

EXHIBIT B



Lifeline Enrollment Application

A complete and signed Lifeline Service Application and Certification ("Certification") is required to enroll you in IM Telecom dba Infiniti Mobile's ("Company") Lifeline service program in your state. This Certification is only for the purpose of verifying your eligibility for Lifeline service and will not be used for any other purpose. Service requests will not be processed until this Form has been received and verified by Company.

One Lifeline service per household disclosures: Lifeline is a government assistance program and willfully making false statements to obtain a Lifeline benefit can result in fines, imprisonment, de-enrollment or being barred from the program. Lifeline benefits are limited to a single line of 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. A household may not receive multiple Lifeline discounts. You may apply your Lifeline discount to either one landline or one wireless number, but you cannot have the discount on both and you cannot receive Lifeline benefits from multiple providers. Note that not all Lifeline services are currently marketed under the name Lifeline. Lifeline is non-transferable benefit and you may not transfer your benefit to any other person, including another eligible low-income consumer. Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's rules and will result in your de-enrollment from the program, and potentially prosecution by the United States Government.

 I hereby certify, under penalty of perjury, that I have read and understood the disclosures listed above and
Initial **that, to the best of my knowledge, my household is not already receiving a Lifeline service benefit.**

Customer eligibility certification:

I hereby certify that I participate in the following program (check one):

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Federal Public Housing Assistance (FPHA)
- Veterans and Survivors Pension Benefit
- Medicaid
- Income at or below 135% of Federal Poverty Guidelines

Household Member Information:

First Name: _____ Middle Name: _____ Last Name: _____

DOB: Month: _____ Day: _____ Year: _____ Last Four SSN (or Tribal ID #): _____

Relationship to Applicant: _____

Personal Information:

First Name: _____ Middle Name: _____ Last Name: _____

DOB: Month: _____ Day: _____ Year: _____ Last Four SSN (or Tribal ID #): _____

If Qualifying for Lifeline by Income, number of Individuals in Household: _____

Residential Address (*May not be a PO Box*) _____ Contact Number (if available): _____

Street address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

This address is (*choose one*): Permanent Temporary

Billing Address (if different from Above) (*P.O. Box is permitted*)

Street address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Multiple households sharing an address:

_____ I hereby certify that I reside at an address occupied by multiple households, including adults who do not contribute
Initial income to my household and/or share in my household's expenses, and I will complete a separate additional form.

Activation and usage requirement disclosures: This service is a prepaid service and you must personally activate it by dialing 611 from your handset. *To keep your account active, you must use your Lifeline service at least once during any 30-day period by completing an outbound call, sending a text message, using your mobile broadband connection, purchasing additional minutes or data from Company, answering an in-bound call from someone other than the Company, or by responding to a direct contact from the Company confirming that you want to continue receiving Lifeline service from Company.* If your service goes unused for 30 days, you will no longer be eligible for Lifeline benefits and your service will be suspended (allowing only 911 calls and calls to the Company's customer care center) subject to a 15-day cure period during which you may use the service (as described above) or contact the Company to confirm that you want to continue receiving Lifeline service from Company.

_____ I hereby certify, under penalty of perjury, that I have read and understood the disclosures listed above regarding
Initial activation and usage requirements.

Authorizations:

_____ I hereby authorize the Company to access any records required to verify my statements on this form and to confirm my eligibility
Initial for the Lifeline program. I also authorize the Company to release any records required for the administration of the Lifeline program (name, telephone number, address, date of birth, last 4 digits of SSN or Tribal ID Number, amount of support being sought, means of qualification for support, and dates of service initiation and termination), including to the Universal Service Administrative Company, to be used in a Lifeline database and to ensure the proper administration of the Lifeline Program. Failure to consent will result in denial of service.

_____ I understand I have the right to enroll in the Lifeline service using non-electronic methods. I further understand that I have the
Initial right to withdraw this consent at any time prior to activation of my service. The Company has advised me that I may request a paper copy of my contract and associated fees by calling 611 from my wireless handset.

_____ I hereby authorize the Company to send text messages to my Company provided wireless number about my Lifeline benefit. Text
Initial messages sent by the Company will not decrement my available wireless minutes or texts. Standard voice, data and text rates will apply to all messages to and from anyone other than the Company.

