

KELLEY DRYE & WARREN LLP
A LIMITED LIABILITY PARTNERSHIP

WASHINGTON HARBOUR, SUITE 400
3050 K STREET, NW
WASHINGTON, D.C. 20007-5108

(202) 342-8400

FACSIMILE
(202) 342-8451
www.kelleydrye.com

JOHN HEITMANN

DIRECT LINE: (202) 342-8544

EMAIL: jheitmann@kelleydrye.com

NEW YORK, NY
LOS ANGELES, CA
CHICAGO, IL
STAMFORD, CT
PARSIPPANY, NJ
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AFFILIATE OFFICES
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April 7, 2016

VIA ECFS

Marlene H. Dortch, Secretary
Federal Communications Commission
445 12th Street, S.W.
Washington, DC 20554

Re: Global Connection Inc. of America Amended Compliance Plan; WC
Docket Nos. 09-197, 11-42: Replacement Exhibits

Dear Ms. Dortch:

On April 1, 2016, Global Connection Inc. of America (Global Connection) submitted, for review and approval by the Commission, its proposed Amended Compliance Plan for wireless and wireline Lifeline services. By this filing, Global Connection is submitting replacement exhibits A, B and C for the proposed Amended Compliance Plan.

This filing being submitted electronically for inclusion in the public record of the above-referenced proceedings. Please feel free to contact the undersigned with any questions.

Respectfully submitted,



John J. Heitmann
Joshua T. Guyan

Counsel to Global Connection Inc. of America

cc: Ryan Palmer
Jay Schwarz
Jodie Griffin

Exhibit A

Model Application/Certification Forms

A-1 Wireless
A-2 Wireline

A-1 Wireless

FREE PHONE CALLS
250 SLIMM TALK & TEXT



Welcome and thank you for your interest in being a StandUP WirelessSM customer!



IMPORTANT INFORMATION

PLEASE READ CAREFULLY

IDENTIFICATION



Please have your state-issued ID (drivers license or ID card) ready to show at sign-up.

PROOF OF ELIGIBILITY

If you participate in government assistance programs, present proof and you may be eligible for the StandUP Wireless Lifeline program.



PROTECT YOUR PERSONAL DATA



The privacy and security of your personal information is very important to us. Please be sure to keep your personal information private until needed for sign-up. We do not share your personal information in ways not disclosed or without your authorization.

ACKNOWLEDGEMENT



You agree to have your information submitted electronically by a StandUP Wireless Representative. Please read the application form on the reverse side that you will be asked to sign electronically upon activation.

NON-USAGE & RECERTIFICATION POLICIES



You must place a call from your StandUP Wireless phone once every 60 days to avoid termination of service and de-enrollment. We recommend you use your phone a minimum of once a month. **IF APPROVED THIS CERTIFICATION WILL REMAIN ACTIVE FOR ONE (1) YEAR AND MUST BE RECERTIFIED ANNUALLY. PLEASE RETAIN FOR YOUR RECORDS**

TOP-UP YOUR MINUTES OR PLAN

TOP-UP YOUR MINUTES FOR AS LOW AS **5¢** per minute!

MINUTES	PRICE
50	\$5.00
125	\$10.00
250	\$20.00
500	\$30.00
1000	\$50.00

*taxes and fees are extra.

ONLINE & CUSTOMER CARE
www.StandUPWireless.com
1-800-544-4441

We accept:

PAYMENT LOCATIONS

STEP-UP YOUR PLAN

StandUP 250 Lifeline Plan	FREE Reloads Every Month • 250 Anytime Voice or Text Units
StandUP 500 Lifeline Plan	ONLY \$14.95* Per Month • 500 Anytime Minutes • 500 Text Messages
StandUP UNLIMITED Lifeline Plan	ONLY \$34.95* Per Month • Unlimited Minutes • 1000 Text Messages

StandUP Non-Lifeline plans can also be purchased for the stated price above plus \$12.75 per month.

THIS CERTIFICATION WILL REMAIN ACTIVE FOR ONE (1) YEAR AND MUST BE RECERTIFIED ANNUALLY. PLEASE RETAIN FOR YOUR RECORDS

IMPORTANT LIFELINE WIRELESS SERVICE INFORMATION:

Lifeline is a government assistance program. Only one Lifeline service is available per household. A violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in your de-enrollment from the program. Your household is not permitted to receive multiple Lifeline benefits whether they be from one or multiple companies. This includes wire line and wireless services. Lifeline is a non-transferable benefit. You may not transfer your benefit to any other person. You must activate your service. You must use your phone to continue to receive service. Should you not use your service for 60 days you will be de-enrolled. Lifeline is a federal benefit. Willingly making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Proof of eligibility is required and only eligible customers may enroll. Proof may consist of eligible program card or statement of benefits. Eligible Lifeline Subscribers will receive a free handset with calling features and receive 100 Anytime Minutes each month of service with rollover OR 250 Anytime Calling Units each month of service without rollover OR receive a discount from any premium plan.

