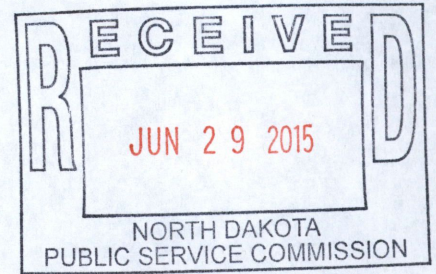




2600 Maitland Center Pkwy.
Suite 300
Maitland, FL 32751
P.O. Drawer 200
Winter Park, FL
32790-0200
Tel: 407-740-8575
Fax: 407-740-0613
www.tminc.com

Mr. Darrell Nitschke
North Dakota Public Service Commission
600 East Boulevard Avenue
Department 408
Bismarck, ND 58505-0480

June 29, 2015
Via Overnight Delivery



RE: Budget PrePay, Inc. d/b/a Budget Mobile
ND Copy of FCC Form 481 - Carrier Annual Reporting

Dear Mr. Nitschke:

Enclosed please find a copy of the ND Copy of FCC Form 481 - Carrier Annual Reporting, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile. No check is enclosed as there are no remittance fees due.

This report was also emailed in PDF format to NDPSC@ND.gov.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld
Compliance Reporting Specialist

cc: Lakisha Taylor - Budget PrePay, Inc. d/b/a Budget Mobile
file: Budget PrePay, Inc. d/b/a Budget Mobile - Reporting - North Dakota

CN/ab

<010> Study Area Code	389016
<015> Study Area Name	Budget PrePay 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@budgetprepay.com

ANNUAL REPORTING FOR ALL CARRIERS	54-313	54-422
	Completion Required	Completion Required

<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <- check box if no outages to report		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<510> 389016nd510.pdf	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<610> 389016nd610.pdf	(attached descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input type="radio"/>	(if yes, complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1010>	(attach descriptive document)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet			
<3000>	(check to indicate certification)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 389016

<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? (yes / no)

If your answer to Line <110> is yes, do you have an existing \$54.202(a) "5 year plan" filed with the FCC? (yes / no)

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.

<112> 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 company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <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 improve service coverage
- <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

(200) Service Outage Reporting (Voice) Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 389016
 <015> Study Area Name Budget Prepay Inc.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Lakiha 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> lakiha@budgetprepay.com

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

(700) Data Offerings Including Voice Rate Data
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 389016
<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

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2015

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

(719) Broadband Price Offerings
Data Collection Form

FCC Form 481
OMB Control No. 3060-9986 OMB Control No. 3060-0819
July 2013

<010> Study Area Code 389016
<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> lakisha@budgetprepay.com

<711>

<01>	<02>	<03>	<04>	<05>	<06>	<07>	<08>	<09>	<10>	<11>	<12>	<13>	<14>	<15>
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 (select)	<03>	<04>	<05>	<06>	<07>

**(800) Operating Comments
Data Collection Form**

FCC Form 481
OMB Control No. 3060-09886/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	389016	
<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	
<810>	Reporting Carrier	Budget Prepay, Inc. d/b/a Budget Mobile	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	n/a	

<813>	Affiliates	SAC	Doing Business As Company or Brand Designation

<010> Study Area Code 389016
 <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

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each of these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

Select Yes or No or Not Applicable

**(1100) No Terrestrial Backhaul Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 389016

<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).

**(1200) Terms and Condition for Lifeline Customers
Lifeline
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010> Study Area Code 389016
 <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

Name of Attached Document

<1220> Link to Public Website

HTTP budgetmobile.com

*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
 Data Collection Form
 Including Rate-of-Return Barriers Affiliated with Price Cap Local Exchange Carriers

FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code 389016
 <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> 3186713000 ext.
 <039> Contact Email Address - Email Address of person identified in data line <030> laktishat@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.

Incremental Connect America Phase I reporting
 <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))
 <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))
 Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))
 <2016> Certification Support Used to Build Broadband
 Connect America Phase II Reporting (47 CFR § 54.313(e))
 <2017> 3rd year Broadband Service Certification
 <2018> 5th year Broadband Service Certification
 <2019> Interim Progress Certification

<2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

OMB Control No. 3060-0995/GMB Control No. 3160-0019
July 2013

(300) Title of Form or Other Identifying Information
Data Collection Form

<010> Study Area Code 389016
<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> Lakisha@budgetprepay.com

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010) Progress Report on 3 Year Plan
Milestone Certification (47 CFR § 54.313(f)(1)(i))

[Redacted box for Milestone Certification]

(3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

[Redacted box for Community Anchor Institutions]

(3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))
(3014) 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, 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)

Name of Attached Document Listing Required Information (Yes/No)
(Yes/No)

(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

[Redacted box for Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows]

(3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information (Yes/No)
(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 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 format comparable to RUS Operating Report for Telecommunications

Name of Attached Document Listing Required Information (Yes/No)
(Yes/No)

(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021) Management letter and audit opinion issued by the independent certified public 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,

Name of Attached Document Listing Required Information (Yes/No)

(3023) Underlying information subjected to a review by an independent certified public accountant

(3024) Underlying information subjected to an officer certification.

(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

[Redacted box for Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows]

(3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information

(3000) Plans of Return, Certain Additional Documentations (Confidential)
 Data Collection Form

ICD Form 445
 OMB Control No. 1050-0096/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code 389016
 <015> Study Area Name Budget Prepay Inc.
 <020> Program Year 2016
 <030> Contact Name - Person USAC should contact regarding this data Iakisha 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> Iakisha@budgetprepay.com

Financial Data Summary

(3027) Revenue	
(3028) Operating Expenses	
(3029) Net Income	
(3030) Telephone Plant In Service(TPIS)	
(3031) Total Assets	
(3032) Total Debt	
(3033) Total Equity	
(3034) Dividends	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0586/OMB Control No. 3060-0413 July 2013
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<010>	Study Area Code	389016
<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:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I 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:
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.	

**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	389016
<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	
I certify that (Name of Agent) <u>Robin Enkey</u> 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.
Study Area Code of Reporting Carrier:	389016 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.	

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:	389016 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.

**Line 510 – Compliance with Service Quality Standards and
Consumer Protection**

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 North 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.”¹ 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)”² 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

¹ 47 C.F.R. § 54.202(a).

² 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.

Alton Brown

From: Alton Brown [abrown@tminc.com]
Sent: Monday, June 29, 2015 9:41 AM
To: 'NDPSC@ND.gov'
Cc: 'cneeld@tminc.com'
Subject: Budget PrePay, Inc. d/b/a Budget Mobile - ND Copy of FCC Form 481 - Carrier Annual Reporting - for the month ending July 31, 2015
Attachments: 389016nd510.pdf; Budget 610.pdf; Budget Mobile ND 389016.pdf
Importance: High

Dear Sir or Madam:

Attached please find the ND Copy of FCC Form 481 - Carrier Annual Reporting for the month ending July 31, 2015, filed on behalf of Budget PrePay, Inc. d/b/a Budget Mobile.

If you have any questions please contact Craig Neeld at 407-740-8575.

Thank you,

Alton Brown

Compliance Reporting Associate

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