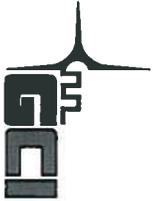


Exhibit A



LIFELINE APPLICATION FOR NEW SERVICE: PROGRAM ELIGIBILITY

Name of GCI Representative: _____ Store Location: _____

Account Number: _____

Please return the completed form to a GCI Retail Store or mail to: GCI Quality Assurance, 1551 Lore Rd, Anchorage, AK 99507.

CUSTOMER INFORMATION

Customer Legal Name: _____

Residential Address: _____ Street Address _____ City _____ State _____ ZIP _____

Is the Residential address: Temporary **OR** Permanent .

Mailing Address: _____ Address _____ City _____ State _____ ZIP _____

Contact Phone Number: _____ Lifeline Phone Number _____

Last 4 of Social Security Number: _____ DOB: _____

Photo Identification type and number _____
Copy of ID must be provided, be government issued (state, tribal or federal), current, and include a photo.

CUSTOMER CERTIFICATIONS

THE APPLICANT MUST CERTIFY THE FOLLOWING SUBJECT TO PENALTY OF PERJURY:

- I am eligible for Lifeline service because I currently receive benefits from one or more of the following programs listed below:

MUST CHECK APPROPRIATE BOX BELOW AND PROVIDE PROOF OF PROGRAM PARTICIPATION:

| | | | | | |
|--------------------------|---|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | Alaska Adult Public Assistance Program | <input type="checkbox"/> | Child Care Assistance Program, Pass I, II and III | <input type="checkbox"/> | Pioneer Home Payment Assistance |
| <input type="checkbox"/> | Alaska State Housing Corporation Program | <input type="checkbox"/> | Denali Kid Care | <input type="checkbox"/> | Senior Citizen Housing Development Fund |
| | | <input type="checkbox"/> | Federal Public Housing Assistance Program | <input type="checkbox"/> | State of Alaska Senior Benefits Program |
| <input type="checkbox"/> | Home Investment Partnership | <input type="checkbox"/> | Supplemental Nutrition Assistance Program (Food Stamps) | <input type="checkbox"/> | State of Alaska Heating Assistance Program |
| | | <input type="checkbox"/> | Head Start Program—qualifying under low income criteria | <input type="checkbox"/> | Supplemental Security Income (SSI) * <i>Not standard social security</i> |
| | | <input type="checkbox"/> | Low-Income Home Energy Assistance Program | <input type="checkbox"/> | Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> | Alaska Temporary Assistance Program | <input type="checkbox"/> | Medicaid | <input type="checkbox"/> | Veterans Administration (VA) Pension |
| <input type="checkbox"/> | BIA (Bureau of Indian Affairs) General Assistance Program | <input type="checkbox"/> | National School Lunch Program's FREE Lunches | <input type="checkbox"/> | Women, Infants and Children's Program (WIC) |

PLEASE NOTE Proof of program participation must be attached. Acceptable documentation include: (I) current or prior year's statement of benefits of a qualifying program; (II) a notice or letter of participation in a qualifying program; (III) program participation documents; or (IV) another official document demonstrating that the customer, one or more of the customers' dependents or the customer's household receives benefits from a qualifying assistance program.

- My "household" receives only **ONE** Lifeline service, and, to the best of my knowledge, no one else in my household has another Lifeline phone from GCI or any other provider that would result in a second Lifeline. _____ (initial)

For purposes of the Lifeline Program, "household" means "any individual or group of individuals who live together at the same address and share income and expenses as one economic unit."

3. I will notify GCI within 30 days if I am no longer eligible for Lifeline service for any reason, including the following examples below _____ (initial)
 - a. I no longer receive benefits from one or more of the programs specified below;
 - b. I receive more than one Lifeline benefit; or
 - c. A member of my household receives a Lifeline benefit.
4. I live in Alaska at the residential address noted above (which like all of Alaska, is on Tribal Lands) _____ (initial)
5. I will notify GCI within 30 days if I move to a new residential address _____ (initial)
6. If my residential address is temporary, I will be required to verify my address every 90 days. _____ (initial)
7. The information contained in this application is true and correct to the best of my knowledge. _____ (initial)
8. I understand I will be required to recertify my eligibility on an annual basis; that I may also be required to recertify my eligibility at any time; and that failure to recertify my eligibility within 30 days will result in de-enrollment and termination of my Lifeline service. _____ (initial)
9. I acknowledge that Lifeline is non-transferable and will not convey or give my Lifeline phone to anyone. _____ (initial)
10. I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law. _____ (initial)