LIFELINE ELIGIBILITY CRITERIA

Please check your eligibility on the list below

Supplemental Nutrition Assistance Program (SNAP) (Food Stamps); Low Income Heat & Energy Assistance (LIHEAP); Supplemental Security Income (SSI); Federal Public Housing Assistance (Section 8); Temporary Assistance for Needy Families (TANF); National Free School Lunch Program (NSL); Medicaid; AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MP, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, PR.	Bureau of Indian General Assistance; AK, CA, FL, KS, LA, MN, OK, RI, UT	Food Distribution on Tribal Lands; FL, KS, LA, MN, OK, RI, UT	150% of Federal Poverty Guidelines or Below; AZ, KS, MI, NM, OH, TX, VT
Head Start (Income Qualifying / Tribal Lands Only); AK, CA, FL, GU, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MN, MP, MS, MT, NE, NV, NH, NJ, NY, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY.	135% of Federal Poverty Guidelines or Below; AL, AK, AR, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MN, MP, MS, MT, NE, NV, NH, NJ, NY, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY.	State has specific qualifying Programs (Check with us); AK, AR, CA, FL, GA, ID, KS, ME, MD, MA, MN, NE, NJ, NY, OH, OK, OR, RI, TX, UT, VT, VA, USVI, WA, WV, WI, WY.	



A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in Global Connection Inc. of America ("the Company's") Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

I hereby certify, under penalty of perjury, that I have read and understood the disclosures listed above. I hereby certify, under penalty of perjury, that to the best of my knowledge, my household is not already receiving a Lifeline service benefit. I hereby certify that I am receiving Lifeline benefits from another carrier; however, with this application I would like to transfer my benefits to StandUp. I understand the change will change my existing mobile number.

Customer eligibility certification: I hereby certify that I participate in at least one of the following programs (check one):

<input checked="" type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Senior citizen low-income discount plan offered by the local gas or power company
<input type="checkbox"/> Section 8 Federal Public Housing Assistance (FPHA)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	
<input type="checkbox"/> Medicaid (not Medicare)	<input type="checkbox"/> National School Lunch Program's free lunch program	
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Income at or below 135% of Federal Poverty Guidelines	

Tribal eligibility: I hereby certify that I reside on Federally-recognized Tribal lands. Unresolved questions or complaints concerning Lifeline service can be directed to the Georgia Public Service Commission's Consumer Affairs Unit at 404-656-4501 or 1-800-282-5813.

Customer Application Information:

First Name: JOHN Middle Name: DEE Last Name: CUSTOMER

Date of Birth: Month: MARCH Day: 14TH Year: 1972 Last Four Digits of Social Security Number or Tribal ID Number: 1234

If Qualifying for Lifeline by Income, number of Individuals in Household: _____ Home Telephone Number (if available): 123-456-7891

Residential Address (P.O. Box NOT sufficient) Address is (choose one): Permanent Temporary Contact Number: 123-456-7891

Number: 123 Apt: C Street: HOME STREET City: MYCITY State: GA Zip Code: 30325

Billing Address (if different from Residential Address) (P.O. Box IS sufficient) Email: JCUST@HOTMAIL.COM

Number: _____ Apt: _____ Street: _____ City: _____ State: _____ Zip Code: _____

Multiple households sharing an address:

I hereby certify, under penalty of perjury, that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses.

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by calling 1.877.283.3890. To keep your account active, you must use your Lifeline service at least once during any 60 day period by completing an outbound call, purchasing additional minutes from Company, answering an in-bound call from someone other than Company, or by responding to a direct contact from Company confirming that you want to continue receiving Lifeline service from Company. If your service goes unused for 60 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a 30 day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

I hereby certify that I have read and understood the disclosures listed above regarding activation and usage requirements.

Authorizations:

I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (name, telephone number and address, DOB, last four digits of SSN or Tribal ID, amount of support sought, means of qualification, dates of service initiation/termination), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

If Qualifying person is different (Example: Child on School Lunch):

Name of qualifying individual

(if different than applicant; if different see Additional Certifications):

The individual named on the documentation you provided to demonstrate eligibility is part of your household and does not already receive Lifeline benefits.

