

EXHIBIT G
LIFELINE



Stay Connected with **Midco Lifeline**

We believe staying connected is important – whether it's staying in touch with family and friends, searching and applying for a job, completing school work, or paying bills.

That's why low-income households get affordable home phone or internet access through Midco's Lifeline assistance program. This isn't a promotion or special offer. Lifeline is a federal program intended to put home phone and internet service within the reach of qualifying families.

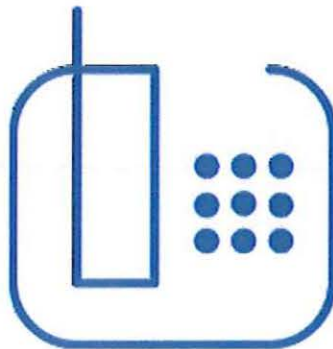
For questions about the Lifeline Assistance Program, call 1.800.888.1300, and we will be happy to assist you!

Broadband Assistance



Get internet speeds of up to 25 Mbps downloads and up to 3 Mbps uploads for just \$5.70 per mo.¹ There's no installation fee, and modems are rent-free.

Home Phone Assistance



Enjoy a reduced monthly rate for reliable, digital home phone service. There's no installation fee, and you can get free long-distance blocking and selective call rejection.

Eligibility

Lifeline Assistance is available to qualifying new and current customers who meet income guidelines.

Some of the other eligibility requirements include:

- Only one Lifeline credit is allowed per household.
- Midco service must be in the eligible participant's name.
- You may be required to recertify household eligibility at any time. Failure to recertify may result in termination of the Lifeline benefit.
- Lifeline assistance cannot be transferred to another person.

How to Apply

If you are interested in Lifeline benefits, contact us at 1.800.888.1300 or download and fill out our Lifeline Assistance application and attach a copy or copies of eligibility documentation. After signing the completed application, mail it with your proof of eligibility documents to Midco, PO Box 5010, Sioux Falls, SD 57117-9908.

DOWNLOAD APPLICATION

¹ Broadband Lifeline only. Price is effective January 1, 2017. Current price point remains the same in 2016.

Taxes and other federal fees will increase the cost on phone services. FCC regulations state that broadband Lifeline recipients must remain with the same internet service provider (in this case, Midco) for at least 12 months after first qualifying for the Lifeline discount. After that, you are free to switch your internet and qualify for a Lifeline benefit with a different company. The FCC allows an exception if you move to a different state or area where your provider (Midco) doesn't offer service. If that's the case, please contact us so we can help you transfer your broadband Lifeline benefit to your new internet provider. © 2016 Midcontinent Communications. All Rights Reserved.

Lifeline Assistance Application



Please check the Lifeline program(s) you're applying for: ☐ Broadband Internet ☐ Home Phone

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. This information will be kept confidential.

| APPLICANT INFORMATION | | | |
|-----------------------|--|---|--|
| First Name: | | | |
| Last Name: | | | |
| Date of Birth: | Last 4 digits of Social Security Number: | Existing Midco Account Number: | |
| Phone: | Current Phone Company: | Tribal Identification Number: | |
| Service Address: | | <input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address | |
| City: | State: | Zip: | |
| Billing Address: | | | |
| City: | State: | Zip: | |

Step 1: Fill out eligibility option one OR eligibility option two.

| ELIGIBILITY OPTION 1 | |
|--|---|
| Please check the program(s) you or a member of your household currently (within the last 12 months) participate in and attach required documentation. | |
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) |
| <input type="checkbox"/> Tribally Administered Head Start (Income qualifying standard) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TTANF) | <input type="checkbox"/> Medicaid (e.g. Title XIX, Medical State Supplemental Assistance) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | <input type="checkbox"/> Veterans and Survivors Pension Benefit |
| Name of Program Participant: | |
| I certify that this program participant is a member of my household. Applicant Signature: | |

I do not receive benefits from any of the programs listed above but I am eligible under option two.

