

EXHIBIT H

MIDCONTINENT[®] LIFELINE ASSISTANCE APPLICATION

Please read and initial the following important information about the Lifeline Programs before you sign below.

- Telephone 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.
- Only one Lifeline service is available 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.
- A household is not permitted to receive Lifeline assistance from multiple telephone service providers. This includes both wireless and landline providers.
- 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 Midcontinent Communications.
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's telephone lifeline rules and will result in the subscriber's de-enrollment from the program and potentially prosecution by the U.S. government.
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.
- I understand and consent to Midcontinent Communications providing the information provided on this form as well as my service account information to the Universal Service Administrative Company (USAC) for my telephone 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 Midcontinent may deny me Lifeline service.
- I understand I must notify Midcontinent 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 Midcontinent Communications may result in penalties and de-enrollment from the program.
- I must notify Midcontinent Communications within 30 days if I move to a new address.
- If my address is a temporary one, I may have to re-certify my address every 90 days.
- 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.
- I have attached all documents required to apply for Lifeline Assistance.

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.

Lifeline Assistance Applicant Signature (Must be the Midcontinent account holder)

Date

Mail completed form with required documents to:
Midcontinent Communications, Attn: Telecom Dept
3901 N Louise, Sioux Falls, SD 57107-0112

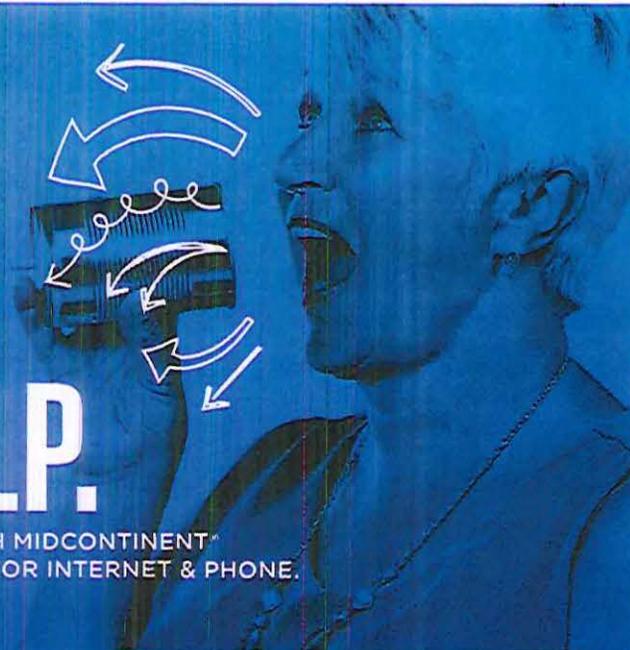
 **Midcontinent**
COMMUNICATIONS
Midco.com/Lifeline     1.800.888.1300

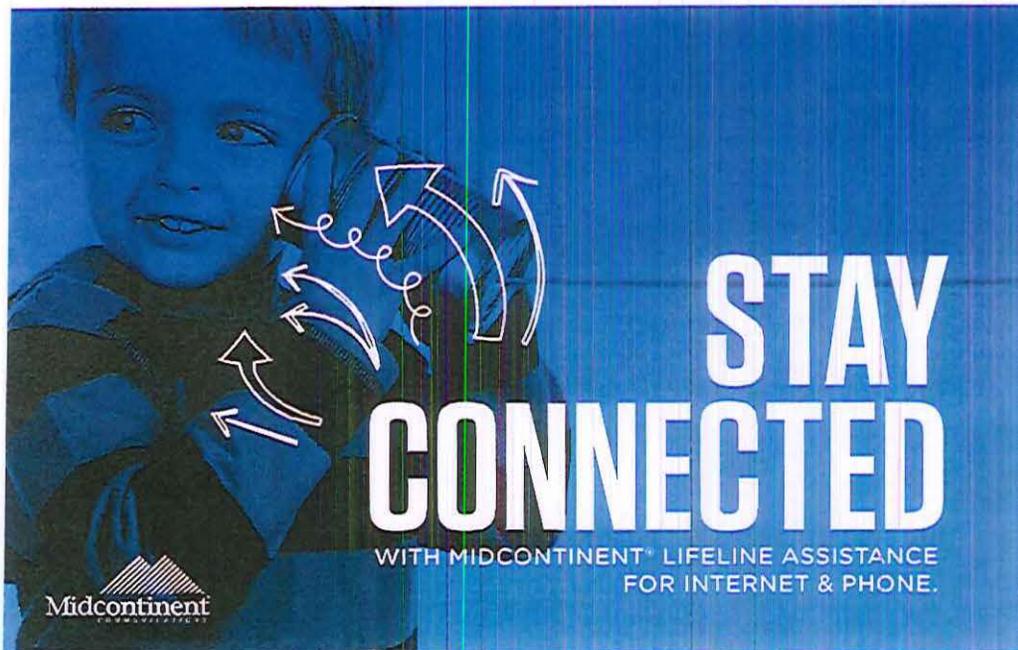
WE'RE HERE TO HELP.

