

LIFELINE CLAIMS WORKSHEET

USAC Service Provider Identification Number 143048160

Study Area Code 179028

**Organization Information**

**Filing Information**

Company Legal Name:	FULL SERVICE NETWORK LP	Submission Date	Data Month
Contact Name:	Joanne Springer	05/14/2024	April 2024
Mailing Address:	600 Grant St Ste 5100	Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Pittsburgh, PA 15219		
Telephone Number:	4127459000	State Reporting	PENNSYLVANIA
Fax Number:			
E-mail Address:	joanne@fullservicenetwork.com		

**Lifeline**

**Non-Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>51</u>	x \$ <u>5.25</u>	= \$ <u>268</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
<b>Total Federal Non - Tribal Lifeline Support Claimed</b>			<b>\$ <u>268</u></b>

**Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
<b>Total Federal Tribal Lifeline Support Claimed</b>			<b>\$ <u>0</u></b>

(not to exceed \$34.25 for any subscriber)

**Total Federal Lifeline Support Claimed** \$ 268

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

Number of Connections Waived	<u>0</u>	
Charges Waived per Connection	\$ <u>0</u>	(for multiple rates, use an average amount, may not exceed \$100)
Total Connection Charges Waived	\$ <u>0</u>	
<b>Total Tribal Link Up Support Claimed</b>		<b>\$ <u>0</u></b>

**Total Lifeline** \$ 268    **Total Tribal Link Up** \$ 0    **Total Dollars** \$ 268

LIFELINE CLAIMS WORKSHEET

**CERTIFICATIONS AND SIGNATURES**

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for supported service, or by offering a pre-paid wireless plan that complies with the appropriate minimum service standards contained in 47 CFR Â§54.408.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Â§1001.

05/14/2024

Joanne Springer

DATE

OFFICER SIGNATURE

Sr Manager

Joanne Springer

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, two and one half hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

LIFELINE CLAIMS WORKSHEET

USAC Service Provider Identification Number 143048160

Study Area Code 179028

**Organization Information**

**Filing Information**

Company Legal Name:	FULL SERVICE NETWORK LP	Submission Date	Data Month
Contact Name:	Joanne Springer	06/11/2024	May 2024
Mailing Address:	600 Grant St Ste 5100	Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Pittsburgh, PA 15219		
Telephone Number:	4127459000	State Reporting	PENNSYLVANIA
Fax Number:			
E-mail Address:	joanne@fullservicenetwork.com		

**Lifeline**

**Non-Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>49</u>	x \$ <u>5.25</u>	= \$ <u>257</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
<b>Total Federal Non - Tribal Lifeline Support Claimed</b>			<b>\$ <u>257</u></b>

**Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
<b>Total Federal Tribal Lifeline Support Claimed</b>			<b>\$ <u>0</u></b>

(not to exceed \$34.25 for any subscriber)

**Total Federal Lifeline Support Claimed** \$ 257

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

Number of Connections Waived	<u>0</u>	
Charges Waived per Connection	\$ <u>0</u>	(for multiple rates, use an average amount, may not exceed \$100)
Total Connection Charges Waived	\$ <u>0</u>	
<b>Total Tribal Link Up Support Claimed</b>		<b>\$ <u>0</u></b>

**Total Lifeline** \$ 257    **Total Tribal Link Up** \$ 0    **Total Dollars** \$ 257

LIFELINE CLAIMS WORKSHEET

**CERTIFICATIONS AND SIGNATURES**

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Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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06/11/2024

Joanne Springer

DATE

OFFICER SIGNATURE

Senior Manager

Joanne Springer

OFFICER TITLE

OFFICER NAME

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USAC Service Provider Identification Number 143048160

Study Area Code 179028

**Organization Information**

**Filing Information**

Company Legal Name:	FULL SERVICE NETWORK LP	Submission Date	Data Month
Contact Name:	Haley Colaizzi	07/01/2024	June 2024
Mailing Address:	600 Grant St, Suite 5100	Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	Pittsburgh, PA 15219		
Telephone Number:	4127459000	State Reporting	PENNSYLVANIA
Fax Number:			
E-mail Address:	hcolaizzi@fullservicenetwork.com		

**Lifeline**

**Non-Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>48</u>	x \$ <u>5.25</u>	= \$ <u>252</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
<b>Total Federal Non - Tribal Lifeline Support Claimed</b>			<b>\$ <u>252</u></b>

**Tribal - Receiving federal Lifeline Support**

	# Lifeline Subscribers	Lifeline Support/ Subscriber Support	Total Lifeline
Voice	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Broadband	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
Bundled	<u>0</u>	x \$ <u>0</u>	= \$ <u>0</u>
<b>Total Federal Tribal Lifeline Support Claimed</b>			<b>\$ <u>0</u></b>

(not to exceed \$34.25 for any subscriber)

**Total Federal Lifeline Support Claimed** \$ 252

**Tribal Link Up (Available only to ETCs receiving High Cost support)**

Number of Connections Waived	<u>0</u>	
Charges Waived per Connection	\$ <u>0</u>	(for multiple rates, use an average amount, may not exceed \$100)
Total Connection Charges Waived	\$ <u>0</u>	
<b>Total Tribal Link Up Support Claimed</b>		<b>\$ <u>0</u></b>

**Total Lifeline** \$ 252    **Total Tribal Link Up** \$ 0    **Total Dollars** \$ 252

LIFELINE CLAIMS WORKSHEET

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07/01/2024

Haley Colaizzi

DATE

OFFICER SIGNATURE

Accounting Specialist

Haley Colaizzi

OFFICER TITLE

OFFICER NAME

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