FCC For	m 481 - Carrier Annual Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060- July 2013	0986/OMB Control No. 3060-0819	
<010>	Study Area Code	399021				
<015>	Study Area Name	Budget PrePay 1	Inc.			
<020>	Program Year	2016				
<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>	3186715000 ext.				
<039>	Contact Email Address: Email of the person identified in data line <030>	lakishat@budgetp	prepay.com			
ANNUA	L REPORTING FOR ALL CARRIERS				54.313 54.422 Completion Completi Required Require (check box when complete)	on
<100>	Service Quality Improvement Reporting		(complete attached worl	ksheet)		
<200>	Outage Reporting (voice)		(complete attached work	ksheet)	×	
<210>		outages to report				
<300>	Unfulfilled Service Requests (voice)					
<310>	Detail on Attempts (voice)					
.5104				lattach description i	cumant)	
				(attach descriptive do	icument)	
<320>	Unfulfilled Service Requests (broadband)	†				
520,		ł				
<330>	Detail on Attempts (broadband)					19
				(attach descriptive a	iocument)	
<400>	Number of Complaints per 1,000 customers (voice)			]		
<410>	Fixed <sup>0.0</sup>				· ·	Т
<420>	Mobile 0.0					<b></b>
<430>	Number of Complaints per 1,000 customers (broadb Fixed	band)				
<440> <450>	Mobile					
<500>	Service Quality Standards & Consumer Protection Ru 399021sd510.pdf	ules Compliance	(check to indicate certif	fication)	· · ·	
<510>			(attached descriptive	document)	· ·	
<600>	Functionality in Emergency Situations		(check to indicate certif	fication)		
~0002	399021sd610.pdf			ication,		
			(attached descriptive do	cument)	· ·	
<610>						
<u>&lt;</u> 700>	Company Price Offerings (voice)		(complete attached	rksheetl		
	Company Price Offerings (voice) Company Price Offerings (broadband)		(complete attached woi (complete attached woi			
	Operating Companies and Affiliates		(complete attached wor			Ī
	Tribal Land Offerings (Y/N)?		(if yes, complete attached wor			
	Voice Services Rate Comparability Certification					N
<1010>	.		(attach descriptive doc	ument)		
<1100>	Certify whether terrestrial backhaul options exist (Y	'es or No) 🔘	(if not, check to indica	te certification)		
<1110>			(complete attached wo	rksheet)		
<1200>	Terms and Condition for Lifeline Customers		(complete attached wo		· _	
	Price Cap Carriers, Proceed to Price Cap Additional I	Documentation W	orksheet			
~2000-	Including Rate-of-Return Carriers affiliated with Pri	ce Cap Local Excha	-	1		
<2000> <2005>			(check to indicate certifi (complete attached wor			
-	Rate of Return Carriers, Proceed to ROR Additional	Documentation W				
<3000>			(check to indicate certifi			
<3005>			(complete attached wor	ksneet)		10

	ervice Quality Improvement Reporting ollection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	399021		
<015>	Study Area Name	Budget PrePay Inc.		
<020>	Program Year	2016		
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor		
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.		
<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? If your answer to Line <110> is yes, do you have an existing §54.202(a) "5	(yes / no ) O O		
<111>	year plan" filed with the FCC?	(yes / no ) 💛 💛		
<112>	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. 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 of CETC which only receives frozen support, your progress report is only required to address voice telephony service.	company is a		
	Please select the appropriate responses below (Yes, No, Not Applicable) to confi that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall b submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document	
<113>	Maps detailing progress towards meeting plan targets			
<114>	Report how much universal service (USF) support was received			
<115>	How much (USF) was used to improve service quality and how support was used to improve service quality			
<116>	How much (USF) was used to improve service coverage and how support was used to imp	prove service coverage	—	
<117>	How much (USF) was used to improve service capacity and how support was used to impr	=		
×11/2	Provide an explanation of network improvement targets not met		<b>—</b> – – – – – – – – – – – – – – – – – – –	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010> Study Area Code 399021 <015> Study Area Name Budget PrePay Inc. <020> Program Year 2016 <030> Contact Name - Person USAC should contact regarding this data Lakisha Taylor 3186715000 ext. <035> Contact Telephone Number - Number of person identified in data line <030> lakishat@budgetprepay.com <039> Contact Email Address - Email Address of person identified in data line <030>

<220>	<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h></h>
	NORS									Did This Outage		
	Reference		Outage Start			Number of		911 Facilities	Service Outage	Affect Multiple		
	Number	Date	Time	Date	Time	<b>Customers Affected</b>	Total Number of	Affected	Description (Check	Study Areas	Service Outage	Preventative
							Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
			-									

# (700) Price Offerings including Voice Rate Data FCC Form 481 Data Collection Form OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 July 2013

399021 Budget PrePay Inc. 2016

1/1/2015

Lakisha Taylor

<030> Contact Name - Person USAC should contact regarding this data

<035> Contact Telephone Number - Number of person identified in data line <030> 3186715000 ext.

