COMMONWEALTH OF KENTUCKY BEFORE THE PUBLIC SERVICE COMMISSION

In the Matter of:

AN INQUIRY INTO THE STATE) CASE NO. UNIVERSAL SERVICE FUND) 2016-00059

<u>VERIZON'S RESPONSES TO STAFF'S FIRST REQUEST</u> FOR INFORMATION TO ALL PARTIES OF RECORD

MCImetro Access Transmission Services LLC d/b/a Verizon Access Transmission Services ("Verizon Access"), Cellco Partnership and Cellco Partnership's commercial mobile radio service provider subsidies operating in the state of Kentucky d/b/a Verizon Wireless (collectively, "Verizon") submit this response to Staff's First Request for Information to All Parties of Record.

RESPONSE TO DATA REQUESTS

REQUEST NO. 1. Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

RESPONSE:

Copies of the KUSF reimbursement forms from January 2014 to March 2016 are being produced with this Response, are hereby submitted as follows:

Exhibit 1: Alltel Communications, LLC;

Exhibit 2: Cellco Partnership;

Exhibit 3: New Par;

Exhibit 4: Rural Cellular Corporation; and

Exhibit 5: Verizon Access.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

REQUEST NO. 2. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer receives service in the middle of a month.

RESPONSE:

When a Verizon Wireless postpaid customer signs up for service in the middle of a month, the number of subscriber lines for that customer for the KUSF reimbursement form is counted twice. That is because Verizon Wireless bills postpaid customers for monthly recurring services in advance, which includes the first full monthly billing cycle and the period between bill cycles. For example, if a customer's bill period runs from March 15 to April 14 and one line is activated on April 10, the customer's first bill will be for the periods April 10-14 and April 15 to May 14; the customer will be assessed two KUSF charges on the April 14 bill; and two lines will be counted for the KUSF reimbursement form.

Verizon is still verifying the accuracy of the information for this request with respect to Verizon Access and will provide that supplement when available. Verizon has been unable to obtain the requested information regarding Verizon Access because of a significant work stoppage.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

REQUEST NO. 3. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a customer leaves in the middle of a month.

RESPONSE:

When a Verizon Wireless postpaid customer terminates service in the middle of a month, the customer is not assessed a KUSF charge on the next bill and the customer's line is not counted for the KUSF reimbursement. The reason is that Verizon Wireless bills postpaid customers for monthly recurring services in advance, so when the customer leaves in the middle of the month, there are no additional recurring charges to be billed. For example, if a customer's bill period runs from March 15 to April 14 and the line is disconnected on April 10, then the customer will not be assessed any additional recurring charges or KUSF fee on the April 14 bill and the customer's line will not be reported on the KUSF reimbursement form.

Verizon is still verifying the accuracy of the information for this request with respect to Verizon Access and will provide that supplement when available. Verizon has been unable to obtain the requested information regarding Verizon Access because of a significant work stoppage.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

REQUEST NO. 4. Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

RESPONSE:

Verizon Access and Verizon Wireless remit KUSF surcharges after accounting for bad debt. When bad debt is written off, KUSF surcharges associated with the bad debt are deducted from KUSF surcharge remittances.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

REQUEST NO. 5. State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding, and explain the basis for your response.

RESPONSE:

Verizon has no position on whether the Commission should wait for the conclusion of the FCC's investigation before rendering a decision in this proceeding.

RESPONSIBLE WITNESS: De O'Roark, General Counsel – South, Verizon.

REQUEST NO. 6. State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are or anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of access lines for each account type.

RESPONSE:

Verizon should be able to implement a change in the KUSF surcharge upon thirty days' notice.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

Dated this 27th day of April, 2016.

Respectfully submitted,

McBRAYER, McGINNIS, LESLIE & KIRKLAND, PLLC 201 East Main Street, Suite 900 Lexington, Kentucky 40507 (859) 231-8780

BY: s/Luke Morgan

W. BRENT RICE LUKE MORGAN ATTORNEYS FOR VERIZON and VERIZON ACCESS

AND

Jennifer L. McClellan Assistant General Counsel Verizon Access Transmission Services LLC 703 East Grace Street, 7th Floor Richmond, VA 23219

CERTIFICATE OF SERVICE

I hereby certify that the foregoing is a true and accurate copy of the same document being filed in paper medium with the Commission (which includes a cover letter serving as the required Read First document) within two business days, that the electronic filing was transmitted to the Commission on April 27, 2016, and that there are currently no parties that the Commission has excused from participating by electronic means in this proceeding.

<u>/s/ Luke Morgan</u>

CERTIFICATION

she RP

The undersigned Radhika Poduri, being duly sworn, deposes and states that he is Senior Manager, Tax, Verizon Communications, that he has supervised the preparation of this response, and that the answers contained therein are true and correct to the best of his knowledge, information, and belief formed after a reasonable inquiry.

Radhika Poduri
Radhika Poduri

COMMONWEALTH OF VIRGINIA)

LOUDOUN COUNTY 9 f Loudoun

The foregoing Verification was acknowledged before me on this 27 of April, 2016, by Radhika Poduri, Senior Manager, Tax, Verizon Communications.

AMRITPAL K. BAL Notary Public Commonwealth of Virginia 344057 My Commission Expires Jan 31, 2018

My Commission Expires: Jan 3/5/2018.

CERTIFICATION

The undersigned Robert Mutzenback, being duly sworn, deposes and states that he is Director of Regulatory Compliance, Verizon Communications, that he has supervised the preparation of this response, and that the answers contained therein are true and correct to the best of his knowledge, information, and belief formed after a reasonable inquiry.

Robert Mutzenback

STATE OF NEW JERSEY)
)
SOMERSET COUNTY)

NOTARY PUBLIC, STATE AT LARGE

My Commission Expires: August 6, 2018

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NOTARY PUBLIC
STATE OF NEW JERSEY
My Commission Expires Aug. 6, 2018

EXHIBIT 1



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Company Address	ALLTEL COMMUNICATIONS, LLC		Normhada al Badanad S	700 441-1- 04 30200
Telephone / Fax	(770) 240-8748 / (770) 956-0700	310	v Cumbenand Boulevard, S	uite 700 Atlanta, GA 30339
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•	information reported herein is true			Dut Material
Company Official Rob	(Printed) Title Direc	toi ti iax	Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

l'inance and Administration Cabinet ATTN: Doona Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER WIFED

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

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Date 03/12/14				Reporting Morab	February	2014
		Ca	arrier Information	1		
Соперату Name	ALLTEL COMMI	JNICATIONS, LL	С			
Company Address	ALLTEL COMM	JNICATIONS, LL	С			
			3100	Cumberland Bouleva	ard, Suite 700	0 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748	(770) 956-0700			-	
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Company Official Robert Mutzenback	Title Director of Tax	Company Official	Detect Motoline
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Amount of Reimbursement Requested from Kentucky USF.....

Make check payable to: "Kentucky State Treasurer" and send with this report to:

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Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



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Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

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Company Name	ALLTEL COMM	UNICATIONS, LL	C			
Company Address	ALLTEL COMM	UNICATIONS, LL	С			
			3100	Cumberland Boulevard, S	uite 700 At	lanta, GA 30339
Telephone / Fax	(770) 240-8748	/ (770) 956-0700				
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



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Send a copy of this report to:



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Company Name	ALLTEL COMMUN	ICATIONS, LLC	,			
Company Address	ALLTEL COMMUN	CATIONS, LLC	,	· · · · · · · · · · · · · · · · · · ·		
			3100	Cumberland Boulevard, S	Suite 700 At	lanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700				
Vendor Number	71-0781563					
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



Date 06/10/14				Reporting Mondo Ma	y 20)14
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Сотролу Мате	ALLTEL COMMU	NICATIONS, LLC	3			
Company Address	ALLTEL COMMU	NICATIONS, LLC	<u> </u>			
			3100	Cumberland Boulevard, S	uite 700 At	lanta, GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956-0700				
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Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



時 位 07/09/14				Reporting Month Jun	ne 2014
		Сал	ier Information		
Company Name	ALLTEL COMMUNI	CATIONS, LLC			
	ALLTEL COMMUNI	CATIONS, LLC			
Company Address			3100 (Cumberland Boulevard. S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240 9749 / /2	770) 050 0700			,
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



08/08/14				Reporting Month July	/ 20	14
		Ca	niar Information			
Сотралу Name	ALLTEL COMMUNI	CATIONS, LLC	;			
Company Address	ALLTEL COMMUNI	CATIONS, LLC				
			3100	Cumberland Boulevard, S	uite 700 At	lanta, GA 30339
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700				
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



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Company Name	ALLTEL COMMU	NICATIONS, L	LC			
Company Address	ALLTEL COMMU	NICATIONS, L	LC			
			310	0 Cumberland Boulevard,	Suite 700 A	tlanta, GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956-0700				
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



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Carrier Information					
Company Name	ALLTEL COMMUNICATIONS, LLC				
	ALLTEL COMMUNICATIONS, LLC				
Company Address	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339				
Telephone / Fax	(770) 240-8748 / (770) 956-0700				
Vendor Number	71-0781563				

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I hereby aftest that the information reported herein is true and accurate to the best of my knowledge.							
Company Official Robert Mutzenback	Title Director of Tax	Company Official_	Dolla Motolana				
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

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Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



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Send a copy of this report to:



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Соторону Name	ALLTEL COMMI	JNICATIONS, LL	С		
Company Address	ALLTEL COMMI	JNICATIONS, LL	С		
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Telephone / Fax	(770) 240-8748	(770) 956-0700			
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Company Official Ro	bert Mutzenback	Title Dire	ctor of Tax	Company Official	Date Motoral

Make check payable to: "Kentucky State Treasurer" and send with this report to:

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



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Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

(Signed)



Date 12/09/14					Reporting Mondo	November	2014	-
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Company Name	ALLTEL COMM	IUNICATIONS,	LLC					
Company Address	ALLTEL COMM	UNICATIONS,	LLC					
				3100 C	umberland Bouleva	ard, Suite 700	Atlanta,	GA 30339
Telephone / Fax	(770) 240-8748	/ (770) 956-07	00			-		
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Company Official Robert Mutzenback

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Title Director of Tax

AN EQUAL OPPORTUNITY EMPLOYER MIP/D

Send a copy of this report to:

Company Official

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

(Signed)



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Company Name	ALLTEL COMM	UNICATIONS, LLC			
Communication & Address	ALLTEL COMM	UNICATIONS, LLC			
Company Address			3100 (Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748	/ (770) 956-0700			
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

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Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



1816 02/10/15				Reporting Month Jar	uary 20)15
		Car	rier Information			
Company Name	ALLTEL COMMUN	ICATIONS, LLC				
Comment MASS	ALLTEL COMMUN	ICATIONS, LLC				
Company Address			3100	Cumberland Boulevard, S	uite 700 At	lanta, GA 30339
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700				
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



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Send a copy of this report to:



03/10/15				Reporting Month Feb	ruary 2015	
		Ca	rrier Information			
Company Name	ALLTEL COMMU	NICATIONS, LLC	С			· · ·
Company Address	ALLTEL COMMU	NICATIONS, LLC	С		<u> </u>	
			3100	Cumberland Boulevard, S	uite 700 Atlar	nta, GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956-0700				
Vendor Number	71-0781563					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mont	hly Access Line D	pata		
I. Total Access	Lines in Service.					
2. Surcharge Pe	r Access Line			****	0.08	
=						
4. Number of A	lecess Lines Recei	ving Lifeline Sup	port	***	0	
5. Amount of R	teimbursement Rec	quested from Ken	tucky USF	> > p + or	0.00	
	Pa		Signature Block			
I hereby attest that the	information repor	rted herein is true	and accurate to the	e best of my knowledge.		
Company Official Ro	bert Mutzenback	TitleDirec	ctor of Tax	Company Official_	DUST M	tolor
	(Printed)			outsign-state of	(Signe	ed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Send a copy of this report to:



04/09/15				Reporting Month Mai	rch 2015	
		Ca	wier Information			
Company Name	ALLTEL COMMUN	NICATIONS, LLC	,			
Comment & Admin	ALLTEL COMMUN	IICATIONS, LLC	,			
Company Address			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 303	339
Telephone / Fax	(770) 240-8748 / ((770) 956-0700				
Vendor Number	71-0781563	770,000-0700				
	11-0701303					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
			A			
		Month	ily Access Line D	ata		
Total Access	Lines in Service	• • • • • • • • • • • • • • • • • • • •				
2. Surcharge Pe	r Access Line			****	0.08	
3. Amount of S	urcharge Remitted	io Kentucky USF				
4. Number of A	ccess Lines Receiv	ing Lifeline Supp	oort	••••	0	
5. Amount of R	eimbursement Requ	uested from Kent	ucky USF	***************************************	0.00	
		S	Signature Block			
I hereby attest that the	information report	ed herein is true :	and accurate to th	e best of my knowledge.		
Company Official Rol	pert Mutzenback	Title Direct	or of Tax	Company Official_	DIE Motoland	~
	(Printed)			,	(Signed)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



05/09/15	Reporting Morab April 2015
Carrier Information	n
Company Name ALLTEL COMMUNICATIONS, LLC	
Company Address ALLTEL COMMUNICATIONS, LLC	0 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax (770) 240-8748 / (770) 956-0700	o Cumberiand Doulevard, Suite 700 Atlanta, GA 30339
Vendor Number 71-0781563	
Classification Please Circle One ILEC CLEC Cellular	PCS
Monthly Access Line	Data
1. Total Access Lines in Service	19-19-1
2. Surcharge Per Access Line	0.08
Amount of Surcharge Remitted to Kentucky USF	
4. Number of Access Lines Receiving Lifeline Support	
5. Amount of Reimbursement Requested from Kentucky USF	0.00
Signature Block	
I hereby attest that the information reported herein is true and accurate to t	
Company Official Robert Mutzenback	Company Official (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIP/D

Send a copy of this report to:



256c 06/09/15				Reporting Month Ma	y 20	015
		Ca	rier Information			
Company Name	ALLTEL COMM	UNICATIONS, LLC	;			
C	ALLTEL COMM	UNICATIONS, LLC	,			
Company Address			3100	Cumberland Boulevard, S	uite 700 At	lanta GA 30339
Telephone / Fax	(770) 240 9740	/ /770) 050 0700		,		
Vendor Number	(770) 240-8748	/ (770) 956-0700				
	71-0781563					
Classification	пго	CA IIC	0.11	7.00		
Please Circle One	ILEC	CLEC	Celhilar	PCS		
		1.4 .1	1 4			
		i, in the state of	ly Access Line D	221,3		
I. Total Access	Lines in Service.	· • • • • • • • • • • • • • • • • • • •		· · · ·		i
 Surcharge Pe 	r Access Line	* * * * * * * * * * * * * * * * * * * *		****	0.08	
 Amount of St 		d. Wd. Hor				-
5. Amoun 01 St	urnæge kemme	a to Kentucky USF			_	
4. Number of A	ccess Lines Rece	iving Lifeline Supp	ort	dup = p	0	_
5. Amount of R	eimbursement Ro	equested from Kent	ucky USF	· • • • • • • • • • • • • • • • • • • •	0.00	_
***************************************		-	Samples Dist			
			Signature Block			
I hereby attest that the	information repo	orted herein is true a	and accurate to th	e hest of my knowledge.		
Company Official Rob	pert Mutzenback	TitleDirect	or of Tax	Company Official_	Down	Motolony
	(Printed)				(Sig	ened)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MITED

Send a copy of this report to:



福地 0//11/15				Keporang Monah Jun	e 2015
		Сал	ier Information		
Соторату Name	ALLTEL COMMUI	NICATIONS, LLC			
Company Address	ALLTEL COMMU	NICATIONS, LLC			
•			3100 C	umberland Boulevard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956-0700			
Vendor Number	71-0781563				
		,			
Classification		· · · · · · · · · · · · · · · · · · ·			
Please Circle One	ILEC	CLEC	Celhular	PCS	
		Monthly	Access Line Da	ata	
I. Total Access	Lines in Service.	S. e. e			
	r Access Line				0.08
==					
3. Amount of S	urcharge Remitted	to Kentucky USF			
4. Number of A	ccess Lines Receiv	ring Lifeline Suppo	rt	4 - b	0
5. Amount of R	eimbursement Req	uested from Kentu	cky USF	D D 0 to	0.00
		Si	gnature Block		
I hereby attest that the	information repor	ted herein is true ar	nd accurate to the	e best of my knowledge.	
Company Official Rol		Title Directo	r of Tax	Company Official_	Det Motolan
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

07/44/45

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIPID

Send a copy of this report to:



· 08/11/15				Reporting Month Jul	y 2015
		Car	mier Information		
Company Name	ALLTEL COMM	UNICATIONS, LLC			
Company Address	ALLTEL COMMI	UNICATIONS, LLC			
			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748	/ (770) 956-0700			
Vendor Number	71-0781563				
Classification Please Circle One	ILEC	CLEC	Celhalar	PCS	
1 14100 011010 0110	1230	CELC	Cumin	103	
		Month	ly Access Line D	Pata	
I. Total Access	Lines in Service.	~~~	,		
2. Surcharge Pe	r Access Line				0.08
					Annual Control of Cont
3. Amount of St	archarge Remitted	d to Kentucky USF.		* * * * * * * * * * * * * * * * * * * *	
4. Number of A	ccess Lines Rece	iving Lifeline Supp	ort	9419	0
5. Amount of R	eimbursement Re	equested from Kenti	ucky USF	***	0.00

		S	ignature Block		
I hereby attest that the	information repo	orted herein is true a	ind accurate to th	e best of my knowledge.	
Company Official Rol	oert Mutzenback	Title_Directe	or of Tax	Company Official_	Detect Motoraly
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