STAY CONNECTED WITH MIDCONTINENT[®]
LIFELINE ASSISTANCE FOR INTERNET & PHONE.

MIDCO.COM/LIFELINE | 1.800.888.1300

Midcontinent
COMMUNICATIONS





MIDCONTINENT LIFELINE ASSISTANCE APPLICATION

Please respond completely. Inaccurate or incomplete responses may cause your application to be rejected. The information on this application will be kept confidential. Information provided below must be that of the account holder.

First Name: _____ Last Name: _____
 Telephone Number: (____) _____ - _____ Existing Midcontinent Account Number: _____
 Current Telephone Company: _____
 Date of Birth: _____ Last 4 digits of Social Security Number: _____ OR Tribal Identification Number: _____
 Service Address: _____ (on PO Boxes) *If Billing Address is different from Service Address:*
 City: _____ State: _____ Billing Address: _____
 Zip Code: _____ Check here if this is a temporary address City: _____ State: _____ Zip Code: _____

Please check the program(s) you're applying for: Lifeline Assistance (telephone) Broadband Lifeline Assistance (Internet)

1A. Telephone and/or Broadband Eligibility: Please check the programs in which you or your household currently participate and attach documentation. If qualifying under income, see income guidelines in 1B. for telephone and 2. for Broadband.

- | | |
|---|---|
| <input type="checkbox"/> Federal Public Housing Assistance (FPHA) or Section 8 | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> National School Lunch Program's Free Lunch Program | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) | <input type="checkbox"/> Minnesota Family Investment Program (MFIP) |
| <input type="checkbox"/> Tribally Administered Head Start (Income qualifying standard) | <input type="checkbox"/> Medicaid (e.g. Title XIX, Medical State Supplemental Assistance) |
| <input type="checkbox"/> Tribally Administered Temporary Assistance for Needy Families (TTANF) | <input type="checkbox"/> Low Income Home Energy Assistance program (LIHEAP) |
| <input type="checkbox"/> Bureau of Indian Affairs General Assistance | |

If you are applying for Lifeline assistance because a member of your household besides you participates in one of the programs above, provide his/her name and certify that he/she is a member of your household here:

Name of Program Participant (please print) _____ I certify that this program participant is a member of my household. (please sign) _____

1B. Telephone eligibility: I do not receive benefits from any of the programs listed under part 1A. I have marked my household income below and attached required income documentation*

- Check your current household income requirement:
- | | |
|--|--|
| <input type="checkbox"/> 1 person household with the yearly income of \$15,890 or less | <input type="checkbox"/> 7 person household with the yearly income of \$49,586 or less |
| <input type="checkbox"/> 2 person household with the yearly income of \$21,506 or less | <input type="checkbox"/> 8 person household with the yearly income of \$55,202 or less |
| <input type="checkbox"/> 3 person household with the yearly income of \$27,122 or less | |
| <input type="checkbox"/> 4 person household with the yearly income of \$32,738 or less | For households with over 9 people add \$5,616 for each additional person to the yearly income of \$55,202. |
| <input type="checkbox"/> 5 person household with the yearly income of \$38,354 or less | <input type="checkbox"/> _____ person household with the yearly income of \$ _____ |
| <input type="checkbox"/> 6 person household with the yearly income of \$43,970 or less | |

2. Broadband eligibility: Please attach two of the following forms of documentation.

- | | |
|---|---|
| <input type="checkbox"/> Last year's Federal, State, or Tribal tax return OR SSA Form 1099 (REQUIRED) | <input type="checkbox"/> Unemployment/Workman's Compensation statement |
| <input type="checkbox"/> A Federal or Tribal notice letter of participation in 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: (list below) |
| <input type="checkbox"/> Three consecutive months of most recent paycheck stub | |

BROADBAND ASSISTANCE
 \$9.95 per month
 Rent Free Modem
 Plus No Install Fees
 12Mbps x 1Mbps Internet Speeds

PHONE ASSISTANCE
 Reduced Monthly Rate
 No Install Fee
 Free Long Distance Call Blocking

With a clear connection and no worries about battery life or losing service when the power's out, the home phone is still important. And for some people, especially the elderly or housebound, the phone is a lifeline to the outside world.

An Internet connection has also become an important part of our lives. Paying bills, getting news, doing homework and connecting with friends and family — nowadays, it seems like a home Internet connection is becoming a necessity.

For some households, however, a home phone or Internet connection is just not affordable.

We're here to change that. Low-income households can apply for aid through Midcontinent's Lifeline Assistance program to put home phone or Internet service within their reach. Eligible Midcontinent phone subscribers can receive a reduced monthly rate, with no install fee and free long distance call blocking. Eligible Internet subscribers can receive Midcontinent Broadband service (12Mbps x 1Mbps) for \$9.95 per month with no installation or modem fees.

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

Services not available in all areas. Some restrictions may apply.

*Please visit www.hhs.gov/poverty/74poverty.htm to see Federal Poverty Guidelines. To determine eligibility, multiply the Federal Poverty Guideline rate for your family size by 1.25 — your income must be at or below this number. The percentage is subject to change. Services not available in all areas. Some restrictions may apply.