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

<701> Residential Local Service Charge Effective Date

<010> Study Area Code

Study Area Name

Program Year

<015>

<020>

<702> Single State-wide Residential Local Service Charge

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
l		1				1			

Data Collection Form         OMB Control No. 3060-0986 / OMB Control No. 3060-0819           July 2013         July 2013	(710) Broadband Price Offerings	FCC Form 481
July 2013	Data Collection Form	OMB Control No. 3060-0986 / OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	399021
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

:711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached { <i>select</i> }
	State		Residential Nate	Tees	Total Nate and Tees	(NDD)3/	opioau speeu (iviops)	(66)	Linit Reached (Scient )

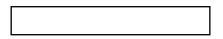
• • •	erating Companies lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		399021	
<015>	Study Area Name		Budget PrePay Inc.	
<020>	Program Year		2016	
<030>	Contact Name - Person L	ISAC should contact regarding this data	Lakisha Taylor	
<035>	Contact Telephone Numl	ber - Number of person identified in data line <030>	3186715000 ext.	
<039>	Contact Email Address - I	Email Address of person identified in data line <030>	lakishat@budgetprepay.com	
<810>	Reporting Carrier	Budget Prepay, Inc. d/b/a Budgert Mobile		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	n/a		

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
	Affiliates	

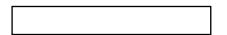
	bal Lands Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	39	9021
<015>	Study Area Name	Bu	lget PrePay Inc.
<020>	Program Year	20	16
<030>	Contact Name - Person USAC should contact regarding this data		kisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line		86715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line	<030> 1a	kishat@budgetprepay.com
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation		Name of Attached Document
	Tribal Government Engagement Obligation		Name of Attached Document
lf your c			
If your c to confii	company serves Tribal lands, please select (Yes,No, NA) for each these boxes	Sele	t
If your c to confin demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920,	Yes or	t No or
If your c to confin demons § 54.313	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:	Yes or	t
If your c to confin demons § 54.313	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal	Yes or	t No or
If your c to confin demons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Yes or	t No or
If your c to confii demons § 54.313 <921> <922>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;	Yes or	t No or
If your c to confii demons § 54.313 <921>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	Yes or	t No or
If your c to confit demons § 54.313 <921> <922> <923> <923>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	Yes or	t No or
If your c to confii demons § 54.312 <921> <922> <922> <923> <924> <925>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	Yes or	t No or
If your c to confii demons § 54.313 <921> <922> <922> <923> <924> <924> <925> <926>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	Yes or	t No or
If your c to confii demons § 54.312 <921> <922> <922> <923> <924> <925>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	Yes or	t No or

(1100) No	o Terrestrial Backhaul Reporting	FCC Form 481
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399021
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).



<1130> Please select the appropriate response (Yes, No, Not Applicable) 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).

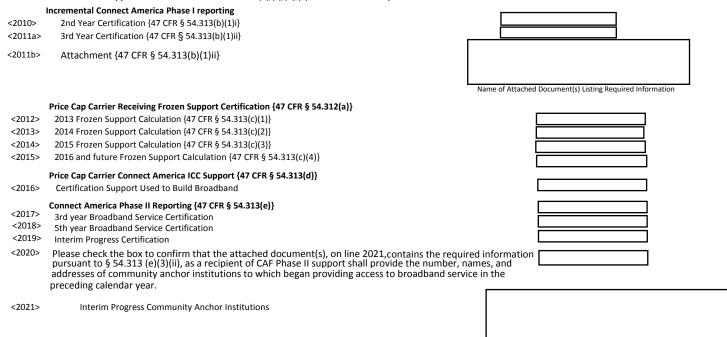


Lifeline	rms and Condition for Lifeline Customers ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399021	
<015>	Study Area Name	Budget PrePay Inc.	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com	
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	Nar	ne of Attached Document
<1220>	Link to Public Website HTTP	udgetmobile.com	
or the we § 54.422(	"Please check these boxes below to confirm that the attached document(s), 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
Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010> Study Area Code	
<015> Study Area Name	399021

<020>	Program Year	
<030>	Contact Name - Person USAC should contact regarding this data	2016
<035>	Contact Telephone Number - Number of person identified in data line <030>	Lakisha Taylor
<039>	Contact Email Address - Email Address of person identified in data line <030>	3186715000 ext.
		lakishat@budgetprepay.com

Select the appropriate responses below (Yes, No, Not Applicable) 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.



Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	399021
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com
CHECK t		nt to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 ne information reported on this form and in the documents attached below is accurate.
(3010)	Progress Report on 5 Year Plan Milestone Certification {47 CFR § 54.313(f)(1)(i)}	Name of Attached Document Listing Required Information
	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addre providing access to broadband service in the preceding calendar year.	
(3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}	
	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)} If yes, does your company file the RUS annual report	Name of Attached Document Listing Required Information (Yes/No) (Yes/No)
Please	check these boxes to confirm that the attached document(s), on line 3017	7, contains the required information pursuant to § 54.313(f)(2) compliance requires:
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cas	sh Flows
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
(2010)	1646	Name of Attached Document Listing Required Information (Yes/No)
(3018)	If the response is no on line 3014, Is your company audited? If the response is yes on line 3018, please check the boxes below to	
(3019)	confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a form	<u> </u>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows
(3021)	Management letter and audit opinion issued by the independent certified pu	ublic accountant that performed the company's financial audit
	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:	
(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,	
(3023)	Underlying information subjected to a review by an independent certified	
(3024) (3025)	public accountant Underlying information subjected to an officer certification. Document(s) for Balance Sheet, Income Statement and Statement of Ca	ash Flows
(3026)	Attach the worksheet listing required information	

#### (3000) Rate Of Return Carrier Additional Documentation (Continued)

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

July 2013

<010>	Study Area Code	399021
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	lakishat@budgetprepay.com

#### **Financial Data Summary**

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Serv

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

vice(TPIS)	

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399021
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<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:

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:	
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:

Certification - Agent / Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	399021
<015>	Study Area Name	Budget PrePay Inc.
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Lakisha Taylor
<035>	Contact Telephone Number - Number of person identified in data line <030>	3186715000 ext.
<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 certify that (Name of Agent) Robin Enkey 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: Robin Enkey Name of Reporting Carrier: Budget PrePay Inc. Signature of Authorized Officer: CERTIFIED ONLINE Date: 06/24/2015 Printed name of Authorized Officer: David Donahue Title or position of Authorized Officer: CFO Telephone number of Authorized Officer: 3186715000 ext. Filing Due Date for this form: 07/01/2015 Study Area Code of Reporting Carrier: 399021 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: Budget PrePay Inc.			
Name of Authorized Agent or Employee of Agent: Robin Enkey			
Signature of Authorized Agent or Employee of Agent: CERTIFIED ONLINE Date: 06/22/2015			
Printed name of Authorized Agent or Employee of Agent: Robin Enkey			
Title or position of Authorized Agent or Employee of Agent CFO			
Telephone number of Authorized Agent or Employee of Agent: 3186715000 ext.			
Study Area Code of Reporting Carrier: 399021 Filing Due Date for this form: 07/01/2015			
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

## **Budget PrePay, Inc.**

## <u>Line 510 – Compliance with Service Quality Standards and</u> <u>Consumer Protection</u>

Budget PrePay, Inc. ("Budget") hereby certifies that it has reviewed and complies with applicable service quality and consumer protection practices, and that it is in compliance with all applicable state requirements in connection with its provision of wireline (if applicable) and wireless voice services. Among other things, Budget:

- Complies with the service standards promulgated by the State of South Dakota.
- Discloses rates and terms of its voice services to customers.
- Provides current terms and conditions to customers and confirms changes in voice service.
- Separately identifies carrier charges from taxes on billing statements and purchase receipts.
- Provides ready access to customer service.
- Promptly responds to consumer inquiries and complaints received from federal and state government agencies.
- Abides by CPNI rules and other rules for the protection of consumer privacy.
- Makes available maps showing the local calling area on point of sale materials and website.
- Provides specific disclosures in advertising if applicable.
- Provides customers the right to terminate voice service

### **Line 610 – Functionality in Emergency Situations**

Section 54.202(a)(2) of the Commission's Rules requires that each eligible telecommunications carrier ("ETC") must "[d]emonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations."<sup>1</sup> Section 54.313(a)(6) requires ETCs to certify that they are "able to function in emergency situations as set forth in §54.202(a)(2)"<sup>2</sup> in connection with their provision of voice and broadband services.

Budget PrePay, Inc. d/b/a Budget Phone and d/b/a Budget Mobile has deployed [resells the services of underlying carriers that have deployed] sufficient power generators to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.

Budget PrePay Inc. has geographically located its switching infrastructure. All facilities are equipped with both AC and DC battery backup as well as generators. All critical equipment is also supplied with 2 separate power sources (or primary and redundant power feeds). Budget PrePay maintains multiple paths to reach our network. This is setup by using multiple IP transit providers for all IP connectivity and an N+1 configuration on all TDM connectivity. Once the origination traffic reaches the Budget PrePay network all elements are setup with the same N+1 configuration. The configuration allows each element a primary and redundant path to terminate the traffic without service interruption. In the event the main element fails or that

<sup>&</sup>lt;sup>1</sup> 47 C.F.R. § 54.202(a).

<sup>&</sup>lt;sup>2</sup> 47 C.F.R. § 54.313(a)(6).

element reaches maximum capacity Budget has designed the network to advance the traffic to 1 of 3 other elements in the same N+1 configuration that is listed above.

The switching infrastructure will advance to the next termination carrier in route in the event of a failure on any termination carrier's route.

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