| ELIGIBILITY OPTION 2 | |
|--|--|
| 1. Please check your current household income.* | |
| <input type="checkbox"/> 1 person household with the income of \$16,038 or less | <input type="checkbox"/> 7 person household with the income of \$49,586 or less |
| <input type="checkbox"/> 2 person household with the income of \$21,627 or less | <input type="checkbox"/> 8 person household with the income of \$55,202 or less |
| <input type="checkbox"/> 3 person household with the income of \$27,216 or less | <input type="checkbox"/> For households with 9 or more people, add \$5,616 per person to the yearly income of \$55,202; _____ person household with the yearly income of \$_____ |
| <input type="checkbox"/> 4 person household with the income of \$32,805 or less | |
| <input type="checkbox"/> 5 person household with the income of \$38,394 or less | |
| <input type="checkbox"/> 6 person household with the income of \$43,983 or less | |
| 2. Attach one of the following required forms of current (within the last 12 months) documentation. | |
| <input type="checkbox"/> Last year's federal, state or tribal tax return | <input type="checkbox"/> Unemployment/Worker's Compensation statement |
| <input type="checkbox"/> A federal or tribal notice letter of participation in a general assistance program | <input type="checkbox"/> Child support document (if proves income) |
| <input type="checkbox"/> Current annual income statement from employer | <input type="checkbox"/> Retirement/pension benefits statement |
| <input type="checkbox"/> Veterans Administration benefits statement | <input type="checkbox"/> Divorce decree (if proves income) |
| <input type="checkbox"/> Social Security benefits statement | <input type="checkbox"/> Other official document that proves total household income: _____ |
| <input type="checkbox"/> Three consecutive months of most recent paycheck stub | _____ |
| <small>* Please visit aspe.hhs.gov/poverty-guidelines to see Federal Poverty Guidelines. To determine eligibility, multiply the Federal Poverty Guideline rate for your family size by 1.35. Your income must be at or below this number. The percentage is subject to change. Services are not available in all areas. Some restrictions may apply.</small> | |

Lifeline Assistance Application



Step 2: Read and initial the following information before signing below.

TERMS AND CONDITIONS

Lifeline Assistance is a federal benefit. Willfully making false statements to obtain Telephone Lifeline Assistance or Broadband Lifeline Assistance can be punished by fines, imprisonment, de-enrollment or being barred from the program.

Initial:

Only one telephone lifeline service and/or one broadband lifeline service per household. A household is defined for the purposes of the Lifeline program as any individual or group of individuals who live together at the same address and share income and expenses.

Initial:

A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and landline providers.

Initial:

I understand that if I am currently receiving Lifeline benefits from another carrier, by submitting this form I am agreeing to discontinue receiving that other carrier's benefit and instead to receive my one Lifeline benefit from Midco.

Initial:

Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

Initial:

Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's lifeline rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the U.S. government.

Initial:

I must notify Midco within 30 days if I move to a new address.

Initial:

By signing, I certify under penalty of perjury that I understand and agree to all the requirements of the Lifeline program and have provided documentation of eligibility. The information contained in this form is true and correct to the best of my knowledge.

If my address is a temporary one, I will have to re-certify my address every 90 days.

Initial:

I understand and consent to Midco providing the information provided on this form as well as my service account information to the Universal Service Administrative Company (USAC) for my lifeline application. USAC's agents and/or the National Lifeline Accountability Database to ensure the proper administration of the Lifeline program. I understand that by signing this form, I am giving this consent, and that without this consent Midco may deny me Lifeline service.

Initial:

I understand I must notify Midco within 30 days if for any reason my household no longer satisfies the criteria for receiving Lifeline assistance. This includes if I no longer meet the income-based or program-based criteria for receiving Lifeline support, if I am receiving more than one Lifeline benefit, if another member of my household is receiving a Lifeline benefit, or if for any other reason my household no longer satisfies the criteria for receiving Lifeline support. Failure to notify Midco may result in penalties and de-enrollment from the program.

Initial:

I may be required to re-certify my household's eligibility for Lifeline assistance at any time, and if I fail to re-certify my continued eligibility, it will result in de-enrollment and the termination of my household's Lifeline assistance.

Initial:

I have attached all documents required to apply for Lifeline Assistance.

Initial:

Applicant Signature:
(Authorized Midco user)

Date:

Step 3: Mail the completed form with required documents to:

**Midco
Attn: Telecom Dept
P.O. Box 5010
Sioux Falls, SD 57117-5010**

1.800.888.1300 | Midco.com/Lifeline

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