1956 09/10/15				Reporting Month Aug	just 20	15			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Carrier	Information						
Сотралу Name	Company Name ALLTEL COMMUNICATIONS, LLC								
Comment Address	Company Address ALLTEL COMMUNICATIONS, LLC								
3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339									
Telephone / Fax	(770) 240-8748 / (770	0) 956-0700							
Vendor Number 71-0781563									
Classification Please Circle One	ILEC	CLEC . (Celhular	PCS					
		Monthly A	ccess Line Dat	a					
1. Total Access	Lines in Service	~~;;;		Į.					
2. Surcharge Pe	r Access Line			**	0.08	_			
3. Amount of S	urcharge Remitted to 8	Cennicky USF							
4. Number of A	ccess Lines Receiving	Lifeline Support		* *	0	-			
5. Amount of R	eimbursement Reques	ted from Kentucky	USF	* e	0.00	and a			
		Signa	ture Block						
I hereby attest that the	information reported	herein is true and a	ocurate to the	best of my knowledge.					
Company Official Rol	bert Mutzenback	Title Director of	Tax	Company Official_	DUST	M. Stellast			
	(Printed)				(Sig	gned)			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



10/12/15				Reporting Month Sel	otember 2015
		er4.	* 1 62 .=		
		Ca	orier Information		
Company Name	ALLTEL COMMUNIC	CATIONS, LLC			
Comment MARINE	ALLTEL COMMUNIC	CATIONS, LLC			
Company Address			3100	Cumberland Boulevard, S	Guite 700 Atlanta, GA 30339
Telephone / Fax (770) 240-8748 / (770) 956-0700					
Vendor Number	71-0781563				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Month	nly Access Line D	Data	
I. Total Access	Lines in Service	*************			
2. Surcharge Pe	r Access Line				0.08
					A CONTRACT OF STREET, ASSESSMENT
3. Amount of Si	urcharge Remitted to	Kentucky USF		• f • v	
4. Number of A	ccess Lines Receivin	ig Lifeline Supp	port	****	0
5. Amount of R	eimbursement Reque	ested from Kent	tucky USF	***	0.00
			Signature Block		
I hereby attest that the	information reported	d herein is true :	and accurate to th	e best of my knowledge.	
Company Official Rol		Title Direct		Company Official	DUST MOTULAN
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



)asc_11/10/15				Reporting Month Oc	tober 2	015	
		Car	rier Information				
Company Name	ALLTEL COMM	UNICATIONS, LLC	,				
Commission Address	ALLTEL COMM	UNICATIONS, LLC	,				
Company Address 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339							
Telephone / Fax	(770) 240-8748	/ (770) 956-0700			······································		
Vendor Number	71-0781563	7 (770) 330-0700					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Month	ly Access Line D	Pata			
I. Total Access	Lines in Service.						
3. Amount of Si	urcharge Remitte	d to Kentucky USF		****			
				****)	
				***	0.00)	
		S	ignature Block				
I hereby attest that the	information repo	orted herein is true a	and accurate to the	e best of my knowledge.			
Company Official Rot	oert Mutzenback	TitleDirect	or of Tax	Company Official_	1215	Motoline	
	(Printed)				(Si	gned)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



12/09/15		Reporting Morab November 2015						
		Сат	rier Information					
Company Name	ALLTEL COMMUNIC	ATIONS, LLC						
Company Address	ALLTEL COMMUNIC	ATIONS, LLC						
Telephone / Fax			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339			
-	(770) 240-8748 / (77	(770) 240-8748 / (770) 956-0700						
Vendor Number	71-0781563							
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS				
		Month	ly Access Line D	n ta				
		ividititi	ily vecessi ranie to	443				
I. Total Access	Lines in Service			***				
2. Surcharge Pe	т Access Line		**********	• • • • • • • • • • • • • • • • • • • •	0.08			
3. Amount of S	urcharge Remitted to	Kennicky USF		••••				
				• • • •	0			
	N D							
5. Amount of R	leimbursement Reque	sted from Kenti	ucky USF	> P = 0	0.00			
	**************************************	S	Signature Block		***************************************			
I hereby artest that the	e information reported	herein is true a	and accurate to th	e best of my knowledge.				
Company Official Ro	bert Mutzenback	Title_Direct	or of Tax	Company Official_	Delice Motoland			
	(Printed)				(Signed)			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



01/12/16				Reporting Mon	db December	2015
0-9-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-		•	arrier Information	n		
Company Name	ALLTEL COM	MUNICATIONS, LI	_C			
Company Address	ALLTEL COM	MUNICATIONS, LI				
Telephone / Fax	(770) 240-8748	/ (770) 956-0700	3100	0 Cumberland Bould	evard, Suite 70	0 Atlanta, GA 30339
Vendor Number	71-0781563	, (110) 000-0100				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mon	thly Access Line	Data		
 Total Access 	Lines in Service	20 Vr.15 * > r = - 45 * 25 * 10 \$ 4 * * *	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10		
2. Surcharge Per Access Line.						0.08
3. Amount of Surcharge Remitted to Kentucky USF						
4. Number of A	ccess Lines Rec	civing Lifeline Su	pport	****		0
5. Amount of R	Amount of Reimbursement Requested from Kentucky USF					0.00

Signature Block							
I hereby attest that the information reporte	d herein is true and accurate to	the best of my knowledge.					
Company Official Robert Mutzenback	Title Director of Tax	Company Official	Both Motolan				
(Printed)		(Signed)					

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



强级 02/10/10				Keporting Month_Jai	nuary 2016
			* 1 0		
		Car	rier Information		
Company Name	ALLTEL COMMU	INICATIONS, LLC			
Company Address	ALLTEL COMMU	INICATIONS, LLC			
			1050	Crown Pointe Parkway, S	STE 1500 Atlanta, GA 30338
Telephone / Fax	(770) 240-8748 /	(770) 956-0700			
Vendor Number		(110) 000-0100			
	71-0781563				
Classification					
Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Month	ly Access Line D	Pata	
I. Total Access	Lines in Service				
2. Surcharge Pe	r Access Line		a	* * * * *	0.08
3. Amount of St	urcharge Remitted	to Kentucky USF.		****	
4. Number of A	ccess Lines Recei	ving Lifeline Supp	nort	A	0
		-			
5. Amount of R	eimbursement Rec	quested from Kenti	ucky USF	* P * 0	0.00

		S	ignature Block		
I hereby attest that the	information repor	rted herein is true a	and accurate to the	e best of my knowledge.	
Company Official Rol	oert Mutzenback	Title Directo	or of Tax	Company Official_	Delica Material
Company Others	(Printed)	11110		company Official_	(Signed)

Make check payable to: "Kontucky State Treasurer" and send with this report to:

02/40/46

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIND

Send a copy of this report to:



)atc_03/10/16				Reporting Monto Fel	bruary 2016	
		Car	vier Information			
Company Name	ALLTEL COMMUN	•				
Company Address Address						
Telephone / Fax	ļ		1050	Crown Pointe Parkway, S	TE 1500 Atlanta, GA 30338	
	(770) 240-8748 / (7	770) 956-0700				
Vendor Number	71-0781563					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Month	ly Access Line D	aia		
1. Total Access	Lines in Service			***		
2. Surcharge Pe	r Access Line		***************	****	0.08	
3. Amount of S	urcharge Remitted to	Kennicky USF.	.,,,,	****		
4. Number of A	ccess Lines Receivi	ng Lifeline Supp	ort	****	0	
5. Amount of R	eimbursement Regu	ested from Kenti	icky USF		0.00	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
		S	ignature Block			
I hereby attest that the	information reporte	d herein is true a	and accurate to th	e best of my knowledge.		
Company Official Rol		Title_Directe	or of Tax	Company Official_	Date Motology	
	(Printed)				(Signed)	
		*				

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 03/10/2016 20:33:42 ALICIAJAMES Revised 02-15-2016



)ate_04/12/16				Reporting Month_M	arch	2016			
		Ca	rier Information						
Correpany Name ALLTEL COMMUNICATIONS, LLC									
Company Address	ALLTEL COMMUI	VICATIONS, LLC	;						
			1050	Crown Pointe Parkway,	STE 1500	Atlanta, GA 30338			
Telephone / Fax	(770) 240-8748 /	(770) 240-8748 / (770) 956-0700							
Vendor Number	71-0781563								
Classification									
Please Circle One	ILEC	CLEC	Cellular	PCS					
		···							
		Month	ly Access Line D	Data					
Total Access	Lines in Service								
						-			
2. Surcharge Per	r Access Line		********	****		0.14			
3. Amount of Si	urcharge Remitted	to Kentucky USF	**************						
4. Number of A	ccess Lines Receiv	ing Lifeline Supp	oort	• • • • • • • • • • • • • • • • • • • •		0			
5. Amount of R	eimbursement Req	uested from Kent	ucky USF			0.00			
		S	Signature Block						
I hereby attest that the	information report	ed herein is true a	and accurate to th	e best of my knowledge	e.				
Company Official Rob	ert Mutzenback	Title_Direct	or of Tax	Company Official	1216	A Motolan			
	(Printed)			- The state of the		(Signed)			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 04/12/2016 11:52:33 CGAUDIOSO Revised 02-15-2016

EXHIBIT 2



) _{alt.} 02/11/14	innerskaladige-skilleleleleleleren verball brown for traver			Reperting Morth Jan	nuary 2014
	antagagaraphysister, antaghidhis, ibas-abbara.co	Ca	rrier Information		
Company Name	Celico Partnership				
Company Address	s:		3100 (Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956 -0700			
Vendor Number	223372889				
Classification Please Circle One	ILEC	CLEC	Celluiar	PCS	
		Mont	hly Access Line D	aia	
1. Total Access	Lines in Service	***********		***	
2. Surcharge Pe	r Access Line		**********************	••••	0.08
3. Amount of Si	archarge Remitted	to Kentucky USI	Fi	****	
4. Number of A	ceess Lines Receiv	ing Lifeline Sup	port	0 4 7 P	0
5. Amount of R	cimbursement Req	uested from Kent	tucky USF	P 4 P 4	0.00
		-	Signature Block	- 2	
	-	ed herein is true	and accurate to the	e best of my knowledge.	
Company Official Rob	ert Mutzenback (Printed)	7 itle Direc	tor of Tax	Company Official_	(Signed)
į					

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIND

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 02/11/2014 09:17:09 TTDAVIS



are_03/12/14	Reporting Month_Feb	oruary 201	14			
	***************************************	Ca	arrier Information			
Company Name	Cellco Partnershi	•	21			
Company Address	Cellco Partnershi	р	3100	Cumberland Boulevard, S	uite 700 Atla	anta GA 20220
Telephone / Fax	(770) 240-8748 /	(770) 956-0700		Odinserialia Bodievala, o	ane roo An	anta, OA 30339
Vendor Number	223372889					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Monti	hly Access Line D	ata		
Total Access	Lines in Service					
2. Surcharge Pe	r Access Line		******************	••••	0.08	'
3. Amount of St	urcharge Remitted	to Kentucky USF		****		
4. Number of A	ccess Lines Receiv	ring Lifeline Supp	port	• • • •	0	
5. Amount of R	eimbursement Req	uested from Kent	tucky USF	1616	0.00	
			Signature Block			
I hereby attest that the	information report	ted herein is true	and accurate to the	e best of my knowledge.	_	
Company Official Rot	pert Mutzenback (Printed)	Title_Direct	tor of Tax	Company Official_	Duch (Sign	Motoran ned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



88E 04/09/14				Reporting Month Ma	rcn 2014
	\$4-5-5-000000000000000000000000000000000	C	arrier Information		
Company Name	Cellco Partnersh		any to the state of the state o		
Company Address	Cellco Partnersh	ip			
Telephone / Fax			3100	Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
	(770) 240-8748	(770) 956-0700			
Vendor Number	223372889				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Mont	hly Access Line D	ata	
Total Access	Lines in Service.	(19 t F	
2. Surcharge Pe	r Access Line		*********	* * * *	80.0
3. Amount of S	urcharge Remittee	i to Kentucky US	F	••••	
4. Number of A	ccess Lines Rece	iving Lifeline Sup	port	** * *	00
5. Amount of R	eimbursement Re	equested from Ker	itucky USF	****	0.00
·····					
Personal	THE PROPERTY OF THE PARTY OF TH		Signature Block		
I hereby attest that the	information repo	orted herein is true	and accurate to the	e hest of my knowledge.	
Company Official Rol		Title Direc	ctor of Tax	Company Official_	Delica Motolana
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



Dask_ 05/09/14				Reporting Monah Apr	ril 20	014	
		Can	rier Information				
Company Name	Cellco Partnership.						
Company Address	Company Address Company Address 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 3						
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700	3100 C	Jumberiand Boulevard, S	uite 700 A	llanta, GA 30339	
Vendor Number	223372889						
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS			
		Month	y Access Line Da	ata		944	
I. Total Access	Lines in Service			7.1			
2. Surcharge Pe	r Access Line			***	0.08	<u>-</u> <u>1</u>	
3. Almount of Si	urcharge Remitted to	Kentucky USF.		.,		ı	
4. Number of A	ccess Lines Receiving	ng Lifeline Supp	ort	***	0)	
5. Amount of R	eimbursement Requi	ested from Kenti	icky USF) B so	0.00)	
		S	ignature Block				
I hereby attest that the	information reporter	d herein is true a	nd accurate to the	e best of my knowledge.	0 . 4		
Company Official Robert Mutzenback Title Director of Tax Company Official (Signed)					gned)		
					(g	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTIUNITY EMPLOYER M/P/D

Send a copy of this report to:



ase_00/10/14				Reporting Month Ma	iy 2014
		C	arrier Information		
	low by				
Company Name	Celico Partnersi Celico Partnersi	•			
Company Address	Cenco Farthersi	iib			
Telephone / Fax			3100	Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
ACCUMENT A SEA	(770) 240-8748	/ (770) 956-0700			
Vendor Number	223372889				
	<u>l</u>				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
	12350		C-21-04-04	100	
		Moni	thly Access Line D	Pata	
7					
I. Total Access	Lines in Service.			****	
2. Surcharge Pe	r Access Line			2 × 7·*	80.0
 Amount of St 	orcharge Remitte	d to Kennicky US	F	****	
4. Number of A	ccess Lines Rece	iving Lifeline Sup	pport	e-4 + p	0
5. Amount of R	eimbursement Re	equested from Ker	ntucky USF	5 b on	0.00
			Signature Block		
I hereby artest that the	information repo	orted herein is true	and accurate to the	e best of my knowledge.	
Company Official Rob			ctor of Tax		Debit Motology
Company Otherar	(Printed)	11116=1100		Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

06/40/44

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



Diaste_ 07/09/14				Reporting Month Jul	ne 2014
		Ca	rier Information		
Соторану Мате	Cellco Partnership	- , , , , , , , , , , , , , , , , , , ,			
Company Address	Cellco Partnership		·		
Telephone / Fax	(770) 240-8748 / (770\ 056-0700	3100 (Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
Vendor Number	223372889	770) 330-0700			
					Marie
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Month	ily Access Line D	213	
I. Total Access	Lines in Service			Þ + ř	
2. Surcharge Per	r Access Line		**************************	9 T F-F a.	0.08
3. Amount of Su	archarge Remitted to	o Kennucky USF		• • • • • • • • • • • • • • • • • • • •	
4. Number of A	ccess Lines Receivi	ng Lifeline Supp	oort		0
5. Amount of Re	eimbursement Requ	ested from Kent	ucky USF	P 10	0.00
		5	Signature Block		
		d herein is true a	and accurate to the	e best of my knowledge.	
Company Official Rob	ert Mutzenback (Printed)	Title Direct	or of Tax	Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



08/08/14				Reporting Month July	y 201	14
		Carri	er Information			
Сотралу Name	Cellco Partnership.					
Company Address	Celico Partnership					
Telephone / Fax	(770) 240-8748 / (7	70\ 056.0700	3100 C	umberland Boulevard, S	uite 700 Atla	anta, GA 30339
Vendor Number	223372889	70) 950-0700				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Monthly	Access Line Da	ta		
Total Access	Lines in Service	***********		• •		
2. Surcharge Per	r Access Line			7 T *	0.08	
3. Amount of St	urcharge Remitted to	Kentucky USF	****************			
4. Number of A	ccèss Lines Receivin	ng Lifeline Suppor	rt	552	0	•
5. Amount of Re	eimbursement Reque	ested from Kentuc	:ky USF	P++	0.00	-
	APPERPARE	Sig	gnature Block			,
I hereby attest that the	information reporter	d herein is true an	d accurate to the	best of my knowledge.		
Company Official Rob		Title Director	r of Tax	Company Official	Dust:	Motology
	(Printed)				(Sign	ned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MAPAD

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



Date 09/10/14				Reporting Month Au	gust 2	014
	<u> </u>	C	arrier Information			
Сопралу Маше	Cellco Partnersh	•				
Company Address			3100	Cumberland Boulevard, S	uite 700 A	tlanta, GA 30339
Telephone / Fax Vendor Number	(770) 240-8748	/ (770) 956-0700				
Action tramper	223372889	-				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mont	hly Access Line it)ata		
I. Total Access	Lines in Service.			* P * F		
2. Surcharge Pe	r Access Line			4114	0.08	3
3. Amount of Si	archarge Remitte	d to Kentucky US	F	6 t o p.	_	-
4. Number of A	ccess Lines Rece	iving Lifeline Sup	port	****	- 0)
5. Amount of R	eimbursement Re	equested from Ken	tucky USF	***	0.00)
			Signature Block			
				e best of my knowledge.	DASA	Material
Company Official Rob	(Printed)	Title Direc	tor of Tax	Company Official_		gned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