INFORMATION ABOUT THE LIFELINE PROGRAM

Prospective and existing customers must be aware of the following important information concerning the Lifeline Program:

1. Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
2. Only one Lifeline service is available per "household." For purposes of the Lifeline Program, "household" means "any individual or group of individuals who live together at the same address and share income and expenses as one economic unit."
3. A "household" is not permitted to receive Lifeline benefits from multiple providers.
4. Violation of the one-per household limitation constitutes a violation of the FCC's rules and will result in the subscriber's de-enrollment from the Lifeline Program.

BY SIGNING BELOW, I CERTIFY ALL OF THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE SUBJECT TO THE PENALTY OF PERJURY.

SIGNATURE OF NEW CUSTOMER _____

DATE _____

LIFELINE PHONE NUMBER: _____

To be completed by GCI Employee

1. I have checked the customer's name, address, and other pertinent information available in the billing system to verify whether he/she has duplicate or unpaid Lifeline service with GCI.
2. I have reviewed the application form to be sure it is complete.
3. I have reviewed the proof of program participation required for new applicants and included a copy of this documentation with the application for validation by the Quality Review Team.

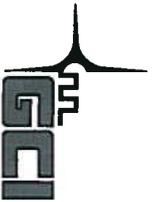
The proof of program participation presented by the applicant consists of: _____

4. I reviewed GCI's billing system to determine whether there are other individuals at the applicant's residential address who currently are receiving Lifeline service with GCI. If there are other Lifeline customers living at the applicant's residential address, the applicant has completed an additional form (developed by USAC) and a copy of this form is attached. **(This paragraph will take effect on June 1, 2012)**

GCI Employee attests to the statements above (Sign & Date): _____

Lifeline Quality Review Team Verified (Sign & Date): _____

NOTES:



LIFELINE APPLICATION FOR NEW SERVICE: INCOME ELIGIBILITY

Name of GCI Representative: _____ Store Location: _____

Account Number: _____

Please return the completed form to a GCI Retail Store or mail to: GCI Quality Assurance, 1551 Lore Rd, Anchorage, AK 99507.

CUSTOMER INFORMATION

Customer Legal Name: _____

Residential Address: _____ Street Address _____ City _____ State _____ ZIP _____

Is the Residential address: Temporary OR Permanent .

Mailing Address: _____ Address _____ City _____ State _____ ZIP _____

Contact Phone Number: _____ Lifeline Phone Number _____

Last 4 of Social Security Number: _____ DOB: _____

Photo Identification type and number _____
Copy of ID must be provided, be government issued (state, tribal or federal), current, and include a photo.

CUSTOMER CERTIFICATIONS

THE APPLICANT MUST CERTIFY THE FOLLOWING SUBJECT TO PENALTY OF PERJURY:

- I am eligible for Lifeline service because my household's income is at or below 135% of the Federal Poverty Guidelines for a household of the size specified below _____ (initial)

“Household” means “any individual or group of individuals who live together at the same address and share income and expenses as one economic unit.”

How many individuals are living at your household? _____
Please state your annual “household” income, including Alaska PFD payments: _____

Documentation of “household” income must be provided in one of the forms below. Please check the appropriate box indicating documentation presented:

| Size of Household | Eligibility Level (\$) |
|--------------------------------|------------------------|
| 1 | 18,860 |
| 2 | 25,542 |
| 3 | 32,225 |
| 4 | 38,907 |
| 5 | 45,590 |
| 6 | 52,272 |
| 7 | 58,955 |
| 8 | 65,637 |
| For each additional person add | 6,683 |

- _____ Last year's state, federal or Tribal tax return
- _____ A current income statement from an employer or paycheck stub
- _____ A statement of benefits from the U.S. Social Security Admin.
- _____ A statement of benefits from the U.S. Dept. of Veterans Admin.
- _____ A retirement or pension statement of benefits.
- _____ An Unemployment or Worker's Compensation statement of benefits
- _____ A federal or Tribal notice of letter of participation in General Assistance
- _____ A divorce decree or child support award, or
- _____ Other official document containing income information

If the documentation presented does not cover a full year, such as current pay stubs, the documentation must cover at least three consecutive months within the previous twelve months.

