



CELLULAR  
PERSONAL COMMUNICATION SERVICE

PAGING  
SPECIALIZED MOBILE RADIO

Certification Number: 90-5584

PUCOID Number: 300125

**Annual Report for the Year ending December 31, 2014  
of  
Budget PrePay, Inc. d/b/a Budget Mobile**

Address:

1325 Barksdale Blvd, Ste 200  
Bossier City, LA 71111

Website URL:

[www.budgetprepay.com](http://www.budgetprepay.com)

Filed by:

**Craig Neeld**  
**(407) 740-8575**

Changes: This company did not have any changes in name(s), principal address, legal status, ownership, corporate structure or operations during the 2014 reporting year.

Annual Report filings and instructions are available at:

[www.puco.ohio.gov/puco/docketing/](http://www.puco.ohio.gov/puco/docketing/)

## STATEMENT OF INTRASTATE-GROSS EARNINGS

		Amount
Line No.	Item	Ohio Intrastate
1	Operating and Miscellaneous Revenue - Wholesale Revenue, Directory Revenue, Rent Revenue, Special Billings (revenue from work performed for others, rent revenue-nonoperating, return on regulated investment used to provide nonregulated products and services, etc.)	\$294,959
2	Other Revenue, Dividend and Interest Income, Gains From Disposition of Property - Operating and Nonoperating, Other Operating or Nonoperating Gains ( foreign currency exchange or transfer, extinguishment of debt, company's share of earnings of affiliated company accounting for on equity method, income from sinking and other funds, etc.)	\$0
3	<b>SUBTOTAL (1) + (2)</b>	\$294,959
4	Earning or receipts from sales to other public utilities for resale	\$0
5	<b>Total (3) + (4)</b>	\$294,959

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

**Docketing Contact Information**

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lakishat@budgetprepay.com

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Email

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Lakisha Taylor

Compliance Supervisor

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Name

Title

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1325 Barksdale Boulevard, Suite 200 Bossier City, LA 71111

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Address

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(318) 671-5000

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Phone Number (including Area Code)

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**Fiscal Contact Information**

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cneeld@tminc.com

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Email

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Craig Neeld

Compliance Reporting Specia

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Name

Title

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P.O. Drawer 200 Winter Park, FL 32790-0200

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Address

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(407) 740-8575

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Phone Number (including Area Code)



**Public Utilities  
Commission**

**Affidavit for the Filing of the  
Annual Report of a Regulated  
Entity**

**REQUIRED VERIFICATION:**

The Annual Report of a Regulated Entity to the Commission must be verified by an authorized officer of the Reporting Entity, pursuant to Ohio Revised Code Section 4905.14(A)(1).

State of: Louisiana  
County of: Bossier Parish

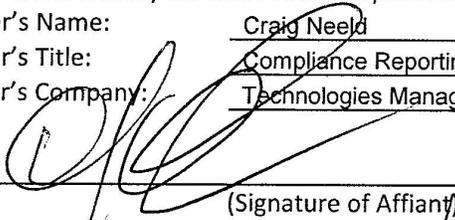
Affiant's Name: David Donahue  
Affiant's Title: CFO/Treasurer  
Reporting Entity: Budget PrePay, Inc. d/b/a Budget Mobile

**OATH:**

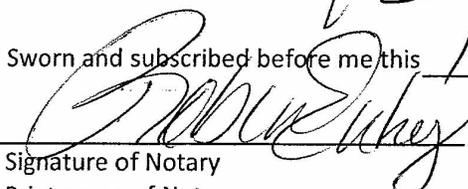
The undersigned, being duly sworn, states that s/he is authorized to file the foregoing Annual Report to the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity; that to the best of her/his knowledge, information, and belief, all statements of fact contained therein, including any supporting schedules, are true; and that said Annual Report is correct statement of the business and affairs of the Reporting Entity in respect to each and every matter set forth during the reporting period identified therein.

If applicable, the employee, agent, accounting firm or other third party company indicated below is hereby authorized to electronically file said Annual Report on my behalf.

Filer's Name: Craig Neeld  
Filer's Title: Compliance Reporting Specialist  
Filer's Company: Technologies Management, Inc.

  
(Signature of Affiant)

Sworn and subscribed before me this 15 day of April, 2015.

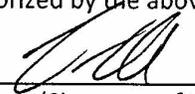
  
Signature of Notary

**ROBIN M ENKEY**  
Notary Public #78084  
Bossier Parish  
State of Louisiana  
**Commission Is For Life**

Print name of Notary: \_\_\_\_\_  
My commission expires on: \_\_\_\_\_

**DECLARATION OF FILER:**

The above indicated Filer, if applicable, hereby verifies that the Annual Report being electronically filed with the Public Utilities Commission of Ohio on behalf of the above-named Reporting Entity accurately reflects all statements of fact as authorized by the above-named Affiant.

  
\_\_\_\_\_  
(Signature of Filer)