10/09/14				Reporting Morab_	September 2014	
		C	arrier Information			
Company Name	Cellco Partners	hip.				
Company Address	Cellco Partners	hip				
			3100	Cumberland Boulevar	d, Suite 700 Atlanta, GA 3	0339
Telephone / Fax	(770) 240-8748	/ (770) 956-0700				
Vendor Number	223372889					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Mon	thly Access Line D	Pata		
Total Access	Lines in Service	p Práb + b = p : + 1 b = p ; = b ; = b ; = p ; = p ; = b ; = p ; =	,	, p. + r		
2. Surcharge Pe	r Access Line			*****	0.08	
				• • • •		
4. Number of A	ccess Lines Rec	civing Lifeline Sur	oport	***	0	
5. Amount of R	eimbursement R	equested from Ker	ntucky USF	> > > * * * * * * * * * * * * * * * * *	0.00	

			Signature Block			
I hereby attest that the	information rep	orted herein is true	and accurate to the	e best of my knowled	lge.	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Company Official Robert Mutzenback

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Title Director of Tax

AN EQUAL OPPORTUNITY EMPLOYER MIT/D

Send a copy of this report to:

Company Official

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

(Signed)



ase 11/12/14				Reporting Month Oct	tober 2014
	page-19-19-19-19-19-19-19-19-19-19-19-19-19-	Ca	rier Information		
Company Name	Cellco Partnership				
Company Address	Cellco Partnership				
Telephone / Fax			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
	(770) 240-8748 / (770) 956-0700			······································
Vendor Number	223372889				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Mont	hly Access Line D	Pata	
Total Access	Lines in Service		**************	****	
2. Surcharge Pe	T Access Line			****	0.08
3. Amount of St	urcharge Remitted t	o Kemucky USI	ł		_
4. Number of A	ccess Lines Receivi	ing Lifeline Sup	port	.84 * 8	0
5. Amount of R	eimbursement Requ	iested from Ken	tucky USF	> > > ou	0.00
			Signature Block		W-000-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
I hereby attest that the	information reporte	ed herein is true	and accurate to th	e best of my knowledge.	
Company Official Rol		Title_Direc	tor of Tax	Company Official_	Block Motoral
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MAND

Send a copy of this report to:



12/09/14				Reporting Moraio November 2014			
	***************************************	₹C	arrier Information				
Company Name	Cellco Partners	ship.					
	Cellco Partners	hip					
Company Address			3100	Cumberland Boulevard, Suite 700 Atlanta, GA 3033			
Telephone / Fax		/ (770) 956-0700	0.00	Compensaria Douisvara, Carte Foo Atlanta, CA 3033.			
Vendor Number	223372889						
Classification Please Circle One	n ro	~ T.C	A. R. I.	200			
Please Choic One	ILEC	CLEC	Celhilar	PCS			
		Mon	thly Access Line C)ata			
I. Total Access	Lines in Service						
Surcharge Pe	er Access Line			0.08			
3. Amount of S	urcharge Remitte	ed to Kentucky US	F				
4. Number of A	Access Lines Rec	civing Lifeline Sup	port	0			
 Amount of R 	teimbursement R	equested from Ker	ntucky USF	0.00			
		•					
			Signature Block				
I hereby attest that the	e information ren	orted herein is true	and accurate to th	ne best of my knowledge.			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Company Official Robert Mutzenback

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Title Director of Tax

AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:

Company Official

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

(Signed)



01/10/15			Reporting Monah December 2014	
	***************************************	C	arrier Information	
Company Name	Cellco Partners	hip.		
<i>y</i> —	Cellco Partners	hip		
Company Address			3100	Cumberland Boulevard, Suite 700 Atlanta, GA 3033
Telephone / Fax	(770) 240-8748	/ (770) 956-0700		
Vendor Number	223372889			
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS
		Mont	thly Access Line D)ata
I. Total Access	Lines in Service			
 Surcharge Pe 	r Access Line	.,,.,.		0.08
3. Amount of Si	urcharge Remitte	ed to Kentucky US	F	*****
4. Number of A	ccess Lines Rec	civing Lifeline Sup	port	0
5. Amount of R	eimbursement R	equested from Ker	itucky USF	0.00
	***************************************		Signature Block	
I hereby attest that the	information rep	orted herein is true	and accurate to th	ne best of my knowledge.
Company Official Rol			ctor of Tax	Company Official Dates Matulan

Make check payable to: "Kentucky State Treasurer" and send with this report to:

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIP/D

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

(Signed)



atc 02/10/15				Reporting Month Jar	nuary 2015
		C	arrier Information		
Company Name	Celico Partnersi	•			
Cellco Partnership Company Address					
Telephone / Fax	(770) 240-8748	/ (770) 956-0700	3100	Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
Vendor Number	223372889	. (1.0) 000 0100			
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Mont	hly Access Line D	ata	
Total Access	Lines in Service	****		,,,,	
2. Surcharge Pe	r Access Line			¥ F C F garage and a garage and	0.08
3. Amount of S	urcharge Remitte	d to Kentucky US	F	****	
4. Number of A	ccess Lines Reco	iving Lifeline Sup	port	•••	0
5. Amount of R	eimbursement Ro	equested from Ken	itucky USF	,,,,	0.00
			Signature Block		
I hereby attest that the	information repo	orted herein is true	and accurate to th	e best of my knowledge.	
Company Official Rol		TitleDirec	ctor of Tax	Company Official_	Dist Motology
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



03/10/15				Reporting Mondo Feb	ruary 2015
		C	arrier Information		
Company Nam	1	•			
Company Addres	Cellco Partners	hip			
Telephone / Fa			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
-	(770) 240-8748	/ (770) 956-0700			
Vendor Numbe	223372889				
Classification					
Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Mon	thly Access Line I	Data	
I. Total Acce	ss Lines in Service				
2. Surcharge	Per Access Line			****	0.08
Amount of	Surcharge Remitte	ed to Kentucky US	F	••••	_
4. Number of	Access Lines Reco	civing Lifeline Sup	pport	****	0
5. Amount of	Reimbursement R	equested from Ker	ntucky USF	* · · · · ·	0.00
					
			Signature Block		
I hereby attest that t	he information ren	orted herein is true		ne best of my knowledge.	
Company Official 5			ctor of Tax		Det Material
Company Official	(Printed)	- I IIIC		Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



385 04109113				Keporting Month Ma	rcn 2015	
		€	arrier Information			
Company Name	Celico Partnersh	ip.				
Company Address	Cellco Partnersh	ip				
			3100	Cumberland Boulevard, S	Suite 700 Atlanta, GA 30	339
Telephone / Fax	(770) 240-8748	(770) 956-0700				
Vendor Number	223372889					
Classification Please Circle One	ILEC	CLEC	Celhular	PCS		
		Mon	thly Access Line D	Pata		
Total Access	Lines in Service.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,		
Surcharge Pe	r Access Line			T 0 0 F 0	0.08	
3. Amount of S	urcharge Remitted	i to Kentucky US	SF			
4. Number of A	ccess Lines Rece	iving Lifeline Su	рроп	- A - 6	0	
				0+> a=		
			Signature Block			
I hereby attest that the	information repo	orted herein is true	e and accurate to th	e best of my knowledge.		
Company Official Rol		TitleDire	ctor of Tax	Company Official_	But Motoland	~
	(Printed)				(Signed)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Send a copy of this report to:



ssc 05/09/15				Reporting Month Apr	ril 20)15
		Ca	orier Information			
Company Name	Cellco Partnership					
	Cellco Partnership					
Company Address			3100	Cumberland Boulevard, S	uite 700 At	lanta. GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956_0700				
Vendor Number		770) 330-0700				
	223372889	<u></u>				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mont	hly Access Line C)ata		
I. Total Access	Lines in Service	.) - : : - : - : - : - : - : - : - : - :	**************			
2. Surcharge Pe	r Access Linc	*******			0.08	<u>.</u>
3. Amount of Si	urcharge Remitted t	o Kemueky USI	7			
4. Number of A	ecess Lines Receiv	ing Lifeline Sup	port	****	0	
5. Amount of R	eimbursement Requ	sested from Ken	tucky USF	***	0.00	_
***************************************			Signature Block			
I hereby attest that the	information report	ed herein is true	and accurate to th	e best of my knowledge.		
Company Official Rol	pert Mutzenback	TitleDirec	tor of Tax	Company Official_	BUST	Motology
and the second second	(Printed)			ounpainy valledal_	(Si	gned)

Make check payable to: "Kentucky-State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIRID

Send a copy of this report to:



商社 06/09/15				Reporting Month Ma	y 20	015
		Car	rier Information			
Company Name	Cellco Partnership	•				
Company Address	Cellco Partnership			12.1.		
			3100	Cumberland Boulevard, S	uite 700 A	tlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700				
Vendor Number	223372889					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
100000000000000000000000000000000000000						
		Month	ly Access Line I)ata		
1. Total Access	Lines in Service		****************	• • • • •		
2. Surcharge Pe	r Access Line			****	0.08	3
3. Amount of S	urcharge Remitted to	o Kentucky USF.		****		
4. Number of A	.ccess Lines Receivi	ng Lifeline Supp	ort	14.1		<u> </u>
				- > p - o	0.00	<u> </u>
		S	ignature Block			
I hereby attest that the	information reports			e best of my knowledge.		
Company Official Rol		TitleDirecte				Motolous
Company Official Mon	(Printed)	1 HJC Duece	J. 11 14A	Company Official_		gned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIP/D

Send a copy of this report to:



商版 07/11/15				Reporting Monad_Jun	e 20	115
6510738646533334544		Carri	er Information			·
Company Name	Cellco Partnership					· · · · · · · · · · · · · · · · · · ·
Company 1 tanne	Cellco Partnership					
Company Address			3100 Cı	umberland Boulevard, S	uite 700 At	lanta. GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700				
Vendor Number		770) 930-0700				
	223372889					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Monthly	Access Line Da	ta		
I. Total Access	Lines in Service					
2. Surcharge Pe	r Access Line		• • • • • • • • • • • • • • • • • • • •	P. P. Samuel and Management and Mana	0.08	de-
3. Amount of St	archarge Remitted t	o Kemucky USF				.
4. Number of A	ccèss Lines Receivi	ing Lifeline Suppo	rt	•••	0	_
5. Amount of R	eimbursement Requ	ested from Kentus	cky USF		0.00	_
						=
***************************************		Si	gnature Block			
I harabi attant that the	information report			best of my knowledge.		
					Dust:	Material
Company Official Rol	(Printed)	Title_Directo	r of Tax	Company Official_		ened)
	· · · · · · · · · · · · · · · · · · ·				(5.6)	g - /

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



ase_08/11/15				Kepoming Monad July	y 2015
		Сат	rier Information		
Сотпрому Name	Cellco Partnership	•			
	Cellco Partnership				
Company Address			3100 0	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700			
Vendor Number	223372889				
	[223312869				
Classification	27 87.00	C1 110	COURT ATT	273.273479	
Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Month	ly Access Line D	àta	
		B 7, N. G. R. A. A. A. A.	7 - 17 4 400 311110 301		
1. Total Access	Lines in Service		,	p	
2. Surcharge Pe	r Access Line				0.08
7					
3. Amount of Si	archarge Remitted t	o Kentucky USF.			
4. Number of A	ecess Lines Receiving	ing Lifeline Supp	ort	***	0
5. Amount of R	eimbursement Requ	ested from Kenti	icky USF	» (» aw	0.00
		S	ignature Block		70Paul - 714
I hereby astest that the	information report	ed herein is true a	and accurate to the	e best of my knowledge.	
Company Official Rol	bert Mutzenback	TitleDirect	or of Tax	Company Official_	Dobat Motology
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

00/44/45

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



09/10/15				Reporting Month Aug	gust 20	15
		C	arrier Information			
Сотралу Name	Cellco Partners	hip.				
Company Address	Cellco Partners	hip				
Telephone / Fax			3100	Cumberland Boulevard, S	uite 700 At	lanta, GA 30339
-	(770) 240-8748	/ (770) 956-0700				
Vendor Number	223372889					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mont	bly Access Line I	Pata		
Total Access	Lines in Service	*********				
					0.08	
3. Amount of St	urcharge Remitte	d to Kentucky US	F			
4. Number of A	ccess Lines Reco	eiving Lifeline Sup	port		0	_
5. Amount of R	eimbursement R	equested from Ken	itucky USF	>>> a	0.00	_
######################################			Signature Block			
I hereby attest that the	information repo	orted herein is true	and accurate to the	e best of my knowledge.		
Company Official Rob		TitleDirec	ctor of Tax	Company Official_	Dust	Motolog
	(Printed)				(Sig	med)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



Company Name Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Celhular PCS Monthly Access Line Data 1. Total Access Lines in Service	Boulevard, Suite 700 Atlanta, GA 30339
Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC Monthly Access Line Data 1. Total Access Lines in Service	Boulevard, Suite 700 Atlanta, GA 30339
Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Celhular PCS Monthly Access Line Data 1. Total Access Lines in Service	Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax (770) 240-8748 / (770) 956-0700 Vendor Number 223372889 Classification Please Circle One ILEC CLEC Cellular PCS Monthly Access Line Data 1. Total Access Lines in Service	Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax (770) 240-8748 / (770) 956-0700 Vendor Number 223372889 Classification Please Circle One ILEC CLEC Cellular PCS Monthly Access Line Data 1. Total Access Lines in Service	
Vendor Number 223372889 Classification Please Circle One ILEC CLEC Cellular PCS Monthly Access Line Data 1. Total Access Lines in Service	
Please Circle One ILEC CLEC Cellular PCS Monthly Access Line Data 1. Total Access Lines in Service	
Please Circle One ILEC CLEC Celhular PCS Monthly Access Line Data 1. Total Access Lines in Service	
Monthly Access Line Data 1. Total Access Lines in Service	
Total Access Lines in Service Surcharge Per Access Line	
Total Access Lines in Service Surcharge Per Access Line	
2. Surcharge Per Access Line.	***************************************
A mount of Supplaces Descrited to Ventual LICE	0.08
5. Another of our charge Renamed to Remarky OSP	
4. Number of Access Lines Receiving Lifeline Support	0
Amount of Reimbursement Requested from Kentucky USF	0.00
Signature Disele	
Signature Block Thereby attest that the information reported begin is true and accurate to the best of more accurate to the best of more accurate to the best of more accurate to the policy accurate to the best of more accurate to the policy accurate to	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Company Official Robert Mutzenback

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Title Director of Tax

AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:

Company Official

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

(Signed)



部紀 11/10/15				Reporting Morab Oct	tober 2015
	***************************************	C	arrier Information		
Сотралу Name	Cellco Partnership	o.			
A South and A London	Cellco Partnership	0			
Company Address			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956-0700			
Vendor Number	223372889	(170) 000-0700			
	1220012000				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Moni	thly Access Line C	Data	
Total Access	Lines in Service	****,************	h		***************************************
2. Surcharge Pe	r Access Line			••••	0.08
3. Amount of St	urcharge Remitted	to Kentucky US	F		
4. Number of A	ecess Lines Receiv	ring Lifeline Sup	port	****	0
5. Amount of R	eimbursement Req	uested from Ker	itucky USF	9 A P SH	0.00
			Signature Block		
I hereby artest that the	information report	led herein is true	and accurate to the	e best of my knowledge.	
Company Official Rob		TitleDirec	ctor of Tax	Company Official_	Dist Motolan
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



12/09/15				Reporting Morab No	vember 2015	
		7°4	1.6			
		C	arrier Information			
Company Name	Celico Partnersi	hip.				
Control of the second	Cellco Partners	hip				
Company Address			3100	Cumberland Boulevard, S	Suite 700 Atlanta, GA 3033	9
Telephone / Fax	(770) 040 0740	((770) 050 0700		•		
Vendor Number	(770) 240-8748	/ (770) 956-0700				
A SALICIOS E SCHIERTOS	223372889					
Classification	71 70	CHIC	O. Ht. I	200		
Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mont	hly Access Line D	ata		
Total Access	Lines in Service					
					- 0.09	
2. Surcharge Pe	T Access Linc			T. F. F. F.	80.0	
3. Amount of St	urcharge Remitte	d to Kentucky US	F	****		
4. Number of A	ccess Lines Reco	eiving Lifeline Sup	port	****	0	
5. Amount of R	eimbursement R	equested from Ken	itucky USF	* > > = m	0.00	
	<u> </u>					
			Signature Block			
I hereby attest that the	information rep	orted herein is true	and accurate to the	e best of my knowledge.		
Company Official Rol	bert Mutzenback	TitleDirec	ctor of Tax	Company Official	Delich Motolan	1
	(Printed)				(Signed)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Mondo December 2015

		Ę	Carrier Information	1		
Company Name	Cellco Partners	hip.				
	Cellco Partners	hip				
Company Address			3100) Cur	mberland Boulevard, Suite 700 Atlanta, GA	30339
Telephone / Fax	(770) 240-8748	/ (770) 956-0700				
Vendor Number	223372889					
		Mo	nthly Access Line	Data	3	
I. Total Access	Lines in Service					
2. Surcharge Pe	r Access Line				0.08	
3. Amount of St	urcharge Remits	ed to Kentucky U	SF			
4. Number of A	ccess Lines Rec	eiving Lifeline St	ipport		0	

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ry Official Signed)
T!

Amount of Reimburgement Requested from Kentucky USF.....

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Date 01/12/16

5.