Additional certifications. I hereby certify, under penalty of perjury, that (Check the box next to each line):

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement
- I am not listed as a dependent on another person's tax return (unless over the age of 60)
- The address listed below is my primary residence, not a second home or business
- If I move to a new address, I will provide that new address to the Company within 30 days
- If I provided a temporary residential address to the Company, I will verify my temporary residential address every 90 days
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits
- The information contained in this certification form is true and correct to the best of my knowledge.

Applicant's Signature: JOHN CUSTOMER Date: 05/23/2013

FOR AGENT USE ONLY (check the appropriate boxes for the proof of eligibility viewed; do not copy or retain documentation):

Documents Acceptable Proof for Income-Eligibility (check 1):

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> The prior year's state, federal, or Tribal tax return, | <input type="checkbox"/> A Veterans Administration statement of benefits, | <input type="checkbox"/> Federal or Tribal notice letter of participation in General Assistance, or | If the documentation of income does not cover a full year, the applicant must present the same type of documentation covering 3 consecutive months within the previous 12 months. |
| <input type="checkbox"/> Current income statement from an employer or paycheck stub, | <input checked="" type="checkbox"/> A retirement/pension statement of benefits | <input type="checkbox"/> A divorce decree, child support award, or other official document. | |
| <input type="checkbox"/> A Social Security statement of benefits, | <input type="checkbox"/> An Unemployment/Workmen's Compensation statement of benefits, | | |

Documents Acceptable Proof for Program-Eligibility (choose 1 from each list A and B below):

List A - Choose 1

- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Section 8 Federal Public Housing Assistance (FPHA)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)

- Senior citizen low-income discount plan offered by the local gas or power company

List B - Choose 1:

- Program participation card/document
- Prior year's statement of benefits
- Notice letter of participation
- Other official document evidencing participation, _____

Last 4 digits of Doc / ID# from List B

1234
Date of Proof Document: 05 / 23 / 2012
Expiration Date of Proof Document: 08 / 10 / 2014

Applicant Account Number: 123456789 Agent/Dealer Number: 123-5564-32

A-2 Wireline



A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in Global Connection Inc. of America ("the Company's") Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of service per household. A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is a non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

I hereby certify, under penalty of perjury, that I have read and understood the disclosures listed above. I hereby certify, under penalty of perjury, that to the best of my knowledge, my household is not already receiving a Lifeline service benefit. I hereby certify that I am receiving Lifeline benefits from another carrier; however, with this application I would like to transfer my benefits to StandUp. I understand the change will change my existing mobile number.

Customer eligibility certification: I hereby certify that I participate in at least one of the following programs (check one):

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> Senior citizen low-income discount plan offered by the local gas or power company
<input type="checkbox"/> Section 8 Federal Public Housing Assistance (FPHA)	<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP)	
<input type="checkbox"/> Medicaid (not Medicare)	<input type="checkbox"/> National School Lunch Program (free program only)	
<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Income at or below 135% of Federal Poverty Guidelines	

Tribal eligibility: I hereby certify that I reside on Federally-recognized Tribal lands. Unresolved questions or complaints concerning Lifeline service can be directed to the Georgia Public Service Commission's Consumer Affairs Unit at 404-656-4501 or 1-800-282-5813.

Customer Application Information:

First Name _____ Middle Name _____ Last Name _____

Date of Birth: Month: _____ Day: _____ Year: _____ Last Four Digits of Social Security Number or Tribal ID Number: _____

If Qualifying for Lifeline by Income, number of individuals in Household: _____ Home Telephone Number (if available) : _____

Residential Address (P.O. Box NOT sufficient) Address is (choose one): Permanent Temporary Contact Number _____

Number: _____ Apt: _____ Street: _____ City: _____ State: _____ Zip Code: _____

Billing Address (if different from Residential Address) (P.O. Box IS sufficient) Email: _____

Number: _____ Apt: _____ Street: _____ City: _____ State: _____ Zip Code: _____

Multiple households sharing an address:

- I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute income to my household and/or share in my household's expenses.
- Letter of Authorization: This letter is a written authorization, to designate Global Connection Inc. of America to act as my agent in order to change the following: long distance carrier from my current telecommunications carrier to Global Connection Inc. of America long distance service, local exchange carrier from my current telecommunications carrier to Global Connection Inc. of America. I am authorized to request changes on this account. I further understand that there may be a charge for each provider change and could involve a charge for the changing back to the original primary carrier. Subscribers selecting the electronic signature option and or the IVR (Interactive Voice Response) to be considered a "writing", any name or symbol of subscriber affixed to or contained in the electronic Letter of Authorization shall be deemed to be the Subscriber's valid signature expressing intent to be bound to this Letter of Authorization and the applicable tariffs.