2. My "household" receives only **ONE** Lifeline service, and, to the best of my knowledge, no one else in my household has another Lifeline phone from GCI or any other provider that would result in a second Lifeline. _____ (initial)
3. I will notify GCI within 30 days if I am no longer eligible for Lifeline service for any reason, including the following examples below _____ (initial)
 - a. My household income no longer meets the income criteria specified above;
 - b. I receive more than one Lifeline benefit; or
 - c. A member of my household receives a Lifeline benefit.
4. I live in Alaska at the residential address noted above (which, like all of Alaska, is on tribal lands) _____ (initial).
5. I will notify GCI within 30 days if I move to a new residential address _____ (initial)
6. If my residential address is temporary, I will be required to verify my address every 90 days. _____ (initial)
7. The information contained in this application is true and correct to the best of my knowledge. _____ (initial)
8. I understand I will be required to recertify my eligibility on an annual basis; that I may also be required to recertify my eligibility at any time; and that failure to recertify my eligibility within 30 days will result in de-enrollment and termination of my Lifeline service. _____ (initial)
9. I acknowledge that Lifeline is non-transferable and will not convey or give my Lifeline phone to anyone. _____ (initial)
10. I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law. _____ (initial)

INFORMATION ABOUT THE LIFELINE PROGRAM

Prospective and existing customers must be aware of the following important information concerning the Lifeline Program:

1. Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
2. Only one Lifeline service is available per "household." For purposes of the Lifeline Program, "household" means "any individual or group of individuals who live together at the same address and share income and expenses as one economic unit."
3. A "household" is not permitted to receive Lifeline benefits from multiple providers.
4. Violation of the one-per household limitation constitutes a violation of the FCC's rules and will result in the subscriber's de-enrollment from the Lifeline Program.

BY SIGNING BELOW, I CERTIFY ALL OF THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE SUBJECT TO THE PENALTY OF PERJURY.

SIGNATURE OF NEW CUSTOMER _____

DATE _____

LIFELINE PHONE NUMBER: _____

To be completed by GCI Employee

1. I have checked the customer's name, address, and other pertinent information available in the billing system to verify whether he/she has duplicate or unpaid Lifeline service with GCI.
2. I have reviewed the application form to be sure it is complete.
3. I have reviewed the proof of household income required for new applicants and included a copy of this documentation with the application for validation by the Quality Review Team.

The proof of income presented by the applicant consists of: _____.

4. I reviewed GCI's billing system to determine whether there are other individuals at the applicant's residential address who currently are receiving Lifeline service with GCI. If there are other Lifeline customers living at the applicant's residential address, the applicant has completed an additional form (developed by USAC) and a copy of this form is attached. **(This paragraph will take effect on June 1, 2012).**

GCI Employee attests to the statements above (Sign & Date): _____

Lifeline Quality Review Team Verified (Sign & Date) _____

NOTE: GCI's outside sales agents are prohibited from accepting applications based on income eligibility.

NOTES:

Exhibit B

For purposes of the Lifeline Program, "household" means "any individual or group of individuals who live together at the same address and share income and expenses as one economic unit."

3. I will notify GCI within 30 days if I am no longer eligible for Lifeline service for any reason, including the following examples below _____ (initial)
 - a. I no longer receive benefits from one or more of the programs specified below;
 - b. I receive more than one Lifeline benefit; or
 - c. A member of my household receives a Lifeline benefit.
4. I live in Alaska at the residential address noted above (which like all of Alaska, is on Tribal Lands) _____ (initial)
5. I will notify GCI within 30 days if I move to a new residential address _____ (initial)
6. If my residential address is temporary, I will be required to verify my address every 90 days. _____ (initial)
7. The information contained in this application is true and correct to the best of my knowledge. _____ (initial)
8. I understand I will be required to recertify my eligibility on an annual basis; that I may also be required to recertify my eligibility at any time; and that failure to recertify my eligibility within 30 days will result in de-enrollment and termination of my Lifeline service. _____ (initial)
9. I acknowledge that Lifeline is non-transferable and will not convey or give my Lifeline phone to anyone. _____ (initial)
10. I certify that I have provided documentation of proof of eligibility. _____ (initial)
11. I acknowledge and consent that the name, telephone number, date of birth, and last four digits of social security number will be provided to the Universal Service Administrative Company (USAC) and/or its agents for the purpose of verifying that the subscriber does not receive more than one Lifeline benefit. In the event USAC identifies a consumer as receiving more than one Lifeline subsidy per household, all carriers from which they receive service may be notified so that the consumer may select one service. _____ (initial)
12. I understand that providing false or fraudulent information to receive Lifeline benefits is punishable by law, including fine or imprisonment, and that I can be barred from the program. _____ (initial)