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

0.00



2110/10				Keporting Month_Jan	luary 2016		
		C	arrier Information				
Company Name	Cellco Partnershi	p.					
	Cellco Partnershi	р					
Company Address			1050 (Crown Pointe Parkway. S	TE 1500 Atlanta, GA 30338		
Telephone / Fax	(770) 240-8748 /	(770) DEC 0700		,,			
Vendor Number	(770) 240-8748 7	(770) 956-0700					
	223372889						
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS			
		Moni	thly Access Line D	ata			
I. Total Access	Lines in Service		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2. Surcharge Pe	T Access Line		• • • • • • • • • • • • • • • • • • • •	5 + + F	80.0		
3. Amount of St	urcharge Remitted	to Kentucky US	SF	• • • • • • • • • • • • • • • • • • • •			
4. Number of A	ccess Lines Receiv	ving Lifeline Sur	pport	***	0		
5. Amount of R	eimbursement Req	uested from Ker	ntucky USF	> Þ ou	0.00		
			Signature Block				
I hereby attest that the	information repor	ted herein is true	and accurate to the	e best of my knowledge.			
Company Official Rol	bert Mutzenback	TitleDire	ctor of Tax	Company Official_	Detect Motoland		
	(Printed)	***************************************		Company Official_	(Signed)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIPID

Send a copy of this report to:



atc_03/10/16				Reporting Mondo_	February	2016
		Can	rier Information			
	Calles Bartanashia					
Company Name	Cellco Partnership. Cellco Partnership					
Company Address	- Consort artificiants		4050.6		075 450	
Telephone / Fax			1050 C	rown Pointe Parkwa	y, STE 1500	Atlanta, GA 30338
Vendor Number	(770) 240-8748 / (770) 9	56-0700				
*Ciloor Frances	223372889					
Classification Please Circle One	ILEC CI	ÆC	Cellular	PCS		
= 						
		Month	y Access Line Da	ata		
Total Access	Lines in Service					
	r Access Line					0.08
						0.00
3. Amount of Si	urcharge Remitted to Ken	mucky USF	.,,	***		
4. Number of A	ccess Lines Receiving Li	feline Suppo	ort	4 + +		0
5. Amount of R	cimbursement Requested	from Kentu	cky USF			0.00
	P86-11					
		Si	ignature Block			
I hereby artest that the	information reported her	ein is true a	nd accurate to the	best of my knowled		
Company Official Rol		Title Directo	or of Tax	Company Offic	ial	A Motoline
	(Printed)					(Signed)
Make check paya	ble to: "Kentucky			Send a copy	of this re	port to:
	and send with this					T

report to:

ATTN: KY USF

702 Capital Ave.

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 03/10/2016 20:33:35 ALICIAJAMES Revised 02-15-2016



ate_04/12/16				Reporting Mon	io March	2016
		Can	ier Information			
Company Name	Cellco Partnership.					
Company Address	Cellco Partnership		1050 0	Crown Pointe Park	way, STE 150	00 Atlanta, GA 30338
Telephone / Fax	(770) 240-8748 / (770)	956-0700				
Vendor Number	223372889					
Classification						
Please Circle One	ILEC C	TLEC	Cellular	PCS		
		Month)	y Access Line Da	aia		
I. Total Access	Lines in Sérvice	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		***		
2. Surcharge Pe	r Access Line					0.14
3. Amount of Si	urcharge Remitted to Ke	entucky USF.	.,,	•••		
4. Number of A	ccess Lines Receiving I	ifeline Suppo	ort			0
5. Amount of R	eimbursement Requeste	d from Kentu	cky USF	••••		0.00
		Si	ignature Block			
I hereby attest that the	information reported he	erein is true a	nd accurate to the	e best of my know	_	2 martin de la .
Company Official Rol	pert Mutzenback (Printed)	_Title_Directo	or of Tax	Company O	fficial	(Signed)
	ble to: "Kentucky and send with this				opy of this :	report to:

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

ATTN: KY USF

702 Capital Ave.

KY_ST_USF-1 04/12/2016 11:52:29 CGAUDIOSO Revised 02-15-2016

ATTN: Executive Director

211 Sower Blvd.

Frankfort, KY 40602

P.O. Box 615

EXHIBIT 3



)atc_ 92/11/14			Reporting Month_Jai	nuary 2014
·				
		Carrier Informati	on	
Conquany Name	New Par		Najaminin, aliakkumanajankumanajank, muum, apanjulgutuu-asama	
		31	00 Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / ((770) 956-0700	\v	
Vendur Ruddber	311331821			

Classification Please Circle One	ILEC	CLEC Cellular	PCS	
		Monthly Access Lin	e Data	
1. Total Access	Lines in Service			
2. Surcharge Pe	r Access Line		*******	0.08
3. Amount of Si	archarge Remitted (to Kentucky USF	#****/**	
4. Number of A	ocess Lines Receiv	ing Lifeline Support		0
5. Amount of R	eimbursement Req	uested from Kentucky USF	•••••	0.00
		Signature Block		b A . Ma a supplementary the space was a supplementary of the space of
		ed herein is true and accurate to	the best of my knowledge.	
Company Official Rob	(Printed)	Title Director of Tax	Company Official_	(Signed)
1	•			10

Make check payable to: "Keatucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTONITY EMPLOYER MAKE

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfori, KY 40602

KY_ST_USF-1 02/11/2014 09:17:11 TTDAVIS



Pare 03/12/14				Reporting Month Feb	oruary 2014		
		C	arrier Information			—	
Company Name	New Par						
Company Address	New Par	11					
Telephone / Fax		/ (770) 956-0700	3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339	1	
Vendor Number							
	311331821		· · · · · · · · · · · · · · · · · · ·				
Classification					No. 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Please Circle One	ILEC	CLEC	Cellular	PCS			
		Mon	thly Access Line D) ata			
Total Access	Lines in Service			***			
2. Surcharge Pe	r Access Line	**********	*****************		0.08		
3. Amount of S	urcharge Remitte	d to Kentucky US	F	* * * * *	NOTE OF THE PROPERTY OF THE PR		
4. Number of A	ccess Lines Rece	eiving Lifeline Sur	pport	****	0		
5. Amount of R	eimbursement Re	equested from Ker	ntucky USF	S T S S S S S S S S S S S S S S S S S S	0.00		
A-A-A		A					
			Signature Block				
I hereby attest that the	information repo	orted herein is true	and accurate to the	e best of my knowledge.			
Company Official Rol		TitleDirec	ctor of Tax	Company Official_	Doket Material		
	(Printed)				(Signed)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/T/D

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 03/12/2014 11:05:03 SAMIAWALKER



04/09/14				Reporting Month N	farch 2	2014			
		Ca	rier Information						
Company Name	New Par								
Company Address	New Par								
3100 Cumberland Boulevard, Suite 700 Atlanta, GA 303									
Telephone / Fax	(770) 240-8748 / (770) 956-0700							
Vendor Number	311331821								
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS					
		Month	aly Access Line D	ata					
Total Access	Lines in Service	,	****************	•••					
2. Surcharge Pe	r Access Line		0 H 0 V T 0 V 1 2 V MV 2 AV 2 H 2 D H 2 D H 2	9 F.F.	0.0	8			
3. Amount of S	urcharge Remitted to	o Kentucky USF		• 1 • 0	i pri				
4. Number of A	ccess Lines Receivi	ng Lifeline Sum	port	***		0			
5. Amount of R	eimbursement Requ	ested from Kent	tucky USF	**	0.0	0			
		1	Signature Block						
I haraby estantished the	information ac			- h - s - f					
				e best of my knowledg		i Matra			
Company Official Rol	bert Mutzenback (Printed)	Title Direc	tor of Tax	Company Officia		igned)			
	(*)				(3.	Enon)			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



atc 05/09/14	Part			Reporting Month A	pril 2	014
		Ca	errier Information			
Company Name	New Par					
Company Address	New Par					
Company Address	P.C.D. Communication of the Co		3100	Cumberland Boulevard,	Suite 700 A	tlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770\ 956-0700				
Vendor Number		770,000-0100				
	311331821					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		· · · · · · · · · · · · · · · · · · ·				
		Mont	hly Access Line I	Data		
1. Total Access	Lines in Service			1007		ı
2. Surcharge Pe	r Access Line	****************		7111	0.08	3
3. Amount of St	urcharge Remitted 1	o Kentucky USI	F	****		
4. Number of A	ccess Lines Receivi	ing Lifeline Sup	port		()
5. Amount of R	eimbursement Requ	ested from Ken	tucky USF		0.00)
			Signature Block			
I hereby attest that the	information reporte	ed herein is true	and accurate to the	e best of my knowledge		
Company Official Rol	pert Mutzenback	TitleDirec	tor of Tax	Company Official	DAG	Motolina
4 0	(Printed)			- The second sec		gned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIPID

Send a copy of this report to:



Company Name Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Cethular Monthly Access Line Data 1. Total Access Lines in Service	56 U6/10/14				Reporting Morab Ma	y 2	014	
Company Address Telephone / Fax Vendor Number Vendor Number Classification Please Circle One FLEC CLEC Celhular Monthly Access Line Data I. Total Access Lines in Service			Carrie	r Information	-			
Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Celhular PCS Monthly Access Line Data 1. Total Access Lines in Service	Company Name	New Par						
Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Celhular PCS	,	New Par						
Telephone / Fax Vendor Number (770) 240-8748 / (770) 956-0700	Company Address			3100 Cu	ımberland Boulevard. S	uite 700 A	tlanta GA 30339	
Classification Please Circle One ILEC CLEC Cethular PCS Monthly Access Line Data I. Total Access Lines in Service	Telephone / Fax							
Classification Please Circle One ILEC CLEC Celhular PCS Monthly Access Line Data I. Total Access Lines in Service	Vendor Number	(770) 240-8748 / (770) 956-0700					
Monthly Access Line Data I. Total Access Lines in Service								
Monthly Access Line Data I. Total Access Lines in Service								
1. Total Access Lines in Service		ILEC	CLEC	Celhilar	PCS		-	
1. Total Access Lines in Service								
2. Surcharge Per Access Line. 0.08 3. Amount of Surcharge Remitted to Kentucky USF. 0 4. Number of Access Lines Receiving Lifeline Support. 0 5. Amount of Reimbursement Requested from Kentucky USF. 0.00 Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge.			Monthly .	Access Line Date	3			
3. Amount of Surcharge Remitted to Kentucky USF	I. Total Access	Lines in Service			•			
4. Number of Access Lines Receiving Lifeline Support	2. Surcharge Per	r Access Line			*	0.08		
5. Amount of Reimbursement Requested from Kentucky USF	3. Amount of St	archarge Remitted to	o Kentucky USF		•	_		
Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	4. Number of A	ccess Lines Receivi	ng Lifeline Support		*	0	_	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	5. Amount of Re	eimbursement Requ	ested from Kentuck	y USF		0.00		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.								
		40 Mar 200 Mar	Sign	nature Block				
DAS MATELLA	I hereby attest that the	information reporte	ed herein is true and	accurate to the h	nest of my knowledge.			
Company Official Robert Mutzenback Title Director of Tax Company Official	Company Official Rob	ert Mutzenback	Title Director of	of Tax	Company Official_	DUST	Motolog	
(Printed) (Signed)						(Si	gned)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



116 07/09/14				Reporting Month Jun	ie 20	014		
*)	**************************************	Сал	rier Information					
Сотралу Name	New Par							
Company Address	New Par							
3100 Cumberland Boulevard, Suite 700 Atlanta, GA								
Telephone / Fax	(770) 240-8748 / (770) 956-0700						
Vendor Number	311331821							
	1011001021							
Classification						····		
Please Circle One	ILEC	CLEC	Celhilar	PCS				
		Month)	y Access Line D	ata				
		Month)	y Access Line D	ata				
I. Total Access	Lines in Service		************	• • • • • • • • • • • • • • • • • • •				
Surcharge Pe	r Access Line			* * * * * * * * * * * * * * * * * * *	0.08	<u> </u>		
3. Amount of Si	urcharge Remitted to	o Kentucky USF.		.,,,		12		
	ccess Lines Receivi				_)		
		-				_		
5. Amount of R	eimbursement Requ	tested from Kentu	cky USF	•••	0.00	<u> </u>		
		Si	ignature Block					
I hereby attest that the	information reporte	ed herein is true a	nd accurate to th	e hest of my knowledge.				
Company Official Rol	bert Mutzenback	Title Directo	or of Tax	Company Official_	12hts	Motolany		
	(Printed)				(Si	gned)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIRID

Send a copy of this report to:



08/08/14				Reporting Month_Jul	y 2	014				
		{ an	rier Information							
	T., -		- Seri. 43 II. CA Electrical							
Company Name	Company Name New Par									
Company Address	Company Address									
Telephone / Fax 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339										
	(770) 240-8748 / (7	770) 956-0700								
Vendor Number	311331821									
Classification Please Circle One	ILEC	CLEC	Cellular	PCS						
2 Jean Chele Ole	1220	CLIC	Centitu	103						
		Month)	y Access Line D	ata						
Total Access	Lines in Service			F + 7						
2. Surcharge Per	r Access Line	****************		• • •	0.08	3_				
3. Amount of St	archarge Remitted to	Kentucky USF.	*************							
4. Number of A	ccess Lines Receiving	ng Lifeline Suppo	оп	4 * *	0	<u>) </u>				
5. Amount of Re	eimbursement Requ	ested from Kentu	icky USF	> > a e	0.00	<u>) </u>				
				19 55						
		Si	ignature Block							
I hereby attest that the	information reporte	d herein is true a	nd accurate to the	best of my knowledge.						
Company Official Rob		Title_Directo	or of Tax	Company Official_	Delica:	Motolany				
	(Printed)					gned)				

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



Desire_09/10/14				Reporting Mondo Aug	just 20)14
		Car	rier Information			
Company Name	New Par					
Company Address	New Par		3100 (Cumberland Boulevard, S	uite 700 At	lanta GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956-0700				
Vendor Number	311331821					
	Programment and the contract of the contract o					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
The second secon		Month	ly Access Line D	ata		
I. Total Access	Lines in Service	* > * * * * * * * * * * * * * * * * * *		F.**		
2. Surcharge Per	r Access Line		*************		0.08	
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4. Number of A	ccess Lines Receiv	ing Lifeline Supp	ort	4 * *	0	_
5. Amount of R	eimbursement Req	uested from Kent	ucky USF	>> p.e	0.00	
		8	Signature Block			
				e best of my knowledge.	DASA	Motolan
Company Official Rot	(Printed)	Title Direct	or of Tax	Company Official_		gned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MUDD

Send a copy of this report to:



10/09/14				Reporting Month Ser	stember 2014		
		Carrie	y Information				
Сотпрану Мате	New Par						
	New Par						
Company Address			3100 Cu	ımberland Boulevard. S	uite 700 Atlanta, GA 30339		
Telephone / Fax (770) 240-8748 / (770) 956-0700							
Vendor Number		770) 930-0700					
	311331821						
Classification Please Circle One	ILEC	CLEC	Celhiar	PCS			
		Monthly	Access Line Dat	á			
Total Access	Lines in Service		*****	ŧ			
2. Surcharge Per	r Access Line			**	80.0		
3. Amount of St	urcharge Remitted to	o Kemucky USF	******	**			
4. Number of A	ecess Lines Receivi	ing Lifeline Suppor	L	**	0		
5. Amount of R	eimbursement Requ	ested from Kentuc	ky USF	••	0.00		
		Sig	nature Block				
I hereby artest that the	information reporte	ed herein is true and	accurate to the	best of my knowledge.			
Company Official Rob		Title Director	of Tax	Company Official_	Down Motoral		
	(Printed)				(Signed)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIPID

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 10/09/2014 08:50:53 TPOWELL



Dase 11/12/14 Reporting Month October 2014						014
		Сал	ier Information			
Сотпрану Мате	New Par					
	New Par					
Company Address			3100	Cumberland Boulevard, S	uite 700 At	tlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700				
Vendor Number		770) 530-0700				
	311331821					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Monthl	Access Line D	Pata		
I. Total Access	Lines in Service			****		
2. Surcharge Pe	r Access Line			7.7.7.panasasasasasasasasasasasasasasasasasasa	0.08	<u>-</u>
3. Amount of St	urcharge Remitted 1	o Kennicky USF.				
4. Number of A	ccess Lines Receivi	ing Lifeline Suppo	n		0	<u> </u>
5. Amount of R	eimbursement Requ	iested from Kentu	cky USF	****	0.00	1
		Si	gnature Block			
I hereby attest that the	information reporte	ed herein is true ar	nd accurate to th	e best of my knowledge.		
Company Official Rob	ert Mutzenback	TitleDirecto	r of Tax	Company Official_	DUST	Motolan
4	(Printed)				(Si	gned)

Make check payable to: "Kentucky-State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



31C 12/09/14				Reporting Month November 2014	
		C	arrier Information		
Сотпрану Name	New Par				
Company Address	New Par				· · · · · · · · · · · · · · · · · · ·
			3100	Cumberland Boulevard, Suite 700 Atlanta, GA	30339
Telephone / Fax		/ (770) 956-0700			
Vendor Number	311331821				
Classification					
Please Circle One	ILEC	CLEC	Celhular	PCS	
		Mon	thly Access Line D	ata	
Total Acces	Lines in Service				
_					
3. Amount of	Surcharge Remitt	ed to Kentucky US	SF		
4. Number of	Access Lines Rec	civing Lifeline Sup	pport	0_	
5. Amount of l	Reimbursement R	0.00			
			Signature Block		
I hereby aftest that th	e information rep	ported herein is true	e and accurate to th	e best of my knowledge.	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Company Official Robert Mutzenback

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Title Director of Tax

AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:

Company Official

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

(Signed)