Authorizations:

- I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (name, telephone number and address, DOB, last four digits of SSN or Tribal ID, amount of support sought, means of qualification, dates of service initiation/termination), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

If Qualifying person is different (Example: Child on School Lunch):

Name of qualifying individual

(if different than applicant; if different see Additional Certifications):

- The individual named on the documentation you provided to demonstrate eligibility is part of your household and does not already receive Lifeline benefits.

Additional certifications. I hereby certify, under penalty of perjury, that (Check the box next to each line):

- I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of eligibility if required
- I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement
- I am not listed as a dependent on another person's tax return (unless over the age of 60)
- The address listed is my primary residence, not a second home or business
- I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law
- I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as to my continued eligibility within 30 days will result in de-enrollment and the termination of my Lifeline benefits
- The information contained in this certification form is true and correct to the best of my knowledge.

Applicant's Signature:

Date:

FOR AGENT USE ONLY (check the appropriate boxes for the proof of eligibility viewed; do not copy or retain documentation):

Documents Acceptable Proof for Income-Eligibility (check 1):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> The prior year's state, federal, or Tribal tax return, | <input type="checkbox"/> A Veterans Administration statement of benefits, | <input type="checkbox"/> Federal or Tribal notice letter of participation in General Assistance, or | If the documentation of income does not cover a full year, the applicant must present the same type of documentation covering 3 consecutive months within the previous 12 months. |
| <input type="checkbox"/> Current income statement from an employer or paycheck stub, | <input type="checkbox"/> A retirement/pension statement of benefits | <input type="checkbox"/> A divorce decree, child support award, or other official document containing income info. | |
| <input type="checkbox"/> A Social Security statement of benefits, | <input type="checkbox"/> An Unemployment/Workmen's Compensation statement of benefits, | | |

Documents Acceptable Proof for Program-Eligibility (choose 1 from each list A and B below):

List A - Choose 1

- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Section 8 Federal Public Housing Assistance (FPHA)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Low Income Home Energy Assistance Program (LIHEAP)

- Senior citizen low-income discount plan offered by the local gas or power company
- National School Lunch Program (free program only)

List B - Choose 1:

- Program participation card/document
- Prior year's statement of benefits
- Notice letter of participation
- Other official document evidencing participation _____

Last 4 digits of Doc / ID# from List B _____

Date of Proof Document: _____ / _____ / _____

Expiration Date of Proof Document: _____ / _____ / _____

Applicant Account Number: _____

Agent/Dealer Number: _____

Exhibit B

Income Eligibility Worksheets

B-1 Wireless
B-2 Wireline

B-1 Wireless



AZ, KS, MI, NM, OH, TX & VT*

Individuals are able to enroll in the Lifeline program by demonstrating that their household's annual income is at or below 150% of the Federal Poverty Guidelines. This table should be used to determine whether a Lifeline applicant is eligible for Lifeline service based on the number of individuals in the applicant's household and the applicant's household annual income:

*Vermont individuals over the age of 65.

HOUSEHOLD SIZE	INCOME LEVEL
1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335
For each additional person	Add \$6,240

All Other Contiguous States and DC**

Individuals in these states are able to enroll in the Lifeline program by demonstrating that their household's annual income is at or below 135% of the Federal Poverty Guidelines. This table should be used to determine whether a Lifeline applicant is eligible for Lifeline service based on the number of individuals in the applicant's household and the applicant's household annual income:

**Excluding CA.

HOUSEHOLD SIZE	INCOME LEVEL
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202
For each additional person	Add \$5,616

Effective 1-26-2016

Applicants must list the number of individuals in the applicant's household on the Lifeline application form. Applicants seeking to qualify for Lifeline service based on their household income must present one of the following documents in order to prove eligibility:

- The prior year's state, federal, or Tribal tax return
- Current income statement from an employer or paycheck stub
- A Social Security statement of benefits
- A Veterans Administration statement of benefits
- A retirement/pension statement of benefits
- An Unemployment/Workmen's Compensation statement of benefits
- Federal or Tribal notice letter of participation in General Assistance
- A divorce decree, child support award, or other official document
- If the documentation of income does not cover a full year, the applicant must present the same type of documentation covering 3 consecutive months within the previous 12 months

This is a Lifeline service provided by Global Connection Inc. of America. Lifeline is a government assistance program. Only one Lifeline service is available per household. Households are not permitted to receive multiple Lifeline benefits whether they are from one or multiple companies, wireless or wireline. Proof of eligibility is required for enrollment and only eligible customers may enroll in Lifeline service. Consumers who willingly make false statements to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. Lifeline is a non-transferable benefit. Lifeline customers may not transfer their benefits to any other person.