_____ I acknowledge that I am providing the information I have included in this application to CGM, LLC and further authorize CGM,
Initial LLC to receive and use my information for enrollment verification and waste, fraud and abuse mitigation purposes. Additionally, I authorize CGM to receive and use my historic Lifeline enrollment information for enrollment verification and waste, fraud and abuse mitigation purposes.

Additional certifications: I hereby certify, under penalty of perjury, that (initial for each statement to which you certify):

_____ I meet the income-based or program-based eligibility criteria for receiving Lifeline service and have provided documentation of
eligibility if required.

_____ I hereby certify that I participate in the following program [Lifeline program name ex: SoonerCare (Medicaid)].

_____ I will notify the Company within 30 days if for any reason I no longer satisfy the criteria for receiving Lifeline including, as
relevant, if I no longer meet the income-based or program-based eligibility criteria, I begin receiving more than one Lifeline benefit, or another member of my household is receiving a Lifeline benefit. I understand that I may be subject to penalties if I fail to follow this requirement.

_____ I am not listed as a dependent on another person's tax return (unless over the age of 60).

_____ The Residential Address listed above is my primary residence, not a second home or business.

_____ If I move to a new address, I will provide that new address to the Company within 30 days.

_____ I acknowledge that providing false or fraudulent information to receive Lifeline benefits is punishable by law.

_____ I acknowledge that I may be required to re-certify my continued eligibility for Lifeline at any time, and my failure to re-certify as
to my continued eligibility will result in de-enrollment and the termination of my Lifeline benefits.

_____ The information contained in this certification form is true and correct to the best of my knowledge.

_____ I reside on Federally-recognized Tribal lands or Hawaiian Home Lands (only applicable to enrollments in Hawaii).

_____ I certify that the individual named on the documentation used to demonstrate program participation or income eligibility is part of
my household.

- _____ I certify that the individual named on the documentation used to demonstrate program participation or income eligibility is not already receiving a Lifeline subsidy.
- _____ I certify that my household will receive only one Lifeline service and, to the best of my knowledge, no one in my household, including myself, is receiving a Lifeline-supported service from any other landline or wireless service provider.
- _____ If Infiniti Mobile finds that I am already receiving a Lifeline discount benefit from another provider, I agree that I want to transfer my Lifeline discount benefit from that Lifeline provider to Infiniti Mobile. I understand that once the transfer is complete, I will lose my Lifeline Program benefit with any other Lifeline provider from which I am currently receiving a Lifeline discount. Infiniti Mobile has explained to me and I understand that I may not have multiple Lifeline Program benefits with the same or different providers.
- _____ If I am subject to a benefit port freeze with another Lifeline provider and I am transferring my benefit to Infiniti Mobile pursuant to an exception to the benefit port freeze, I understand that I am not required to provide proof of eligibility for Lifeline until the end of my port freeze, but I consent to providing such proof of eligibility to Infiniti Mobile at this time.

By my signature immediately below, I hereby certify, under penalty of perjury, that the information included in this certification form is true and correct to the best of my knowledge.

Applicant's Signature: _____ **Date:** _____

For Agent Use Only (check only 1 eligibility category and only 1 box under that category):

Documents Acceptable Proof for Eligibility:

- The prior year's state, federal, or Tribal tax return,
- Current income statement from an employer or paycheck stub,
- A Social Security statement of benefits,
- A Veterans Administration statement of benefits,
- A retirement/pension statement of benefits,
- An Unemployment/Workmen's Compensation statement of benefits,
- Federal or Tribal notice letter of participation in General Assistance, or
- A divorce decree, child support award, or other official document containing income information.

If the documentation of income does not cover a full year, the applicant must present the same type of documentation covering 3 consecutive months within the previous 12 months.

List A - Choose 1

- Supplemental Nutrition Assistance Program (SNAP)
- Medicaid
- Section 8 Federal Public Housing Assistance (FPHA)
- Supplemental Security Income (SSI)
- Veterans and Survivors Pension Benefit

Documents Acceptable Proof for Program-Eligibility: List A Cont.

List B - Choose 1

- Program Participation card / document
- Prior year's statement of benefits
- Notice letter of participation
- Other official qualifying document: _____

Representative Name	Representative Signature