祖紀 01/10/15				Reporting Morab December 2014			
		C'an	rier Information				
	T		Yel altolization				
Company Name	New Par						
Company Address	New Par						
3100 Cumberland Boulevard, Suite 700 Atlanta, GA 303							
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700					
Vendor Number	Vendor Number 311331821						
	1						
ر فرود د فوخ	Minutes						
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Month	y Access Line Da	uta			
Total Access	Lines in Service		•••••••••			<u> </u>	
					0.08	_	
Surcharge Pe	r Access Line			5 f Pg.	0.00	-	
3 Amount of St	urcharge Remitted to	Kennucky USF.		***			
4. Number of A	ccess Lines Receivi	ng Lifeline Suppo	οπ	A 1 0	0	_	
				***	0.00		
7,200,000	0 11710 000 Out 11 mail 1 1 4 mail	doing tilli theile	, , , , , , , , , , , , , , , , , , ,	, , ,	0.00	anno e	
		Si	ignature Block	THE			
I hereby attest that the	information reports	d herein is true a	nd accurate to the	best of my knowledge.	=2. ii		
Company Official Rol	pert Mutzenback	TitleDirecto	or of Tax	Company Official_	Politi	Motolina	
	(Printed)	***************************************		with the second	(Sig	gned)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



02/10/15				Reporting Month Jan	nuary 20	015	
		C	arrier Information				
Company Name	New Par						
Company Address	New Par		U.				
3100 Cumberland Boulevard, Suite 700 Atlanta, GA							
-	(770) 240-8748 /	(770) 956-0700	· · · · · · · · · · · · · · · · · · ·				
Vendor Number 311331821							
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			

		Mont	hly Access Line D	ata			
Total Access	Lines in Service.	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
2. Surcharge Pe	r Access Linc			¥***	0.08	3	
3. Amount of Si	urcharge Remitted	i to Kentucky US	F	• • • •			
		50 E E		••••)	
		-	_				
5. Amount of R	eimpursemeni Ke	quesieu mom Ken	mcky USF	F D = 0	0.00)	
574 11 12 22		A FA				<u> </u>	
			Signature Block				
I hereby attest that the	information repo	rted herein is truc	and accurate to th	e best of my knowledge.			
Company Official Rol		Title Direc	ctor of Tax	Company Official_		Motolady	
	(Printed)				(Si	gned)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MAND

Send a copy of this report to:



03/10/15				Reporting Month Feb	oruary 201	5
					-	
		Ca	urier Information			
Сопрану Мани	New Par					
Company Address	New Par					
Telephone / Far	5		3100	Cumberland Boulevard, S	Suite 700 Atla	anta, GA 30339
Vendor Numbe	(770) 240-8748 / (770) 956-0700 Vendor Number					
	311331821					
Classification				-		
Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mont	hly Access Line D	ata 		
1. Total Acces	ss Lines in Service	. 1 • • • • • • • • • • • • • • • • • •	*******	•••		
2. Surcharge l	Per Access Line			555°	0.08	
3. Amount of	Surcharge Remitted 1	o Kentucky USI	P	••••		
4. Number of	Access Lines Receive	ing Lifeline Sup	port	****	0	
5. Amount of	Reimbursement Requ	tested from Ken	tucky USF	>> =	0.00	
			<u> </u>			
			Signature Block	ST 50 000 10 10 10 10 10 10 10 10 10 10 10 1		
I hereby attest that t	ne information report	ed herein is true	and accurate to th	e best of my knowledge.		
Company Official R		Title Direc	tor of Tax	Company Official_		Motorany
	(Printed)				(Sign	ned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIP/D

Send a copy of this report to:



asc_04/09/15				Reporting Mondo Mar	rch 2015	
		Ca	arrier Information			
Company Name	New Par					
Company reame	New Par					
Company Address			3100 (Cumberland Boulevard, S.	uite 700 Atlanta, GA 30339	
Telephone / Fax	Telephone / Fax					
Vendor Number	Vendor Number 311331821					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mont	hly Access Line D	<u>a</u> ta		
Total Access	Lines in Service			· · · ·		
2. Surcharge Pe	π Access Line			9,8 6 6	0.08	
3. Amount of S	urcharge Remitted 1	o Kentucky USI	F	**.**		
4. Number of A	ccess Lines Receiv	ing Lifeline Sup	port	****	0	
5. Amount of R	teimbursement Requ	sested from Ken	tucky USF	>> 4a	0.00	
	-144					
190aaaaa 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000 0,000	PARTECO AND A PA		Signature Block			
I hereby attest that the	information report	ed herein is true	and accurate to th	e best of my knowledge.		
Company Official Ro		Title Direc	ctor of Tax	Company Official_	Dobat Motology	
	(Printed)				(Signed)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



四年 05/09/15				Reporting Month_	April	2015
		Car	mier Information			
Company Name	New Par					
Company Address	New Par					
			3100	Cumberland Boulevar	d, Suite 70	0 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700				
Vendor Number	311331821					
Classification Please Circle One	ILEC	CLEC	Celhular	PCS		
		Month	ly Access Line D	ata		
1. Total Access 1	Lines in Service			****		
2. Surcharge Per	Access Line			* * * * * * * * * * * * * * * * * * * *		0.08
3. Amount of Su	urcharge Remitted to	Kennucky USF		• • • •		
4. Number of Ac	ecess Lines Receivi	ng Lifeline Supp	oort	****		0
5. Amount of Re	imbursement Requ	ested from Kent	ucky USF			0.00
		<u></u>				
700000000000000000000000000000000000000		S	Signature Block			
I hereby attest that the	information reporte	d herein is true a	and accurate to the	e best of my knowled	lge.	
Company Official Rob	ert Mutzenback	TitleDirect	or of Tax	Company Offic	ial Del	at Material
	(Printed)				- Inner order order	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



06/09/15				Reporting Month Ma	iy 20)15
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Car	rrier Information			
Company Name	New Par					
Company Address	New Par					
Telephone / Fax	(770) 240 9749 1 (770\ 050 0700	3100	Cumberland Boulevard, S	Suite 700 A	tlanta, GA 30339
Vendor Number 311331821						
	<u> </u>					
Classification Please Circle One	ILEC	CLEC	Celhular	PCS		
		Month	ıly Access Line D	Pata		
1. Total Access	Lines in Service	,		• • • •		.
2. Surcharge Pe	r Access Line		************	****	0.08	3
3. Amount of S	urcharge Remitted to	o Kentucky USF				
4. Number of A	ccess Lines Receivi	ing Lifeline Supp	ort		()
5. Amount of R	teimbursement Requ	ested from Kent	ucky USF	******	0.00)
					100	
	vernerskreeresrrrreaseresurvaunskille.		Signature Block			
I hereby attest that the	information reporte	ed herein is true	and accurate to th	e best of my knowledge.		
Company Official Ro	bert Mutzenback (Printed)	Title Direct	tor of Tax	Company Official		gned)
	(Filmed)				(5)	Buen)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MITTO

Send a copy of this report to:



65元 07/11/15				Reporting Month Jun	ne 20)15
		A convers	ier Information			
	,	(A)	ich athroasussion			
Company Name	New Par					
Company Address	New Par		0400.0			
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700	3100 C	Sumberland Boulevard, S	uite 700 At	lianta, GA 30339
Vendor Number 311331821						
Classification Please Circle One	ILEC	CLEC	Celhular	PCS		
300-700-0-1-1						
		Monthl	y Access Line Da	ita		
Total Access	Lines in Service		***********	***		
2. Surcharge Pe	T Access Line			? / f	0.08	1_
3. Amount of Si	urcharge Remitted to	Kentucky USF.		***		i.
4. Number of A	ccess Lines Receiving	ng Lifeline Suppo	ort	* * *	0	
5. Amount of R	eimbursement Requ	ested from Kentu	icky USF	Þ **	0.00	<u>) </u>
		S	ignature Block		MARKET LA TA	
I hereby attest that the	information reporte	d herein is true a	nd accurate to the	best of my knowledge.		
Company Official Rol		TitleDirecto	or of Tax	Company Official_	Dust:	Motolan
	(Printed)				(Si	gned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



福妮_08/11/15				Reporting Mondo July	y 20)15		
		Cani	ier Information					
Company Name	New Par							
	New Par							
Company Address			3100 C	umberland Boulevard, S	uite 700 At	tlanta. GA 30339		
Telephone / Fax								
Vendor Number		770) 930-0700						
	311331821							
			î					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		***************************************		
		Monthly	Access Line Da	ta				
Total Access	Lines in Service	1		* *		1		
2. Surcharge Per	r Access Line			* * * * * * * * * * * * * * * * * * *	0.08	<u>1</u>		
3. Amount of St	urcharge Remitted to	Kentucky USF	*************	***	_			
4. Number of A	ecess Lines Receivi	ng Lifeline Suppo	rt	•••	0	<u></u>		
5. Amount of R	eimbursement Requ	ested from Kentuc	ky USF	P **	0.00	1		
	***************************************	Sig	gnature Block			***************************************		
I hereby attest that the	information reporte	d herein is true an	d accurate to the	best of my knowledge.				
Company Official Rob	pert Mutzenback	TitleDirector	r of Tax	Company Official_	DUCT	Motolan		
	(Printed)				(Si	gned)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIND

Send a copy of this report to:



記録と 09/10/15				Reporting Month_/	August 2	015
		Car	rier Information			
Company Name	New Par	· · · · · · · · · · · · · · · · · · ·				
Company Address	New Par					
3100 Cumberland Boulevard, Suite 700 A						tlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700				
Vendor Number	311331821					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
		Month	ly Access Line D	ata		
I. Total Access	Lines in Service	100000000000000000000000000000000000000		> • •		
2. Surcharge Pe	r Access Line			* * * *	0.08	<u>.</u>
3. Amount of Si	archarge Remitted to	o Kennucky USF.		• • • •		
4. Number of A	ccess Lines Receivi	ng Lifeline Supp	ort	*4.1.*	0)
5. Amount of R	eimbursement Requ	ested from Kenti	icky USF	**!*	0.00)
		S	ignature Block			
I hereby attest that the	information reporte	d herein is true a	nd accurate to the	e best of my knowledg		
Company Official Rot		TitleDirecto	or of Tax	Company Officia	1265	Motolany
	(Printed)				(Si	gned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIND

Send a copy of this report to:



部位 10/12/15				Reporting Month Ser	tember 2015
		Cam	er Information		
Company Name	New Par				
Company Address	New Par				
			3100 Cu	ımberland Boulevard, S	Suite 700 Atlanta, GA 30339
Telephone / Fax (770) 240-8748 / (770) 956-0700					
Vendor Number	Vendor Number				
	311331821				· · · · · · · · · · · · · · · · · · ·
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
	N				
	777	Monthly	Access Line Dat	a	
1. Total Access	Lines in Service			7	
2. Surcharge Pe	r Access Line	** *** * * * * * * * * * * * * * * * * *	******	***	0.08
3. Amount of S	urcharge Remitted t	o Kentucky USF		• •	
4. Number of A	ccess Lines Receivi	ing Lifeline Suppor	ī		0
					0.00
5. Allegan of R	embasemen requ	resign Hom Welling	ky USF	**	0.00
ATTENTION TO SECULD ASSOCIATION OF THE SECUL		Sig	nature Block		
I hereby attest that the	information report	ed herein is true an	d accurate to the	best of my knowledge.	
Company Official Rol	bert Mutzenback	TitleDirector	of Tax	Company Official	Down Motoral
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



11/10/15	· · · · · · · · · · · · · · · · · · ·			Reporting Month Oc	tober 20)15
p		Ca	arrier Information			
Company Name	New Par					· · · · · · · · · · · · · · · · · · ·
Company Address	New Par					
Telephone / Fax			3100	Cumberland Boulevard,	Suite 700 A	ianta, GA 30339
Vendor Number	(770) 240-8748 / ((770) 956-0700				
	1011001021					
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	<u></u>	
		Mont	hly Access Line D)ata		·
Total Access	Lines in Service			,,,,		
2. Surcharge Pe	r Access Linc			58 f *s.	0.08	3_
3. Amount of S	urcharge Remitted	to Kentucky US	F			ļ
4. Number of A	ccess Lines Receiv	ing Lifeline Sup	port	***(*		<u></u>
5. Amount of R	teimbursement Requ	uested from Ker	itucky USF	***	0.00)
	resmoereameneemeatametamuummeatamet		Signature Block			'\\.
I hereby attest that the	information report	ed herein is truc	and accurate to the	ne best of my knowledge		
Company Official Ro	bert Mutzenback (Printed)	Title Direc	ctor of Tax	Company Official		gned)
	(r rmien)				(3)	Ruca)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 11/10/2015 16:26:26 TPOWELL



12/09/15				Reporting Month_	November 2015			
		Ca	mier Information					
Company Name	New Par							
Company Address	New Par							
3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339								
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700						
Vendor Number	311331821							
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS				
		Month	lly Access Line D	ata				
Total Access	Lines in Service) = \$ 1/2 x 4 + \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		***				
2. Surcharge Pe	er Access Line	• • • • • • • • • • • • • • • • • • • •		* 1 * * <u></u>	0.08			
3. Amount of S	urcharge Remitted to	Kentucky USF		• 1.4•				
4. Number of A	ccess Lines Receivi	ng Lifeline Supp	oort	*4 * *	0			
5. Amount of R	eimburşement Requ	ested from Kent	ucky USF	> > ««	0.00			
	WARREST TO ART TO THE PERSON OF THE PERSON O	5	Signature Block					
I hereby attest that the	information reporte	d herein is true	and accurate to the	e best of my knowledg	ge.			
Company Official Rol	bert Mutzenback	TitleDirect	tor of Tax	Company Officia	Doct Motoling			
	(Printed)			Ounpaing Office	(Signed)			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



01/12/16				Reporting Month Dec	cember 2015
		5**	arrier Information		
		*Ce	CALLER AMOUNTAININ		
Company Name	New Par				
Company Address	New Par		0400		
Telephone / Fax	(770) 240-8748	(770) 956-0700	3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
Vendor Number	311331821				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
			and whether the trace		
		Mont	hly Access Line D	ata	
Total Access	Lines in Service.			P + 7	
2. Surcharge Pe	r Access Line	****************	• • • • • • • • • • • • • • • • • • • •	97.1	0.08
3. Amount of Si	archarge Remitted	i to Kemucky USI	F	••••	
4. Number of A	ccess Lines Recei	iving Lifeline Sup	port	***	0
5. Amount of R	eimbursement Re	quested from Ken	tucky USF	****	0.00
			Signature Block		
I hereby attest that the	information repo	rted herein is true	and accurate to th	e best of my knowledge.	
Company Official Rol	pert Mutzenback (Printed)	Title_Direc	tor of Tax	Company Official_	(Signed)
	(* imien)				(Bigueu)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



02/10/16				Reporting Month_Jar	nuary 2016	
		r.	arrier Information			
			CANAL SIR OF MARIEN			
Company Name	New Par					
Company Address	New Par					
Tolombana / Ton			1050	Crown Pointe Parkway, S	TE 1500 Atlanta, GA 30338	
Telephone / Fax	(770) 240-8748 /	(770) 956-0700				
Vendor Number	Vendor Number 311331821					
		·				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mont	bly Access Line I)ata		
I. Total Access	Lines in Service		,	FP+1		
2. Surcharge Pe	r Access Line			*** * * * * * * * * * * * * * * * * * *	0.08	
3. Amount of S	urcharge Remitted	to Kentucky US	F	****		
4. Number of A	ccess Lines Receiv	ing Lifeline Sup	port	****	0	
5. Amount of R	eimbursement Req	uested from Ken	itucky ÚSF	***	0.00	
		Pullur Parantina de la Paranti	Signature Block			
I hereby attest that the	information repor	ted herein is true	and accurate to the	ne best of my knowledge.		
Company Official Rol	bert Mutzenback	TitleDirec	ctor of Tax	Company Official_	Dobt Motology	
A 7	(Printed)			annih annih annih	(Signed)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



03/10/16				Reporting Momb_	ebruary 2016
10 to		Car	rier Information		
Согорану Мате	New Par				
Company Address	inew Par		1050 (Crown Pointe Parkway	STE 1500 Atlanta, GA 30338
Telephone / Fax	(770) 240-8748 / (770) 956-0700			
Vendor Number	311331821				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Month	ly Access Line D	ata	
Total Access	Lines in Sérvice			•••	
2. Surcharge Pe	T Access Line		10 · Žita 10 · te · · · · · · · · · · · · · · · ·	***	0.08
3. Amount of Si	urcharge Remitted to F	Lentucky USF.	,	****	
4. Number of A	ccess Lines Receiving	Lifeline Supp	ort	*41*	0
5. Amount of R	eimbursement Reques	ted from Kent	icky USF	****	0.00
		s	ignature Block		
I hereby attest that the	information reported	herein is true a	ind accurate to the	e best of my knowledg	
Company Official Rol	pert Mutzenback (Printed)	TitlcDirecto	or of Tax	Company Officia	(Signed)
Mala abada a	11	7		6 1	f.a.

