

<010> Study Area Code 149007

<015> Study Area Name BUDGET PREPAY, INC.

<020> Program Year 2014

<030> Contact Name: Person USAC should contact with questions about this data Lakisha Taylor

<035> Contact Telephone Number: Number of the person identified in data line <030> 318-671-5000

<039> Contact Email: Email of the person identified in data line <030> Lakishat@budgetprepay.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313 Completion Required	54.422 Completion Required
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			(check box when complete)	
<p><100> Service Quality Improvement Reporting <i>(complete attached worksheet)</i></p>				<input checked="" type="checkbox"/>
<p><200> Outage Reporting (voice) <i>(complete attached worksheet)</i></p> <p><210> <input type="checkbox"/> <-- check box if no outages to report</p>				
<p><300> Unfulfilled Service Requests (voice) <input type="checkbox"/></p> <p><310> Detail on Attempts (voice) <input type="checkbox"/> <i>(attach descriptive document)</i></p> <p><320> Unfulfilled Service Requests (broadband) <input type="checkbox"/></p> <p><330> Detail on Attempts (broadband) <input type="checkbox"/> <i>(attach descriptive document)</i></p>				<input checked="" type="checkbox"/>
<p><400> Number of Complaints per 1,000 customers (voice)</p> <p><410> Fixed <input type="checkbox"/></p> <p><420> Mobile <input type="checkbox"/></p> <p>Number of Complaints per 1,000 customers (broadband)</p> <p><440> Fixed <input type="checkbox"/></p> <p><450> Mobile <input type="checkbox"/></p>				<input checked="" type="checkbox"/>
<p><500> Service Quality Standards & Consumer Protection Rules Compliance <i>(check to indicate certification)</i></p> <p><510> <i>(attach descriptive document)</i></p> <p><600> Functionality in Emergency Situations <i>(check to indicate certification)</i></p> <p><610> <i>(attach descriptive document)</i></p> <p><700> Company Price Offerings (voice) <i>(complete attached worksheet)</i></p> <p><710> Company Price Offerings (broadband) <i>(complete attached worksheet)</i></p> <p><800> Operating Companies and Affiliates <i>(complete attached worksheet)</i></p> <p><900> Tribal Land Offerings (Y/N)? <i>(if yes, complete attached worksheet)</i></p> <p><1000> Voice Services Rate Comparability <i>(check to indicate certification)</i></p> <p><1010> <i>(attach descriptive document)</i></p> <p><1100> Terrestrial Backhaul (Y/N)? <i>(if not, check to indicate certification)</i></p> <p><1110> <i>(complete attached worksheet)</i></p> <p><1200> Terms and Condition for Lifeline Customers <i>(complete attached worksheet)</i></p>				<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<p><2000> <i>(check to indicate certification)</i></p>				<input checked="" type="checkbox"/>
<p><2005> <i>(complete attached worksheet)</i></p>				<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<p><3000> <i>(check to indicate certification)</i></p>				<input checked="" type="checkbox"/>
<p><3005> <i>(complete attached worksheet)</i></p>				<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986
OMB Control No. 3060-0819
July 2013

<010> Study Area Code	149007
<015> Study Area Name	BUDGET PREPAY, INC.
<020> Program Year	2014
<030> Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035> Contact Telephone Number - Number of person identified in data line <030>	318-671-5000
<039> Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.
<110> Has your company received its ETC certification from the FCC?	(yes / no)
If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	
<111> year plan" filed with the FCC?	(yes / no)

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which receives only frozen support, your progress report is only required to address voice telephony service

Name of Attached Document (.pdf)

Please check these boxes below to confirm that the attached PDF, on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

**(900) Tribal Lands Reporting
Data Collection Form**

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July 2013

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<020> Program Year	2014
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<039> Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

<910> Tribal Land(s) on which ETC Serves _____

<920> Tribal Government Engagement Obligation _____
Name of Attached Document (.pdf)

If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions;
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select (Yes,No, NA)

**(1110) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
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OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers Lifeline	FCC Form 481
	OMB Control No. 3060-0986
Data Collection Form	OMB Control No. 3060-0819
	July 2013

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<039> Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

 Name of attached document (.pdf)

<1220> Link to Public Website
 HTTP www.budgetmobile.com

Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,
- <1222> Details on the number of minutes provided as part of the plan,
- <1223> Additional charges for toll calls, and rates for each such plan.

(2005) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

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 OMB Control No. 3060-0986
 OMB Control No. 3060-0819
 July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetorepay.com

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification {47 CFR § 54.313(b)(1)}
- <2011> 3rd Year Certification {47 CFR § 54.313(b)(2)}

Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}

- <2012> 2013 Frozen Support Certification
- <2013> 2014 Frozen Support Certification
- <2014> 2015 Frozen Support Certification
- <2015> 2016 and future Frozen Support Certification

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

- <2016> Certification Support Used to Build Broadband

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

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification
- <2020> Please check the box to confirm that the attached PDF , on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions Name of Attached Document Listing Required Information _____

(3005) Rate of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986
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<039> Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepav.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

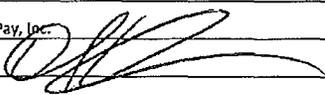
Progress Report on 5 Year Plan

<p>(3010) Milestone Certification (47 CFR § 54.313(f)(1)(i))</p> <p>(3011) Please check this box to confirm that the attached PDF, on line 3012, contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/></p>
<p>(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))</p> <p>(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))</p> <p>(3014) If yes, does your company file the RUS annual report</p> <p>Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/> (Yes/No)</p> <p><input type="checkbox"/> (Yes/No)</p>
<p>(3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)</p> <p>(3016) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation</p> <p>(3018) If the response is no on line 3014, Is your company audited?</p> <p>If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	<p><input type="checkbox"/> (Yes/No)</p>
<p>(3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications</p> <p>(3020) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>(3021) Management letter issued by the independent certified public accountant that performed the company's financial audit.</p> <p>If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:</p>		<p><input type="checkbox"/></p>
<p>(3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,</p> <p>(3023) Underlying information subjected to a review by an independent certified public accountant</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>(3024) Underlying information subjected to an officer certification.</p> <p>(3025) PDF of Balance Sheet, Income Statement and Statement of Cash Flows</p>		<p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p>(3026) Attach the worksheet listing required information</p>	<p>Name of Attached Document Listing Required Information</p> <p>_____</p>	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986 OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.		
Name of Reporting Carrier: Budget PrePay, Inc.		
Signature of Authorized Officer: 	Date 10-14-13	
Printed name of Authorized Officer: David Donahue		
Title or position of Authorized Officer: Vice President, CFO, & Treasurer		
Telephone number of Authorized Officer: 318-671-5706		
Study Area Code of Reporting Carrier: 149007	Filing Due Date for this form:	10/15/2013
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.		