IMPORTANT

Lifeline is a government assistance program. **Only one Lifeline service is available per household.** A violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in your de-enrollment from the program. **Your household is not permitted to receive multiple Lifeline benefits** whether they be from one or multiple companies. This includes wireline and wireless services. **Lifeline is a non-transferable benefit.** You may not transfer your benefit to any other person. **You must activate your service. You must use your phone to continue to receive service.** Should you not use your service for 60 days you will be de-enrolled. **Lifeline is a federal benefit.** Willingly making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. **Proof of eligibility is required and only eligible customers may enroll.** Proof may consist of eligible program card or statement of benefits. Eligible Lifeline Subscribers will receive a free handset with calling features and receive 100 Anytime Minutes each month of service with rollover OR 250 Anytime Calling Units each month of service without rollover OR receive a discount from any premium plan.

LIFELINE WIRELESS SERVICE INFORMATION:

LIFELINE ELIGIBILITY CRITERIA Please check your eligibility on the list below

Supplemental Nutrition Assistance Program (SNAP) (Food Stamps); Low Income Heat & Energy Assistance (LIHEAP); Supplemental Security Income (SSI); Federal Public Housing Assistance (Section 8); Temporary Assistance for Needy Families (TANF); National Free School Lunch Program (NSL); Medicaid; AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MP, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, PR.	Bureau of Indian General Assistance; AK, CA, FL, KS, LA, MN, OK, RI, UT	Food Distribution on Tribal Lands; FL, KS, LA, MN, OK, RI, UT	150% of Federal Poverty Guidelines or Below; AZ, KS, MI, NM, OH, TX, VT
Head Start (Income Qualifying / Tribal Lands Only); AK, CA, FL, KS, LA, MN, OK, RI, UT	135% of Federal Poverty Guidelines or Below; AL, AK, AR, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MN, MP, MS, MT, NE, NV, NH, NJ, NY, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY.	State has specific qualifying Programs (Check with us); AK, AR, CA, FL, GA, ID, KS, ME, MD, MA, MN, NE, NJ, NY, OH, OK, OR, RI, TX, UT, VT, VA, USVI, WA, WV, WI, WY	

Customers may contact their State Public Service or Public Utility Commission with any unresolved questions or complaints concerning Lifeline services:

Colorado Public Utilities Commission Consumer Affairs at 303-894-2070 or 800-456-0858	Georgia Public Service Commission's Consumer Affairs Unit at 404-656-4501 or 800-282-5813	Kansas Commission's Office of Public Affairs and Consumer Protection at 785-271-3140 or 800-662-0027 TDD 800-766-3777	Massachusetts Consumer Division Dept. of Telecommunications & Cable 617-305-3531 or 800-392-6066
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B-2 Wireline

AZ, KS, MI, NM, OH, TX & VT*

Individuals are able to enroll in the Lifeline program by demonstrating that their household's annual income is at or below 150% of the Federal Poverty Guidelines. This table should be used to determine whether a Lifeline applicant is eligible for Lifeline service based on the number of individuals in the applicant's household and the applicant's household annual income:

*Vermont individuals over the age of 65.

HOUSEHOLD SIZE	INCOME LEVEL
1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335
For each additional person	Add \$6,240

All Other Contiguous States and DC**

Individuals in these states are able to enroll in the Lifeline program by demonstrating that their household's annual income is at or below 135% of the Federal Poverty Guidelines. This table should be used to determine whether a Lifeline applicant is eligible for Lifeline service based on the number of individuals in the applicant's household and the applicant's household annual income:

**Excluding CA.

HOUSEHOLD SIZE	INCOME LEVEL
1	\$16,038
2	\$21,627
3	\$27,216
4	\$32,805
5	\$38,394
6	\$43,983
7	\$49,586
8	\$55,202
For each additional person	Add \$5,616

Applicants must list the number of individuals in the applicant's household on the Lifeline application form. Applicants seeking to qualify for Lifeline service based on their household income must present one of the following documents in order to prove eligibility:

- The prior year's state, federal, or Tribal tax return
- Current income statement from an employer or paycheck stub
- A Social Security statement of benefits
- A Veterans Administration statement of benefits
- A retirement/pension statement of benefits
- An Unemployment/Workmen's Compensation statement of benefits
- Federal or Tribal notice letter of participation in General Assistance
- A divorce decree, child support award, or other official document
- If the documentation of income does not cover a full year, the applicant must present the same type of documentation covering 3 consecutive months within the previous 12 months

This is a Lifeline service provided by Global Connection Inc. of America. Lifeline is a government assistance program. Only one Lifeline service is available per household. Households are not permitted to receive multiple Lifeline benefits whether they are from one or multiple companies, wireless or wireline. Proof of eligibility is required for enrollment and only eligible customers may enroll in Lifeline service. Consumers who willingly make false statements to obtain the benefit can be punished by fine or imprisonment or can be barred from the program. Lifeline is a non-transferable benefit. Lifeline customers may not transfer their benefits to any other person.

IMPORTANT

Lifeline is a government assistance program. Only one Lifeline service is available per household. A violation of the one-per-household limitation constitutes a violation of the Federal Communication Commission's rules and will result in your de-enrollment from the program. Your household is not permitted to receive multiple Lifeline benefits whether they be from one or multiple companies. This includes wireline and wireless services. Lifeline is a non-transferable benefit. You may not transfer your benefit to any other person. You must activate your service. Lifeline is a federal benefit. Willingly making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Proof of eligibility is required and only eligible customers may enroll. Proof may consist of eligible program card or statement of benefits. Eligible lifeline subscribers are offered our lowest basic wireline plan of \$20.70 per month plus taxes & fees in the AT&T area only.

LIFELINE WIRELINE SERVICE INFORMATION:

LIFELINE ELIGIBILITY CRITERIA Please check your eligibility on the list below

Supplemental Nutrition Assistance Program (SNAP) (Food Stamps); Low Income Heat & Energy Assistance (LIHEAP); Supplemental Security Income (SSI); Federal Public Housing Assistance (Section 8); Temporary Assistance for Needy Families (TANF); National Free School Lunch Program (NSL); Medicaid; AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MP, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, PR.	Bureau of Indian General Assistance; AK, CA, FL, KS, LA, MN, OK, RI, UT	Food Distribution on Tribal Lands; FL, KS, LA, MN, OK, RI, UT	150% of Federal Poverty Guidelines or Below; AL, AK, AR, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KY, LA, ME, MD, MA, MN, MP, MS, MT, NE, NV, NH, NJ, NY, NC, ND, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY.
	Head Start (Income Qualifying / Tribal Lands Only); AK, CA, FL, KS, LA, MN, OK, RI, UT		State has specific qualifying Programs (Check with us); AK, AR, CA, FL, GA, ID, KS, ME, MD, MA, MN, NE, NJ, NY, OH, OK, OR, RI, TX, UT, VT, VA, USVI, WA, WV, WI, WY
	Tribally Administered TANF; AK, CA, FL, KS, LA, MN, OK, RI, UT		

Customers may contact their State Public Service or Public Utility Commission with any unresolved questions or complaints concerning Lifeline services:

Colorado Public Utilities Commission
Consumer Affairs at
303-894-2070 or
800-456-0858

Georgia Public Service Commission's Consumer Affairs Unit at
404-656-4501 or
800-282-5813

Kansas Commission's Office of Public Affairs and Consumer Protection at
785-271-3140 or
800-662-0027
TDD 800-766-3777

Massachusetts Consumer Division Dept. of Telecommunications & Cable
617-305-3531 or
800-392-6066

Exhibit C
Marketing Materials

C-1 Wireless
C-2 Wireline

C-1 Wireless



FREE*

CELL PHONE & FREE ACTIVATION

250

MINUTES OR TEXTS

EACH MONTH. EVERY MONTH.

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Massachusetts Consumer
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Telecommunications &
Cable 617-305-3531 or
800-392-6066

Global Connection Inc. of America d/b/a/ StandUP Wireless

1.800.544.4441
www.StandUPWireless.com





FREE*

CELL PHONE FREE MINUTES & TEXTS

See reverse for more info!



Actual handset may vary, subject to availability.

Broch Cell Prosp Smi 250 GEN REV003-03 7/15

PLEASE BRING A STATE ID AND PROOF OF ELIGIBILITY

GET YOUR FREE PHONE TODAY!

LIFELINE ELIGIBILITY CRITERIA Please check your eligibility on the list below

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C-2 Wireline

GREAT
TIMED OFFER
LIMITED

SAY HELLO TO REAL HOME PHONE BIG SAVINGS

First Month
~~\$38.45~~ FREE!