Make check payable to: "Kentucky State Treasurer" and send with this report to:

02/40/46

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 03/10/2016 20:33:38 ALICIAJAMES Revised 02-15-2016



ate_ 04/12/16				Repor	ting Mondo Ma	ırch	2016
	7.1011	Car	rier Information				
Company Name	New Par						
Company Address	New Par		1050 C	Crown P	ointe Parkway, S	TE 1500	Atlanta, GA 30338
Telephone / Fax	(770) 240-8748 / (770) 956-0700					
Vendor Number	311331821						
Classification Please Circle One	ILEC (CLEC	Celhilar	PC	3		
		Month	ly Access Line Da	ata			
1. Total Access	Lines in Service	*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
2. Surcharge Pe	r Access Line			+ • • • • • • • • • • • • • • • • • • •			0.14
3. Amount of S	urcharge Remitted to K	entucky USF.		- * *, *			
4. Number of A	ccess Lines Receiving	Lifeline Supp	ort	****			0
5. Amount of R	eimbursement Request	ed from Kenti	ucky USF				0.00
		\$	ignature Block				
	information reported h	erein is true a	and accurate to the	e best of	my knowledge		-A
Company Official Rol	(Printed)	Title Direct	or of Tax	Co	mpany Official	1206	(Signed)
Make check paya	ble to: "Kentucky	1		S	end a copy of	f this re	eport to:

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 04/12/2016 11:52:31 CGAUDIOSO Revised 02-15-2016

EXHIBIT 4



			Carrie	r information				
Company Name	Rural Cellular Cor	poration.						
Company Address	Rural Cellular Con	poration.		<u> </u>				
• •				3100 C	umberland Boulevard, S	uite 700 A	ianta, GA 30339	
Telephone / Fax (770) 240-8748 / (770) 956-0700							5 (27)	
Vendor Number	411693295							
Classification Please Circle One	ILEC	CLFC		Celluier	PCS			
		- 21.						
		Mo	nthly	Access Line Da	ita			
1. Total Access	Lines in Service	***********			* * *			
2. Surcharge Pe	r Access Linc				· · ·	0.08		
3. Amount of Si	ircharge Remitted	to Kenucky U	JSF		*			
4. Number of A	ccess Lines Receiv	ing Lifeline S	uppon		•••	0		
5. Amount of R	eimbursement Rea	uested from K	entuel	cv USF	•••	0.00		
	•						_	
and the latest and th			Sign	nature Block				
I hereby attest that the	information report	ed herein is to	ue and	accurate to the	best of my knowledge.			
		W				245	Motolary	
Company Official Rob	(Printed)	Tid : Dir	ector	of Tax	Company Official_		- Losson	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTURITY EMPLOYER MALD

Send a copy of this report to:

Kentucky Public Service Commission ATT'N: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 02/11/2014 09:17:12 TTDAVIS



Distan	03/12/14			Reporting Month	February

		C	arrier Information	l				
Соторану Маш	e Rural Cellular	Corporation.						
	Rural Cellular	Corporation.						
Company Addres	S		3100	Cumberland Bou	levard, Suite 700 Atlanta, GA	30339		
Telephone / Fa								
Vendor Numbe	_ 	. (,						
Classification Please Circle One	ILEC	CLEC	Celfular	PCS		•		
		Mon	thly Access Line I	Data				
I. Total Acce	ss Lines in Servic	Q-2		FF+ F				
2. Surcharge	Per Access Line		0 # # 11 0 # # # # # # # # # \$ 11 0 0 0 0	*****	0.08			
 Amount of 	Surcharge Remit	ted to Kentucky US	F					
4. Number of	Access Lines Red	eciving Lifeline Su	White		0			
5. Amount of	Reimbursement I	Requested from Ker	ntucky USF	*****	0.00			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Company Official Robert Mutzenback

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Title Director of Tax

AN EQUAL OPPORTUNITY EMPLOYER MIP D

Send a copy of this report to:

Company Official

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

(Signed)



ask_ 04/09/14				Reporting Month Ma	rch 20	014	
		C	arrier Information	74 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -	<u> </u>		
Company Name	Rural Cellular Cor	poration.					
	Rural Cellular Cor	poration.					
Company Address			3100	Cumberland Boulevard, S	Suite 700 A	tlanta, GA 30339	
Telephone / Fax							
Vendor Number	411693295						
Classification Please Circle One	ILEC	CLEC	Celhular	PCS			
		Moni	thly Access Line I) <u>ata</u>			
I. Total Access	Lines in Service			(dee)			
2. Surcharge Pe	r Access Line			*****	0.08	3	
3. Amount of Si	urcharge Remitted	to Kentucky US	F			I .	
4. Number of A	ccess Lines Receiv	ring Lifeline Sup	port	****)	
5. Amount of R	eimbursement Req	••>••	0.00)			
			Signature Block				
I hereby artest that the	information repor	ted herein is true	and accurate to the	ne best of my knowledge.			
Company Official Rol		Title Direc	ctor of Tax	Company Official_	Bust	Motolany	
	(Printed)				(Si	ened)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTIMITY EMPLOYER M/P/D

Send a copy of this report to:



atc_05/09/14				Reporting Monto Apr	ril 2014		
	······	€	arrier Information				
Carren m. Riama	Rural Cellular C						
Company Name	Rural Cellular C						
Company Address			3100	Cumberland Boulevard S	uite 700 Atlanta, GA 30339		
Telephone / Fax	(770) 240-8748	/ (770) 956-0700	3100	Cumberianu Boulevaru, 3	unte 700 Atlanta, GA 30339		
Vendor Number	411693295	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	- K						
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS			
		Mon	thly Access Line I	Data			
1. Total Access	Lines in Service		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Surcharge Per	er Access Line			****	0.08		
3. Amount of S	urcharge Remitt	ed to Kentucky US	SF	****			
4. Number of A	Accèss Lines Rec	civing Lifeline Sup	рроп	*****	0		
5. Amount of R	Reimbursement R	••••	0.00				
			Signature Block				
I hereby attest that the	e information rep	orted herein is true	e and accurate to t	ne best of my knowledge.			
Company Official Ro		TitleDire	ctor of Tax	Company Official_	But Motolour		
	(Printed)				(Signed)		

Make check payable to: "Kentucky-State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



Jase_ 06/10/14				Reporting Mondo Ma	y 20	014				
	· · · · · · · · · · · · · · · · · · ·	Ca	arrier Information							
Соправу Маше	Rural Cellular Corp	oration.								
	Rural Cellular Corporation.									
Company Address	Section 1		3100	Cumberland Boulevard, \$	Suite 700 A	tlanta, GA 30339				
Telephone / Fax	(770) 240-8748 / (770) 956-0700				<u> </u>				
Vendor Number 411693295										
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS						
L										
		h.d., at	hl. 4 1 7	N=4.5						
		NIORE	hly Access Line I	J2(8						
1. Total Access	Lines in Service			1945		I				
2. Surcharge Pe	rr Access Line			****	0.08	<u>}</u>				
3. Amount of S	urcharge Remitted to	o Kentucky US	F							
4. Number of A	ccess Lines Receivi	ing Lifeline Sup	роп	S)				
5. Amount of R	teimbursement Requ	sested from Ken	ntucky USF	****	0.00)				
		10,000		3 5 2						
			Signature Block			\$PASS Palarya				
I hereby attest that the	information reporte	ed herein is true	and accurate to the	e best of my knowledge.						
Company Official Ro	bert Mutzenback	TitleDirec	ctor of Tax	Company Official	Ports ?	Motolous				
	(Printed)			and the same of th	(Si	gned)				

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



07/09/14				Reporting Month June 2014				
		C	arrier Information					
Company Name	Rural Cellular C	Corporation.						
	Rural Cellular C	Corporation.						
Company Address		3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339						
Telephone / Fax	(770) 240-8748	/ (770) 956-0700						
Vendor Number	411693295							
Classification Please Circle One	ILEC	CLEC	Cellular	PCS				
	1330	Top and the	W, #154144	4 50				
	***************************************	Masi	hly Access Line C					
			and a series of	7 40 454				
I. Total Access	Lines in Service		*********	····				
2. Surcharge Pe	er Access Line							
3. Amount of S	Surcharge Remits	ed to Kentucky US	F					
4. Number of A	Access Lines Rec	civing Lifeline Sur	port	0				
5. Amount of F	Reimbursement R	equested from Ker	itucky USF	0.00				
			Signature Block					
I hereby attest that the	e information rer	orted herein is true		ne best of my knowledge.				

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Company Official Robert Mutzenback

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Title Director of Tax

AN EQUAL OPPORTUNITY EMPLOYER MIP D

Send a copy of this report to:

Company Official

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

(Signed)



68年 08/08/14				Reporting Month July	y 2014
		Ca	rier Information		
Сотралу Мате	Rural Cellular Corp	oration.			
Company Address	Rural Cellular Corp	oration.			
			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700			
Vendor Number	411693295				
Classification	21 70		C. Pt. I	n.or	
Please Circle One	ILEC	CLEC	Cellular	PCS	
		Month	aly Access Line D	ata	
 Total Access 	Lines in Service		*******	****	
2. Surcharge Pe	r Access Line		************	T 7 F 7 9	0.08
3. Amount of S	urcharge Remitted to	o Kentucky USF		• • • •	46.
4. Number of A	ccess Lines Receivi	ng Lifeline Supp	port	••••	0
5. Amount of R	teimbursement Requ	ested from Kent	hicky USF	· · · · · · · · · · · · · · · · · · ·	0.00
					=
			Signature Block		
I hereby attest that the	information reports	ed herein is true	and accurate to th	e best of my knowledge.	
Company Official Ro	bert Mutzenback	TitleDirec	tor of Tax	Company Official_	Dut Material
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:



09/10/14				Reporting Monah Au	gust 2	014
		C	arrier Information			
Company Name	Rural Cellular C	orporation.				
Comment & diverse	Rural Cellular C	orporation.				
Company Address			3100	Cumberland Boulevard, 9	Suite 700 A	tlanta, GA 30339
Telephone / Fax	(770) 240, 9749	/ (770) 956-0700				
Vendor Number	(110) 240-0140	7 (770) 956-0700				
	411693295					
Classification						
Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mon	thly Access Line C	Data		
I. Total Access	Lines in Service	*****************		* > * *		
Surcharge Pe	er Access Line			79,1 67	0.0	8
3. Amount of S	inrcharge Remitte	d to Kennicky HS	F			
		,				
4. Number of A	Access Lines Rec	civing Lifeline Sup	mport	0.04 + 1.		0
5. Amount of F	Reimbursement R	equested from Ker	ntucky USF	***	0.0	0
			Signature Block	50A651-P		
I hereby attest that the	e information rep	orted herein is true	and accurate to the	ne best of my knowledge		
Company Official Ro	bert Mutzenback	TistaDire	ctor of Tax	Company Official	1265	Motolan
Company Official	(Printed)	11110		Company Official		igned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIP/D

Send a copy of this report to:



10/09/14				Reporting Month Se	ptember 2014			
		Ca	urier Information					
Company Name	Rural Cellular C	orporation.						
Company Address	Rural Cellular C	orporation.						
	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 3033							
Telephone / Fax	(770) 240-8748	/ (770) 956-0700						
Vendor Number	411693295							
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS				
		Mant	bly Access Line D	- Inde				
		ivioni	my Access Line D	20				
I. Total Access	Lines in Service	ကြည်း ကေသကြားသို့ ရှိသည်။ အသိသက် မေရှိသည်။ သည်။ ကေသကြားသို့ ရှိသည်။ အသိသက် မေရှိသည်။		****				
2. Surcharge Pe	T Access Linc			****	0.08			
3. Amount of S	urcharge Remitte	ed to Kentucky USI	F					
4. Number of A	ccess Lines Reco	iving Lifeline Sup	port	••••	0			
5. Amount of R	eimbursement R	equested from Ken	tucky USF	> > 6 0	0.00			
			Signature Block		***************************************			
I hereby attest that the	information rep	orted herein is true	and accurate to th	e best of my knowledge				
Company Official Rol		TitleDirec		Company Official	Dut Motulan			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

(Signed)



RISE_ 11/12/14				Reporting Month Oc	tober 2014
		C	arrier Information		
Company Name	Rural Cellular Corp	oration.			
Company Address	Rural Cellular Corp	oration.			
			3100	Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700			
Vendor Number	411693295				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	Mill A market Advantage and the second secon
		Moni	thly Access Line I	Pàta	
I. Total Access	Lines in Service			****	
	r Access Line				0.08
3. Amount of S	archarge Remitted t	o Kemucky US	F	****	
4. Number of A	ccèss Lines Receivi	ing Lifeline Sup	vport	0 4 + 1	0
5. Amount of R	eimbursement Requ	sested from Ker	ntucky USF	****	0.00
					<u> </u>
			Signature Block		
I hereby attest that the	information reporte	ed herein is truc	and accurate to the	e best of my knowledge.	
Company Official Rol	pert Mutzenback	TitleDire	ctor of Tax	Company Official	Delica Motoral
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



12/09/14				Reporting Month November 2014		
	***************************************	C	arrier Information			
Company Name	Rural Cellular (Corporation.				
Company Address	Rurai Cellular (orporation.				
Telephone / Fax	(770) 240 9749	/ (770) 956-0700	3100	Cumberland Boulevard, Suite 700 Atlanta, GA 30339		
Vendor Number	411693295	7 (770) 950-0700				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mon	thly Access Line D	Oata .		
I. Total Access	Lines in Service	******	>,			
				0.08		
3. Amount of S	Amount of Surcharge Remitted to Kentucky USF.					
4. Number of A	Number of Access Lines Receiving Lifeline Support					
5. Amount of F	Reimbursement R	equested from Ke	ntucky USF	0.00		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Company Official Robert Mutzenback

(Printed)

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Title Director of Tax

AN EQUAL OPPORTUNITY EMPLOYER MIDD

Send a copy of this report to:

Company Official

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd, P.O. Box 615 Frankfort, KY 40602

(Signed)



ate_ 01/10/15				Reporting Mondo December 2014			
		C	arrier Information				
Company Name	Rural Cellular Co	rporation.					
Rural Cellular Corporation. Company Address							
3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30 Telephone / Fax							
-	(770) 240-8748 / (770) 956-0700						
Vendor Number	411693295						
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Mont	hly Access Line D	ata			
Total Access	Lines in Service.		,				
					0.08		
			F		and the state of t		
			port		0		
5. Amount of R	eimbursement Re	quested from Ken	itucky USF	F F 10	0.00		
			Signature Block	***************************************			
I hereby attest that the	information repo	rted herein is true	and accurate to the	e best of my knowledge.			
Company Official Rol		TitleDirec	ctor of Tax	Company Official_	Dated Motoral		
	(Printed)				(Signed)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MAPAD

Send a copy of this report to:



ate_02/10/15			Reporting Month January 2015				
		C	arrier Information				
Сотролу Мате	Rural Cellular C	orporation.					
Company Address	Rural Cellular C	orporation.					
			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339		
Telephone / Fax	(770) 240-8748	/ (770) 956-0700					
Vendor Number	411693295						
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
These Circle Oil	11.100	CEBC	Centular	103			
	1						
		Mont	thly Access Line D	Data			
Total Access	Lines in Service	***************************************		****			
2. Surcharge Pe	r Access Line			* * * * *	0.08		
3. Amount of S	nrcharge Remits	d to Kennicky HS	II				
4. Number of A	ccess Lines Reco	aving Lifeline Sup	port	1 0 4 > 0	0		
5. Amount of R	eimbursement R	equested from Ken	itucky USF	*** ;	0.00		
			Signature Block				
I hereby attest that the	information rep	orted herein is true	and accurate to the	e best of my knowledge.			
Company Official Rol	bert Mutzenback	TitleDirec	ctor of Tax	Company Official	Blot Motoland		
2 4 100000	(Printed)				(Signed)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



		€0	arrier Information			
Company Name	Rural Cellular Co	rporation.				
	Rural Cellular Co	rporation.				
Company Address						
Telephone / Fax			3100	Cumberland Bouleva	rd, Suite 700	Atlanta, GA 3033
reichnous / Lev	(770) 240-8748 /	(770) 956-0700				
Vendor Number	411693295					

	Monthly Access Line Data	
1.	Total Access Lines in Service	
2.	Surcharge Per Access Linc.	0.08
3.	Amount of Surcharge Remitted to Kentucky USF	
ŧ.	Number of Access Lines Receiving Lifeline Support	0
5.	Amount of Reimbursement Requested from Kentucky USF	0.00

	Signature Block			
I hereby attest that the information reporte	d herein is true and accurate to	the best of my knowledge.		
Company Official Robert Mutzenback	Title Director of Tax	Company Official	Dobat Motology	
(Printed)		and the second s	(Signed)	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Dasc_ 03/10/15

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



04/09/15				Reporting Month Ma	rch 2015			
	***************************************	Ca	arrier Information					
Согарапу Name	Rural Cellular Cor	poration.						
Company Address	Rural Cellular Cor	poration.						
	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339							
Telephone / Fax (770) 240-8748 / (770) 956-0700								
Vendor Number	411693295							
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS				
		Mont	hly Access Line D	ata				
I. Total Access	Lines in Service			B 6 F				
2. Surcharge Pe	r Access Line	************	***********	***	0.08			
3. Amount of S	urcharge Remitted	to Kentucky USI	F					
				• • • •	0			
5. Amount of R	eimbursement Req	uesiea irom Ken	ELICKY USP	****	0.00			
			Signature Block					
I hereby attest that the	information repor	ted herein is true	and accurate to the	e best of my knowledge.				
Company Official Rol	pert Mutzenback	TitleDirec	ctor of Tax	Company Official_	Part M	Lulady		
	(Printed)				(Signe	ed)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



05/09/15				Reporting Month Apr	ril 20)15		
		Ca	orier Information					
Company Name	Rural Cellular Cor	poration.						
Company Address	Rural Cellular Corporation. Company Address							
Telephone / Fax	(770) 240,9749 /	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339 8748 / (770) 956-0700						
Vendor Number	411693295	(110) 930-0100						
		,						
Classification Please Circle One	ILEC	CLEC	Celhular	PCS		****		
			0.000					
		Month	nly Access Line D	âtâ				
I. Total Access	Lines in Service	*********		» » i				
2. Surcharge Per Access Line.						80.0		
3. Amount of S	urcharge Remitted	to Kennucky USF	·	• • • • •		ı		
4. Number of Access Lines Receiving Lifeline Support								
5. Amount of Reimbursement Requested from Kentucky USF						1		
Signature Block								
I hereby attest that the	information report	ed herein is true	and accurate to the	e best of my knowledge.				
Company Official Rol		TitleDirect	tor of Tax	Company Official_	But	Motolany		
(Printed) (Signed)						gned)		

