDIT CARD	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	WIRE	<input type="checkbox"/>	IPAC	<input type="checkbox"/>	MIPR	<input type="checkbox"/>
MASTERCARD	<input type="checkbox"/>	DISCOVER	<input type="checkbox"/>	VISA	<input type="checkbox"/>	AMEX	<input type="checkbox"/>		
ACCOUNT NUMBER _____			EXPIRATION DATE _____						
I hereby authorize the FCC to charge my Credit Card for the service(s) / authorization(s) herein described.									
AUTHORIZED SIGNATURE _____			DATE _____						

**FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE
BILL FOR COLLECTION**

Approved by OMB
3060-0589
Page 1 of 1

Bill Number	Applicant FRN	Current Bill Date	FOR INQUIRIES CALL 1-202-418-1995 (Revenue and Receivable Operations Group)
09US005330	0008759722	5/12/2009	

Application Information:

Achieve Telecom Network of MA, LLC
40 Shawmut Road
Suite 200
Canton, MA 02021

Payable to:
Federal Communications Commission

Send a copy of this bill to:
Federal Communications Commission
Revenue & Receivables Operations Group
P.O. Box 979088
St. Louis, MO 63197-9000

Total Amount Due		Due Date
\$8,540.59	TOTAL AMOUNT DUE MUST BE RECEIVED BY	6/11/2009

Payer FRN No. Please Complete The Payer Information, FCC Registration Number (FRN) is required

Payer Name (if paying by credit card enter name as it appears on the card)

Address Line No. 1

Address Line No. 2

City State Zip Code

Daytime Phone Number (include area code)

Reason For Bill:

USAC Final Demand Letter

Call Sign/Other FCC ID	Payment Type Code	Quantity	Fee Due For (PTC)	Total Fee	FCC Code 1	FCC Code 2
823002	USAC		\$0.00	\$8,456.18	00000000000000000000	00000000000000000000
	0899		\$0.00	\$59.41		
			\$0.00	\$25.00		

TOTAL DUE \$8,540.59

Please choose a method of Payment and complete the section if paying by Credit Card

Payment Method:

CREDIT CARD CHECK WIRE IPAC MIPR

MASTERCARD DISCOVER VISA AMEX

ACCOUNT NUMBER _____ EXPIRATION DATE _____

I hereby authorize the FCC to charge my Credit Card for the service(s) / authorization(s) herein described.

AUTHORIZED SIGNATURE _____ DATE _____

FCC FORM 159B JULY 2005

IF PAYING BY CHECK, PLEASE WRITE YOUR BILL NUMBER ON YOUR REMITTANCE AND ATTACH A COPY OF THIS BILL TO YOUR PAYMENT TO ENSURE PROPER CREDIT.