ADVANTAGE PACKAGE
• Caller ID • Call Waiting • 100 Minutes Long Distance
• Unlimited Local • Emergency 911 Access

LIFELINE **UNLIMITED**
LONG DISTANCE MINUTES

Easy 1+ dialing
NO ACCESS
CODE REQUIRED

\$25.70* Per Month

We proudly accept Global Connection Real Home Phone Service payments

- ✔ Unlimited
- ✔ Local Calls
- ✔ Great Plans
- ✔ No Credit Check
- ✔ No Contract
- ✔ No Deposit

If you receive Government supported services such as Food Stamps, SSI or Medicaid, you may be eligible for a Lifeline Discount on your home telephone service.

See back for contact information.
Hablamos español

*Restrictions apply. Go to www.RealHomePhone.com for details. AT&T service only. Includes qualified Lifeline Discount. Plus taxes fees and surcharges. For Lifeline eligible customers only.



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HOME PHONE SERVICE™

Customers may contact their State Public Service or Public Utility Commission with any unresolved questions or complaints concerning Lifeline services:

Colorado Public Utilities
Commission Consumer Affairs Unit at 404-656-4501
or 1-800-282-5813

Kansas Commission's Office of Public Affairs
and Consumer Protection at 785-271-3140
or 800-662-0027 TDD 800-766-3777

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www.RealHomePhone.com • 1-877-511-3009 • Service provided by Global Connection Inc.

CONTACT YOUR LOCAL AGENT:

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CONTACT YOUR LOCAL AGENT:

ACERQUE AL SERVIDOR DE TIENDA PARA REGISTRAR AHORA!

**DILE HOLA
AL SERVICIO LEGITIMO
DE TELEFONO DE CASA**

GRANDES AHORROS

**PRIMER MES
\$38.45 GRATIS!**

PAQUETE AVANZADO
 • Identificador de llamadas • Llamada en espera
 • 100 minutos de llamadas locales
 • Llamadas • Acceso al 911

**LARGA DISTANCIA
ILIMITADA**

\$25.70* AL MES
El precio incluye el costo de acceso

Con gusto aceptamos pagos de Global Connection Servicio legitimo de casa.

- ✓ **Llamadas locales ilimitadas**
- ✓ **No verificamos crédito**
- ✓ **No contratos**
- ✓ **Magníficos planes**
- ✓ **No deposito**

Si recibe algún tipo de ayuda de Gobierno tales como Cupones de Alimentos, SSI o Medicaid, Usted puede ser elegible para un descuento Lifetime teléfono de casa.

Ver al respaldo Para contactarse y recibir información
 English available

*Reservaciones aplican. Visite www.RealHomePhone.com para detalles. Excluyente A&B área. Incluye descuento aplicado de LIFE LINE. Más impuestos y recargos. Para oír detalles en Inglés de Lifetime solamente.



**Agencia
SERVICIO
TELEFONO
DE CASA.**
www.RealHomePhone.com
 www.1-800-444-6666

RHP Agent Tyler SFN REV001-069915

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AL SERVICIO LEGITIMO
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TELEFONO
DE CASA.**
www.RealHomePhone.com
 www.1-800-444-6666

RHP Agent Tyler SFN REV001-069915

Legítimo SERVICIO TELEFÓNICO DE CASA™

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servicio al Consumidor Comisión
de Asuntos 303-894-2070 ó
800-456-0858.

Kansas Oficina de la Comisión de los
asuntos públicos protección al
consumidor en 785-271-3140 ó al
800-662-0027. TDD 800-766-3777

Georgia comisión de Servicios
Públicos de asuntos al
consumidor al 404-656-4501 ó
al 1800-282-5813

Massachusetts División de
Consumo Departamento de
Telecomunicaciones y Cable
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¡IMPORTANTE! INFORMACIÓN DE SERVICIO DE LIFELINE PARA SERVICIO RESIDENCIAL:

Lifeline es un programa de asistencia del gobierno. Sólo un servicio Lifeline está disponible por hogar. Una violación de las normas por la Comisión Federal de Comunicaciones de un servicio- por hogar constituye en la cancelación del programa. No está permitido recibir múltiples beneficios de Lifeline en un solo hogar, ya sean de una o varias compañías. Esto incluye el servicio residencial y móvil. Lifeline es un beneficio que no es transferible a otra persona. Usted debe activar su servicio y usar el teléfono para continuar recibiendo el servicio. Lifeline es un beneficio federal. Haciendo declaraciones falsas voluntariamente para obtener el beneficio puede resultar en multas, prisión, cancelación del servicio o ser excluidos del programa. Se requiere prueba de elegibilidad para inscribirse. El comprobante puede consistir en tarjeta de programa elegibles o declaración de beneficiarios. Los suscriptores elegibles para Lifeline se les ofrecen nuestra tarifa más baja de teléfono de casa de \$20.70 por mes., más impuestos solo en el área de AT&T.

CRITERIO DE ELEGIBILIDAD PARA LIFELINE Revise su elegibilidad en la siguiente lista

Programa de Asistencia de Nutrición Complementaria (SNAP) (Cupones para alimentos); Asistencia de Calificación y Energía para personas con bajos ingresos MI, MN, OK, RI, UT

150% de los lineamientos de pobreza federales ó por debajo de ellos; AZ, KS, MA, MI, MN, OK, RI, UT, VA, WI, WV, WY

El estado tiene programas de pobreza federales ó por debajo de ellos: AL, AK, AR, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, ME, MI, MN, MS, MT, NE, NH, NJ, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY

Head Start (solo para quienes califican por ingresos/territorio tribal); AK, CA, FL, KS, LA, MI, MN, OK, RI, UT

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TAMF administrado por el estado; AK, CA, FL, KS, LA, MI, MN, OK, RI, UT

www.Realhomephone.com Servicio proporcionado por Global Connection Inc.

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Legítimo SERVICIO TELEFÓNICO DE CASA™

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150% de los lineamientos de pobreza federales ó por debajo de ellos; AZ, KS, MA, MI, MN, OK, RI, UT, VA, WI, WV, WY

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Head Start (solo para quienes califican por ingresos/territorio tribal); AK, CA, FL, KS, LA, MI, MN, OK, RI, UT

135% de los lineamientos de pobreza federales ó por debajo de ellos: AL, AK, AR, CO, CT, DE, DC, FL, GA, GU, HI, ID, IL, IN, IA, KS, KY, LA, MD, MA, ME, MI, MN, MS, MT, NE, NH, NJ, NY, OH, OK, OR, PA, PR, RI, SC, SD, TN, UT, VA, WA, WV, WI, WY

TAMF administrado por el estado; AK, CA, FL, KS, LA, MI, MN, OK, RI, UT

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CONTACTE A SU AGENTE LOCAL:

Legítimo SERVICIO TELEFÓNICO DE CASA™

Los clientes pueden ponerse en contacto con la Administración Pública Estatal ó Comisión de Servicios Públicos para preguntas sin resolver ó quejas sobre servicios básicos:

Servicios Públicos de Colorado
servicio al Consumidor Comisión
de Asuntos 303-894-2070 ó
800-456-0858.

Kansas Oficina de la Comisión de los
asuntos públicos protección al
consumidor en 785-271-3140 ó al
800-662-0027. TDD 800-766-3777

Georgia comisión de Servicios
Públicos de asuntos al
consumidor al 404-656-4501 ó
al 1800-282-5813

Massachusetts División de
Consumo Departamento de
Telecomunicaciones y Cable
617-305-3531 ó 800-392-6066.

¡IMPORTANTE! INFORMACIÓN DE SERVICIO DE LIFELINE PARA SERVICIO RESIDENCIAL:

Lifeline es un programa de asistencia del gobierno. Sólo un servicio Lifeline está disponible por hogar. Una violación de las normas por la Comisión Federal de Comunicaciones de un servicio- por hogar constituye en la cancelación del programa. No está permitido recibir múltiples beneficios de Lifeline en un solo hogar, ya sean de una o varias compañías. Esto incluye el servicio residencial y móvil. Lifeline es un beneficio que no es transferible a otra persona. Usted debe activar su servicio y usar el teléfono para continuar recibiendo el servicio. Lifeline es un beneficio federal. Haciendo declaraciones falsas voluntariamente para obtener el beneficio puede resultar en multas, prisión, cancelación del servicio o ser excluidos del programa. Se requiere prueba de elegibilidad para inscribirse. El comprobante puede consistir en tarjeta de programa elegibles o declaración de beneficiarios. Los suscriptores elegibles para Lifeline se les ofrecen nuestra tarifa más baja de teléfono de casa de \$20.70 por mes., más impuestos solo en el área de AT&T.

CRITERIO DE ELEGIBILIDAD PARA LIFELINE Revise su elegibilidad en la siguiente lista

Programa de Asistencia de Nutrición Complementaria (SNAP) (Cupones para alimentos); Asistencia de Calificación y Energía para personas con bajos ingresos MI, MN, OK, RI, UT

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