INFORMATION ABOUT THE LIFELINE PROGRAM

Prospective and existing customers must be aware of the following important information concerning the Lifeline Program:

1. Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
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3. A "household" is not permitted to receive Lifeline benefits from multiple providers.
4. Violation of the one-per household limitation constitutes a violation of the FCC's rules and will result in the subscriber's de-enrollment from the Lifeline Program.

BY SIGNING BELOW, I CERTIFY ALL OF THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE SUBJECT TO THE PENALTY OF PERJURY.

SIGNATURE OF NEW CUSTOMER

DATE

LIFELINE PHONE NUMBER: _____

To be completed by GCI Employee

1. I have checked the customer's name, address, and other pertinent information available in the billing system to verify whether he/she has duplicate or unpaid Lifeline service with GCI.
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3. I have reviewed the proof of program participation required for new applicants and included a copy of this documentation with the application for validation by the Quality Review Team.

The proof of program participation presented by the applicant consists of: _____

4. I reviewed GCI's billing system to determine whether there are other individuals at the applicant's residential address who currently are receiving Lifeline service with GCI. If there are other Lifeline customers living at the applicant's residential address, the applicant has completed an additional form (developed by USAC) and a copy of this form is attached. **(This paragraph will take effect on June 1, 2012)**

GCI Employee attests to the statements above (Sign & Date): _____

Lifeline Quality Review Team Verified (Sign & Date): _____

NOTES:



LIFELINE APPLICATION FOR NEW SERVICE: INCOME ELIGIBILITY

Name of GCI Representative: _____ Store Location: _____

Account Number: _____

Please return the completed form to a GCI Retail Store or mail to: GCI Quality Assurance, 1551 Lore Rd, Anchorage, AK 99507.

CUSTOMER INFORMATION

Customer Legal Name: _____

Residential Address: _____
Street Address City State ZIP

Is the Residential address: Temporary OR Permanent .

Mailing Address: _____
Address City State ZIP

Contact Phone Number: _____ Lifeline Phone Number _____

Last 4 of Social Security Number: _____ DOB: _____

Photo Identification type and number _____

Copy of ID must be provided, be government issued (state, tribal or federal), current, and include a photo.

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| 8 | 65,637 |
| For each additional person add | 6,683 |

- _____ Last year's state, federal or Tribal tax return
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- _____ A retirement or pension statement of benefits.
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4. I live in Alaska at the residential address noted above (which, like all of Alaska, is on tribal lands) _____ (initial).
5. I will notify GCI within 30 days if I move to a new residential address _____ (initial)
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3. A "household" is not permitted to receive Lifeline benefits from multiple providers.
4. Violation of the one-per household limitation constitutes a violation of the FCC's rules and will result in the subscriber's de-enrollment from the Lifeline Program.

BY SIGNING BELOW, I CERTIFY ALL OF THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE SUBJECT TO THE PENALTY OF PERJURY.

SIGNATURE OF NEW CUSTOMER

DATE

LIFELINE PHONE NUMBER: _____

To be completed by GCI Employee

1. I have checked the customer's name, address, and other pertinent information available in the billing system to verify whether he/she has duplicate or unpaid Lifeline service with GCI.
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3. I have reviewed the proof of household income required for new applicants and included a copy of this documentation with the application for validation by the Quality Review Team.

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GCI Employee attests to the statements above (Sign & Date): _____

Lifeline Quality Review Team Verified (Sign & Date) _____

NOTE: GCI's outside sales agents are prohibited from accepting applications based on income eligibility.

NOTES: