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October 15, 2013
Via Web Filing
www.apscservices.info/EFilings/online/

AR Electronic Filing System (EFS)
Arkansas Public Service Commission
www.apscservices.info/EFilings/online/,

RE: Budget PrePay, Inc. d/b/a Budget Mobile
AR Copy of FCC Form 481 - Carrier Annual Reporting
Docket No. 13-065-U

Dear Sir or Madam:

Enclosed please find the AR Copy of FCC Form 481 - Carrier Annual Reporting, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile. No check is enclosed as there are no remittance fees due.

This report has been filed online at www.apscservices.info/EFilings/online/.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld
Compliance Reporting Specialist

cc: Lakisha Taylor - Budget PrePay, Inc. d/b/a Budget Mobile
file: Budget PrePay, Inc. d/b/a Budget Mobile - Reporting - Arkansas

CN/jg

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	409019
<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 Address: Email of the person identified in data line <030>	lakishat@budgetprepay.com

ANNUAL REPORTING FOR ALL CARRIERS	54.313	54.422
	Completion Required	Completion Required

<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<210> <input style="width: 50px; height: 15px;" type="checkbox"/> <-- check box if no outages to report		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<300> Unfulfilled Service Requests (voice)		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<310> Detail on Attempts (voice)	<i>(attach descriptive document)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<320> Unfulfilled Service Requests (broadband)		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<330> Detail on Attempts (broadband)	<i>(attach descriptive document)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<400> Number of Complaints per 1,000 customers (voice)		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<410> Fixed		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<420> Mobile		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<430> Number of Complaints per 1,000 customers (broadband)		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<440> Fixed		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<450> Mobile		<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<510> <input style="width: 100px; height: 15px;" type="text"/>	<i>(attach descriptive document)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<610> <input style="width: 100px; height: 15px;" type="text"/>	<i>(attach descriptive document)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<1000> Voice Services Rate Comparability	<i>(check to indicate certification)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<1010> <input style="width: 100px; height: 15px;" type="text"/>	<i>(attach descriptive document)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<1100> Terrestrial Backhaul (Y/N)? <input type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<1110>	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	<i>(check to indicate certification)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<2005>	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>
<3005>	<i>(complete attached worksheet)</i>	<div style="border: 1px solid black; width: 100%; height: 15px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 100%; height: 15px; background-color: #cccccc;"></div>

(100) Service Quality Improvement Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	409019
<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.com

<110> Has your company received its ETC certification from the FCC?	(yes / no) <input type="radio"/> <input checked="" type="radio"/>
<111> If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) <input type="radio"/> <input type="radio"/>

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 only receives 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	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	409019
<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.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)

(1100) No Terrestrial Backhaul Reporting
Data Collection Form

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

<010>	Study Area Code	409019
<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.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 Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	409019
<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.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.

(2000) Price Cap Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>	July 2013

<010>	Study Area Code	409019
<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.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)}	<input type="checkbox"/>
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	<input type="checkbox"/>

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

<2012>	2013 Frozen Support Certification	<input type="checkbox"/>
<2013>	2014 Frozen Support Certification	<input type="checkbox"/>
<2014>	2015 Frozen Support Certification	<input type="checkbox"/>
<2015>	2016 and future Frozen Support Certification	<input type="checkbox"/>

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

<2016>	Certification Support Used to Build Broadband	<input type="checkbox"/>
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Connect America Phase II Reporting {47 CFR § 54.313(e)}

<2017>	3rd year Broadband Service Certification	<input type="checkbox"/>
<2018>	5th year Broadband Service Certification	<input type="checkbox"/>
<2019>	Interim Progress Certification	<input type="checkbox"/>
<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.	<input type="checkbox"/>

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	
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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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<010>	Study Area Code	409019
<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.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	Budget PrePay Inc.
Signature of Authorized Officer:	CERTIFIED ONLINE Date 10/11/2013
Printed name of Authorized Officer:	David Donahue
Title or position of Authorized Officer:	CFO
Telephone number of Authorized Officer:	3186715000
Study Area Code of Reporting Carrier:	409019 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.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0985/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	409019
<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.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent: _____	
Name of Reporting Carrier: _____	
Signature of Authorized Officer: _____	Date: _____
Printed name of Authorized Officer: _____	
Title or position of Authorized Officer: _____	
Telephone number of Authorized Officer: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier: _____	
Name of Authorized Agent or Employee of Agent: _____	
Signature of Authorized Agent or Employee of Agent: _____	Date: _____
Printed name of Authorized Agent or Employee of Agent: _____	
Title or position of Authorized Agent or Employee of Agent: _____	
Telephone number of Authorized Agent or Employee of Agent: _____	
Study Area Code of Reporting Carrier: _____	Filing Due Date for this form: _____
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