Make theck payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



06/09/15				Reporting Monad Ma	y 20)15			
		Ca	rrier Information						
Company Name	Rural Cellular Corp	ooration.							
Company Address	Rural Cellular Corp	poration.							
Telephone / Fax	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339								
Vendor Number	(770) 240-8748 / (770) 956-0700								
	411693295								
Classification Please Circle One	ILEC	CLEC	Cellular	PCS					
	Na contraction of the contractio								
		Mont	hly Access Line D	Pata					
						-			
	Lines in Service					, p			
2. Surcharge Per Access Line. 0.08									
3. Amount of S	urcharge Remitted 1	to Kentucky USI	F	****		1.			
4. Number of Access Lines Receiving Lifeline Support									
5. Amount of Reimbursement Requested from Kentucky USF									
						- 1			
Signature Block									
I hereby attest that the	information report	ed herein is true	and accurate to th	e best of my knowledge.					
Company Official Rol		Title Direc	tor of Tax	Company Official_		Motoline			
(Printed) (Signed)									

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Send a copy of this report to:



atic_07/11/15				Reporting Month Jur	ne 2015
		C	arrier Information		
Company Name	Rural Cellular C	Corporation.			
Company Address	Rural Cellular C	Corporation.			
Telephone / Fax			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
Vendor Number	(770) 240-8748	/ (770) 956-0700			
	411693295				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Mon	thly Access Line C	Pata	
Total Access	Lines in Service				
2. Surcharge Pe	r Access Line			4374	0.08
3. Amount of S	urcharge Remitte	ed to Kentucky US	F	****	- CO
4. Number of A	ccèss Lines Rec	civing Lifeline Sup	port	****	0
5. Amount of R	teimbursement R	equested from Ker	ntucky USF	***	0.00
	PERFERENCE INC.		Signature Block		
I hereby attest that the	information rep	orted herein is truc	and accurate to the	e best of my knowledge.	
Company Official Ro		Title_Dire	ctor of Tax	Company Official_	Dobt Motoland
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



08/11/15				Reporting Month July	y 2015
***************************************		Ca	orier Information		
Сотралу Мате	Rural Cellular Corp	oration.			
Company Address	Rural Cellular Corp	oration.			
			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700			
Vendor Number	411693295				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Mark	No. Asses Alles C	N. A. S.	
		Mon	hly Access Line D	24	
I. Total Access	Lines in Service			1 P + 2	
2. Surcharge Pe	r Access Line			7.117	0.08
3. Amount of S	urcharge Remitted to	o Kemueky USI	F	****	4.
4. Number of A	ecess Lines Receivi	ng Lifeline Sup	port	****	0
5. Amount of R	eimbursement Requ	tested from Ken	tucky USF	****	0.00
		00 P P P B B B B P B B B B B B B B B B B	Signature Block		
I hereby attest that the	information reports	ed herein is true	and accurate to th	e best of my knowledge.	
Company Official Rol		TitleDirec		Company Official_	Dust Motoral
Company Official Act	(Printed)	IIIIC		Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MEDID

Send a copy of this report to:



15K 09/10/15				Reporting Month Au	gust 2015
		C	arrier Information		
Соторолу Name	Rural Cellular Co	orporation.			
Company stance	Rural Cellular Co				
Company Address		•			
Telephone / Fax			3100	Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
	(770) 240-8748 /	(770) 956-0700			
Vendor Number	411693295				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		4000		* > 4	
· · · · · · · · · · · · · · · · · · ·					
		Mon	thly Access Line I	Data 	
I. Total Access	Lines in Service.	····		****	
2. Surcharge Pe	r Access Line			****	0.08
3. Amount of S	urcharge Remitted	d to Kentucky US	F	S	
4. Number of A	ccess Lines Rece	iving Lifeline Su	pport		0
5. Amount of R	eimbursement Re	equested from Ker	ntucky USF	o>>>o=	0.00
			Signature Block		
I hereby attest that the	information repo	orted herein is true	and accurate to the	ne best of my knowledge.	
Company Official Rol	bert Mutzenback	TitleDire	ctor of Tax	Company Official_	Dut Motoran
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIP/D

Send a copy of this report to:



Reporting Month September 2015

II leasur	10/12/15	
TOURS OF		

		C	arrier Information		
Сотпрану Name	Rural Cellular Corp	oration.		·	
Company Address	Rurai Cellular Corp	oration.			
			3100 C	umberland Boulevard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (7	770) 956-0700			
Vendor Number	411693295				
Classification					
Please Circle One	ILEC	CLEC	Celhilar	PCS	
I. Total Access	Lines in Service) + + + + + + + + + + + + + + + + + + +		> • •	
2. Surcharge Pe	r Access Line			* * *	0.08
3. Amount of S	urcharge Remitted to	o Kemucky US	F	****	
4. Number of A	ccess Lines Receivi	ng Lifeline Sup	роп	* - *	0
5. Amount of R	eimbursement Requ	ested from Ker	itusky USF	> b b b	0.00
			Signature Block		
I hereby attest that the	information reporte	d herein is true	and accurate to the	e best of my knowledge.	
Company Official Rol		Title_Direc	ctor of Tax	Company Official_	Part Material
	(Printed)				(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Send a copy of this report to:



和 11/10/15				Reporting Monah Oct	tober 201	5
		C	arrier Information			
Сотрану Мате	Rural Ceilular C	Corporation.				
a confidency of famous	Rural Cellular C	orporation.				
Company Address			3100	Cumberland Boulevard, S	Suite 700 Atla	nta. GA 30339
Telephone / Fax	(770) 240-8748	/ (770) 956-0700				
Vendor Number	411693295	7 (1.10) 000 0100				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS		
		Mon	thly Access Line D	Patá		
Total Access	Lines in Service					
					0.08	
						
		Ť				
4. Number of A	locess Lines Rec	eiving Lifeline Su	рроп	0-4-1-2	0	
5. Amount of R	teimbursement R	equested from Ker	ntucky USF)	0.00	
		A				
			Signature Block			
I hereby attest that the	information rep	orted herein is truc	and accurate to the	e best of my knowledge.		
Company Official Ro	bert Mutzenback	TitleDire	ctor of Tax	Company Official_	Polisti 1	Motoral
	(Printed)				(Sign	red)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MIND

Send a copy of this report to:



85E 12/03/13				Kehouma Momp No	vember 2015
		C	arrier Information		
Сопорану Мате	Rural Cellular (Corporation.			
, ,	Rural Cellular (Corporation.			
Company Address			3100 (Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748	/ (770) 956-0700			
Vendor Number		7 (170) 550-6700			
	411693295				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Mont	hly Access Line D	ậta	
Total Access	Lines in Service	30 			
		*********			0.08
3. Amount of S	urcharge Remits	ed to Kentucky US	F		
				****	0
				>> ==	
			Signature Block		
I hereby attest that the	information rep	orted herein is true	and accurate to the	e best of my knowledge.	
Company Official Ro	bert Mutzenback	TitleDirec	ctor of Tax	Company Official_	Debit Motology
	(Printed)			The state of the s	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

12/00/15

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



明紀 01/12/16				Reporting Month Dec	cember 2015
			* 2 (*)		
		€ .	arrier Information		
Сотралу Мате	Rural Cellular C	orporation.			
Company Address	Rural Cellular C	orporation.			
Company Romess			3100	Cumberland Boulevard, S	Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748	/ (770) 956-0700			
Vendor Number	411693295				
Classification Please Circle One	ILEC	CLEC	Celhilar	PCS	alliid-weldlifeshid il in-riddi-we-broken
		Mon	thly Access Line I	Pata	
I. Total Access	Lines in Service	ရည်း နေသင်းသို့ မြို့နေရ သည်း မြော်သွေးနဲ့ မေလေးနဲ့			
2. Surcharge Pe	r Access Line		• • • • • • • • • • • • • • • • • • • •	***	0.08
3. Amount of S	urcharge Remitte	ed to Kentucky US	F	****	
4. Number of A	ccess Lines Rec	civing Lifeline Sur	port	Faa	0
5. Amount of R	Reimbursement R	equested from Ker	ntucky USF	85 b an	0.00
			Signature Block		**************************************
I hereby attest that the	e information ren	orted herein is true		ne best of my knowledge.	
Company Official Ro			ctor of Tax	Company Official	Det Material
Company Cinetal	(Printed)	11110		Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/P/D

Send a copy of this report to:



atc_02/10/16				Reporting Month_Jar	nuary 2016
		F.	erier Information		
			OKET INTOMESION		
Company Name	Rural Cellular Corp				
Company Address	Rural Cellular Corp	oration.			
			1050	Crown Pointe Parkway, S	TE 1500 Atlanta, GA 30338
Telephone / Fax	(770) 240-8748 / (770) 956-0700			
Vendor Number		, 000-0100			
	411693295				
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Mont	bly Access Line D	Pata	
I. Total Access	Lines in Service		******************		
2. Surcharge Pe	r Access Line	** ** * *** * *** * * * * * * * * * * *		4+1+	0.08
3. Amount of St	urcharge Remitted to	o Kennicky USI	7	••••	
4. Number of A	ccess Lines Receivi	ng Lifeline Sup	port	****	0
5. Amount of R	eimbursement Requ	iested from Ken	tucky USF	*****	0.00
			Signature Block		
I hereby attest that the	information reports	ed herein is true	and accurate to th	e best of my knowledge.	
Company Official Rot	pert Mutzenback	TitleDirec	tor of Tax	Company Official_	Down Motolan
	(Printed)		31111111111111111111111111111111111111	- Company Contesting	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Send a copy of this report to:



03/10/16				Reporting Momb	February	2016
		C	arrier Information			
Согирану Манае	Rural Cellular Corpo	oration.				
	Rural Cellular Corpo	oration.				
Company Address	THE PARTY THREE TH		1050	Crown Pointe Parkway	, STE 1500	Atlanta, GA 30338
Telephone / Fax	(770) 240-8748 / (7	70) 956-0700				
Vendor Number	411693295	2				
Classification Please Circle One	ILEC	CLEC	Ceilular	PCS		100000000000000000000000000000000000000
			9			
		Mon	thly Access Line I)aia		
I. Total Access	Lines in Service	********	,1 - , , , , , , , , , , , , , , , , , ,	.,,,		
2. Surcharge Pe	T Access Line					0.08
12:						
	urcharge Remitted to	•				
4. Number of A	access Lines Receivir	ng Lifeline Su	pport	****		0
5. Amount of F	Reimbursement Reque	ested from Ke	ntucky USF	****		0.00

			Signature Block			
I hereby attest that the	e information reported	d herein is true	e and accurate to th	ne best of my knowledg		•
Company Official Ro	bert Mutzenback (Printed)	Title_Dire	ctor of Tax	Company Offici	al	(Signed)
	able to: "Kentuck			Send a copy	of this re	eport to:

report to:

ATTN: KY USF

702 Capital Ave.

Finance and Administration Cabinet

Capitol Annex, Room 488A Frankfort, KY 40601

KY_ST_USF-1 03/10/2016 20:33:40 ALICIAJAMES Revised 02-15-2016

Kentucky Public Service Commission

ATTN: Executive Director

211 Sower Blvd.

Frankfort, KY 40602

P.O. Box 615



31¢ 04/12/16				Reporting Morab M	arch 2016
######################################		·			
		Ca	orier Information		
Соторалу Name	Rural Cellular Corpo	oration.			
Company Address	Rural Cellular Corpo	oration.			41
			1050	Crown Pointe Parkway, \$	STE 1500 Atlanta, GA 30338
Telephone / Fax	(770) 240-8748 / (7	70\ 956-0700			
Vendor Number		10,000 0100			
	411693295			-	
Classification					
Please Circle One	ILEC	CLEC	Celhilar	PCS	
		Month	nly Access Line D	aia	
Total Access	Lincoln Continu				
1. I Dial Access	Lines in Service	************	******************		
2 Surcharge Pe	r Access Line			4 + + + +	0.14
 Amount of Si 	urcharge Remitted to	Kennicky USF		****	
4. Number of A	ccess Lines Receivin	ig Lifetine Supp	ροπ	*41*	0
5. Amount of R	eimbursement Reque	sted from Kent	tucky USF		0.00
			Signature Block		
I hereby attest that the	information reported	herein is true	and accurate to the	e hest of my knowledge	
Company Official Rob	pert Mutzenback	Title Direct	tor of Tax	Compone Official	Dist Motology
Company Omoun	(Printed)	7100-1100		Company Official	(Signed)
		1			

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Kentucky Public Service Commission ATTN: Executive Director 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 04/12/2016 11:52:32 CGAUDIOSO Revised 02-15-2016

EXHIBIT 5



		C	arrier Information		
Company Name	MCIMetro Access	Transmission Sv	vcs. LLC		
Company Address			1050	Crown Pointe Parkway, S	TE 1500 Atlanta, GA 30338
Telephone / Fax	(770) 240-8748 /	(770) 956-0700			
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Mon	thly Access Line I	Pata Pata	
		Mon	thly Access Line I	vara .	
	Lines in Service				
2. Surcharge Po	r Access Line				0.08
3. Amount of S	urcharge Remitted	to Kentucky US	F		
4. Number of A	ccess Lines Receiv	ring Lifeline Sur	pport		0
5. Amount of R	eimbursement Req	uested from Ker	ntucky USF	****	0.00
			Signature Block		
I hereby attest that the	information repor	ted herein is true	and accurate to the	e best of my knowledge.	
					DICA MATT
Company Official Rol	ert Mutzenback	Title Direc	ctor of Tax	Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Aunex, Room 488A Frankfort, KY 40601

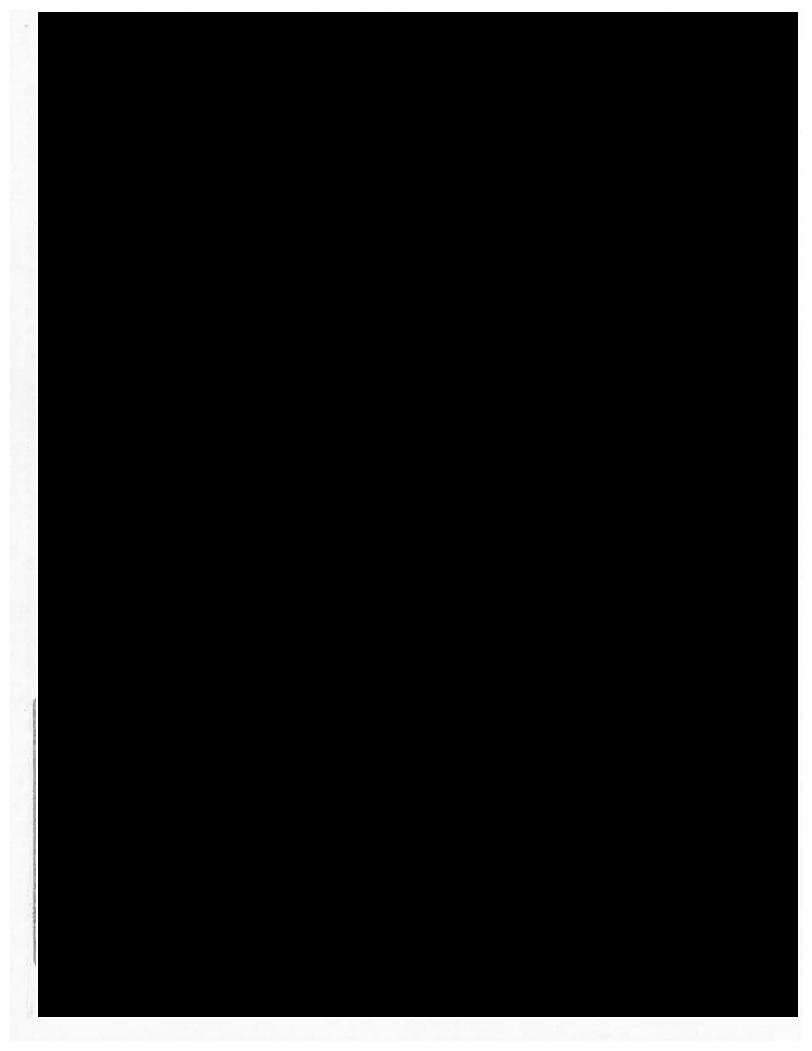


AN EQUAL OPPORTUNITY EMPLOYER MAP/D

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 02/10/2016 16:52:06 DACARTER





Company Name Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Cellular Monthly Access Line I Total Access Lines in Service	O Crown Pointe Parkway, STE 1500 Atlanta, GA 30338 PCS
Company Address Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Cellular Monthly Access Line I 1. Total Access Lines in Service	
Telephone / Fax Vendor Number Classification Please Circle One ILEC CLEC Cellular Monthly Access Line I Total Access Lines in Service. Surcharge Per Access Line. Amount of Surcharge Remitted to Kentucky USF. Number of Access Lines Receiving Lifeline Support.	
Vendor Number Classification Please Circle One ILEC CLEC Cellular Monthly Access Line I Total Access Lines in Service. Surcharge Per Access Line. Amount of Surcharge Remitted to Kentucky USF. Number of Access Lines Receiving Lifeline Support.	
Vendor Number Classification Please Circle One ILEC CLEC Cellular Monthly Access Line I 1. Total Access Lines in Service	PCS
Classification Please Circle One ILEC CLEC Cellular Monthly Access Line I 1. Total Access Lines in Service	PCS
Monthly Access Line I 1. Total Access Lines in Service	PCS
Monthly Access Line I 1. Total Access Lines in Service	PCS
Total Access Lines in Service	
Total Access Lines in Service	
2. Surcharge Per Access Line	Data
2. Surcharge Per Access Line	
Amount of Surcharge Remitted to Kentucky USF Number of Access Lines Receiving Lifeline Support	
4. Number of Access Lines Receiving Lifeline Support	0.08
4. Number of Access Lines Receiving Lifeline Support	

5. Amount of Reimbursement Requested from Kentucky USF	
	0.00
Signature Block	
I hereby attest that the information reported herein is true and accurate to the	the best of my knowledge.
Company Official Robert Mutzenback Title Director of Tax	Company Official Duch Material
(Printed)	(Signed)
Make check payable to: "Kentucky	Send a copy of this report to:
State Treasurer" and send with this	som a copy or mis report w.
report to:	Kentucky Public Service Commission
	ATTN: Executive Director
Finance and Administration Cabinet	211 Sower Blvd.
ATTN: KY USF	P.O. Box 615
702 Capital Ave. Capitol Annex, Room 488A	Frankfort, KY 40602
Frankfort, KY 40601	

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Copy for Jim Stevens

COMMONWEALTH OF KENTUCKY UNIVERSIAL SERVICE FUND

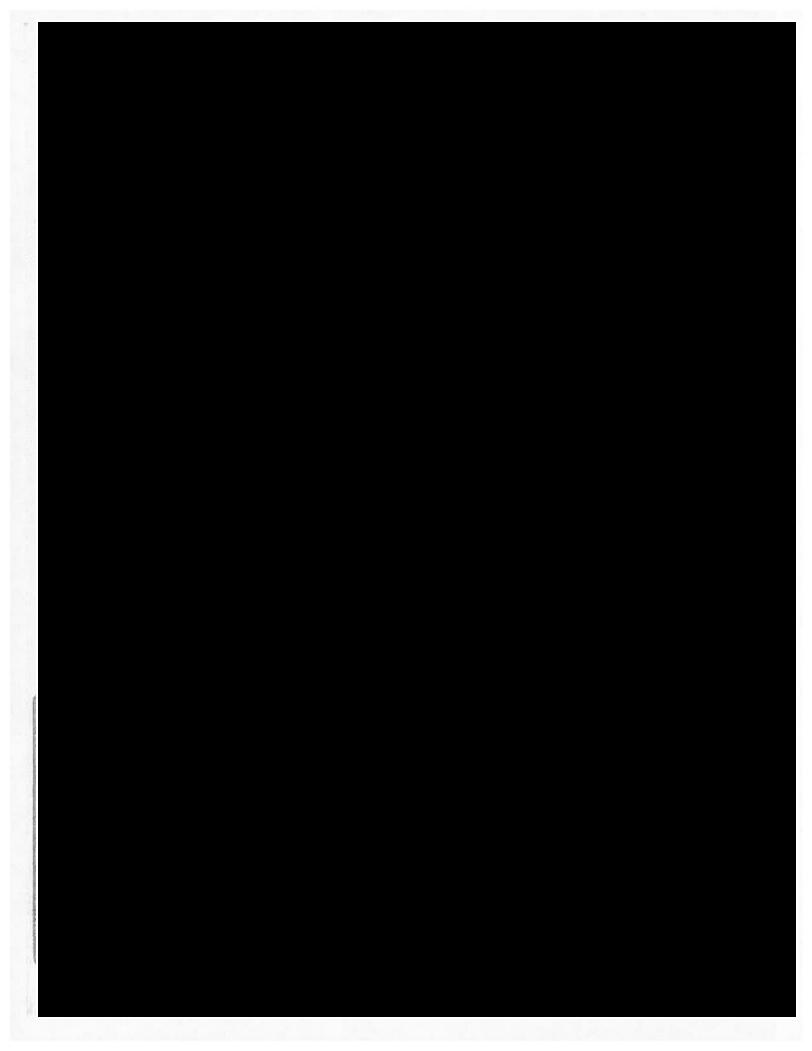
tc_04/11/16			Reporting Month March 2016			
		Carrier Information	ж			
Company Name	MCIMetro Access Tra	memission Svcs, LLC	35			
Company Address		108	60 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338			
Telephone / Fax	(770) 240-8748 / (770) 986-0700					
Vendor Number						
Classification						
Please Circle One	ILEC	CLEC Cellular	PCS			
		Monthly Access Line	Data			
1. Total Access	Lines in Service					
2. Surcharge Per	r Access Line	**************************	0.14			
3. Amount of Su	orcharge Remitted to	Kentucky USF				
4. Number of A	ccess Lines Receiving	z Lifeline Support				
5. Amount of Re	eimbursement Reques	sted from Kentucky USF				
		Signature Block	<			
I hereby attest that the	information reported	herein is true and accurate to				
Company Official Rob		Title Director of Tax	Company Official Duch Matulana			
	(Printed)		(Signed)			
Make check paya	ble to: "Kentucky	,	Send a copy of this report to:			
State Treasurer" a						
report to:			Kentucky Public Service Commission			
Finance and Admir	nistration Cabinet		ATTN: Executive Director 211 Sower Blvd.			
ATTN: KY USF			P.O. Box 615			

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

KY_ST_USF-1 04/11/2016 12:00:34 LNING Revised 02-15-2016

Frankfort, KY 40602





te_02/10/2015				Reporting Month Jan	uary 2015
		Carri	ier Information		
Company Name	MCIMetro Access T	ransmission Svcs	. LLC		
Company Address			3100	Cumberland Bouleyard, S	uite 700 Atlanta, GA 30339
Telephone / Fax Vendor Number	(770) 240-8748 / (7	70) 956-0700			
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Monthly	Access Line D	ata	
1. Total Access	Lines in Service		***************************************		
2. Surcharge Pe	Access Line	•••			0.08
3. Amount of St	rcharge Remitted to	Kentucky USF			
4. Number of A	ccess Lines Receivi	ng Lifeline Suppo	rt	****	<u> </u>
5. Amount of R	eimbursement Requ	ested from Kentuc	ky USF		0.00
		Sig	gnature Block		
I hereby attest that the	information reporte	d herein is true an	d accurate to th	e best of my knowledge.	
Company Official Rot	ert Mutzenback (Printed)	Title Director	of Tax	Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

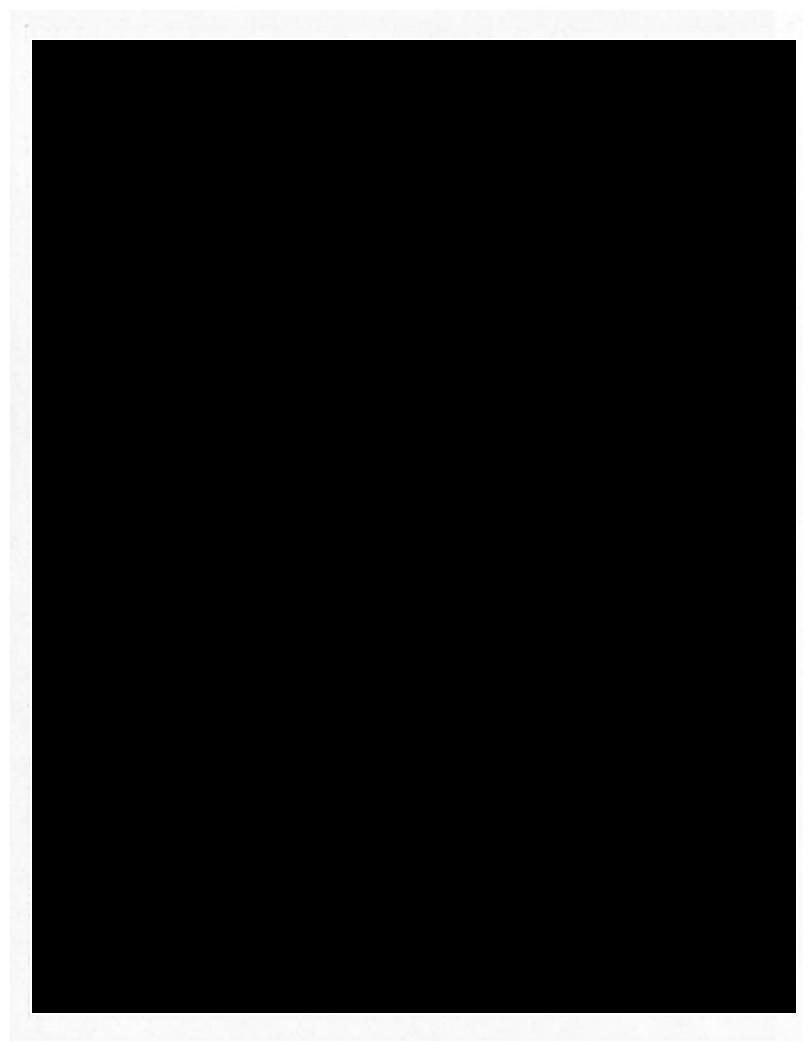


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Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 12/10/2014 17:22:28 TPOWELL





ate_03/10/2015				Reporting Month Feb	ruary 2015
		Carri	er Information		
Company Name	MCIMetro Access	Transmission Svcs.	TTC		
Company Address			3100 (Cumberland Bouleyard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956-0700	a ba		
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
		Monthly	Access Line D	nta	
1. Total Access	Lines in Service.				
2. Surcharge Pe	r Access Line,	•••••		N***	0.08
3. Amount of S	archarge Remitted	to Kentucky USF			
4. Number of A	ccess Lines Receiv	ving Lifeline Suppor	t		<u> </u>
5. Amount of R	eimbursement Rec	uested from Kentuc	ky USF		0.00
		Sig	nature Block		
				e best of my knowledge.	DAST MANY
Company Official Rot	(Printed)	Title Director	of Tax	Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

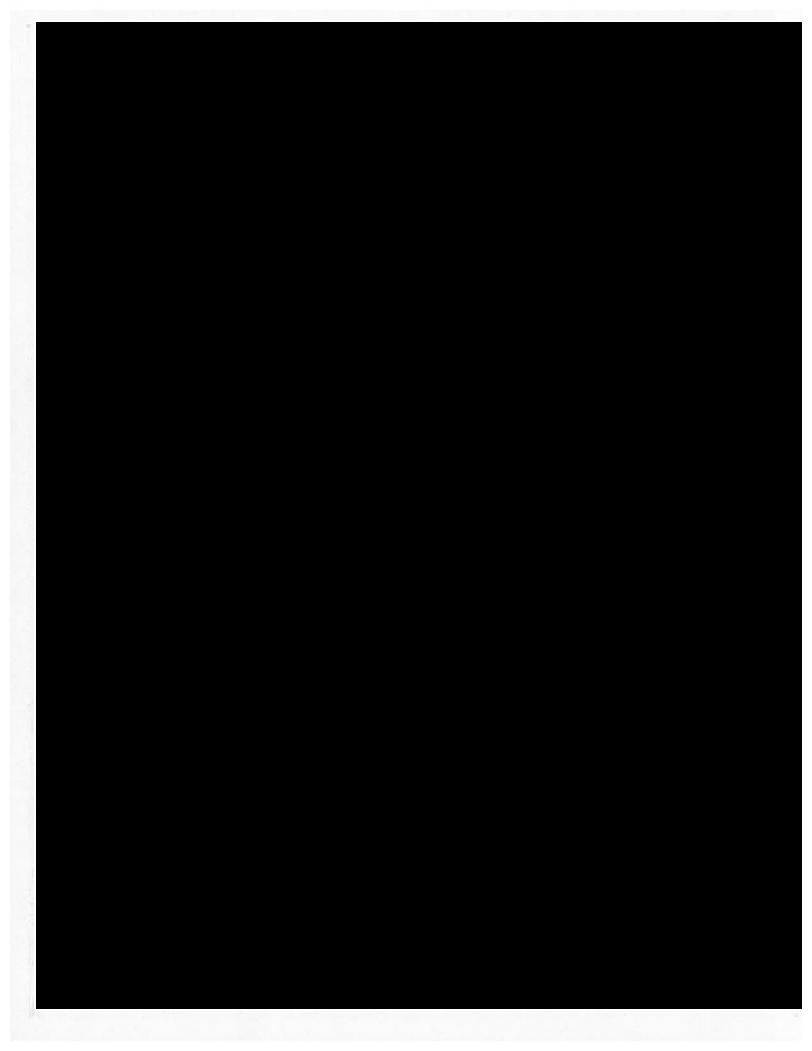


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Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 12/10/2014 17:22:26 TPOWELL





		C	Sarrier Information	1		
Company Name	MCIMetro Access	s Transmission S	ves. LLC	72		
Company Address				<u> </u>		
Telephone / Fax	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339					
Vendor Number	(770) 240-8748 /	(770) 956-0700				
Classification	T. 1/2	CI DO			A	
Please Circle One	ILEC	CLEC	Cellular		PCS	
		Mon	thly Access Line	Data		
I. fotal Access	Lines in Service.			*****		
2. Surcharge Pe	r Access Line	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			80.0	
3. Amount of Si	urcharge Remitted	i to Kentucky US	BF			
Number of A	ccess Lines Recoi	iving Lifeline Su	pport		di san managain annique () di san managain (
5. Amount of R	cimbursement Re	quested from Ke	ntucky USF	<u> </u>	0.00	
			Signature Block			
I be a sheet of the sheet of	is Course things are as	stid housin is to			of an immediate	
I hereby attest that the						
Company Official Rob	(Printed)	Title Dire			Company Official Dist Marilan (Signed)	
	AACT AND	and to satisfact up page it to be safe; these recommendations a tree				
Make check payable to State Treasurer' and s					Send a copy of this report to:	

EDWATTON

report to:

ATTN: Donna Smith

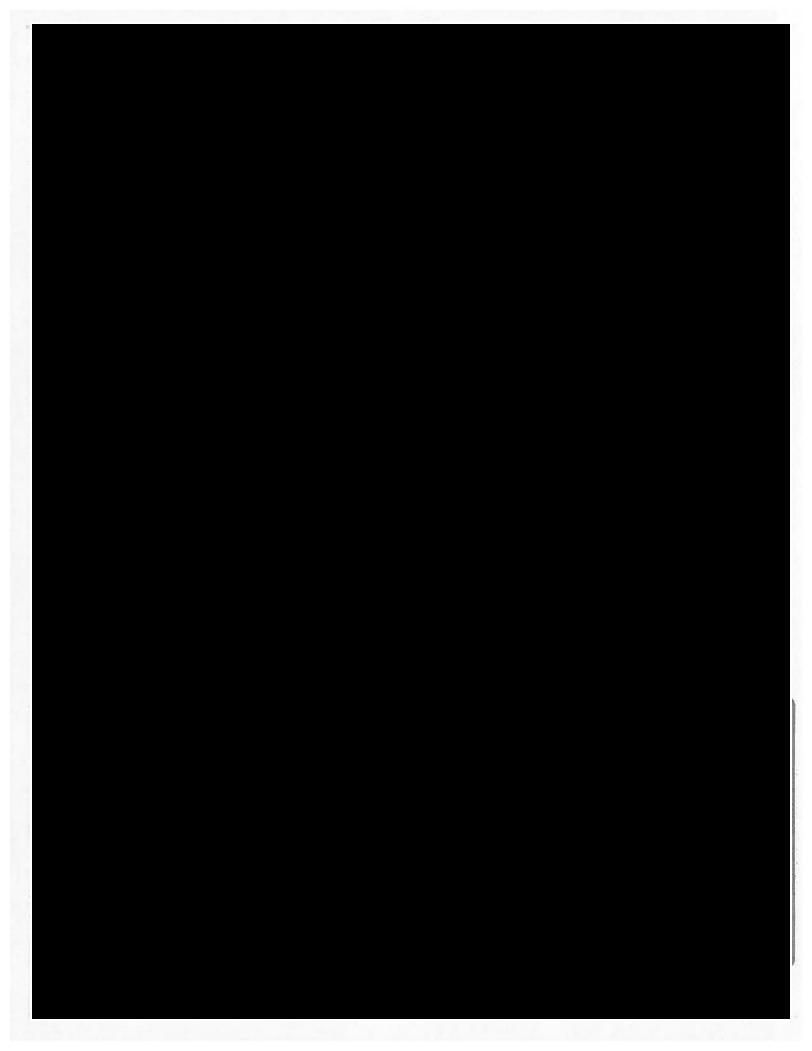
Capitol Annex, Room 488A Frankfort, KY 40601

Finance and Administration Cabinet

AN EQUAL OPPORTUNITY EMPLOYER MELL

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 04/11/2016 14:29:04 TPOWELL





		Ca	urier Information				
Company Name	MCIMetro Access Transmission Svcs. LLC 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339 (770) 240-8748 / (770) 958-0700						
Company Address							
Telephone / Fax							
Vendor Kumber							
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
Total Citers One	12.00		Centum		والمرابعة والمنابعة المنابعة		
		Mont	hly Access Line D	ata			
. Total Access	Lines in Service	;,.,.,.,.,,,,,,,,,,,,,,,,,,,,,,,,	****	•			
. Surcharge Po	r Access Line	****************		1111	0.08		
Amount of S	archarge Remitted	to Kontucky USI	· · · · · · · · · · · · · · · · · · ·	****			
I. Number of A	ccess Lines Receiv	ving Lifeline Sup	port	**!	0.		
5. Amount of R	elinbursement Req	uested from Ken	tucky USF		0.00		
And definitions of the second special grade and second special grade and second			Signature Block				
	information repor	ted herein is true	and accurate to th	e best of my knowledg			
hereby access that the					al Distribution (Signed)		

Make check payable to: "Kentucky State 'freasurer" and send with this report to:

D. . . DE/43/46

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankion, KY 40001

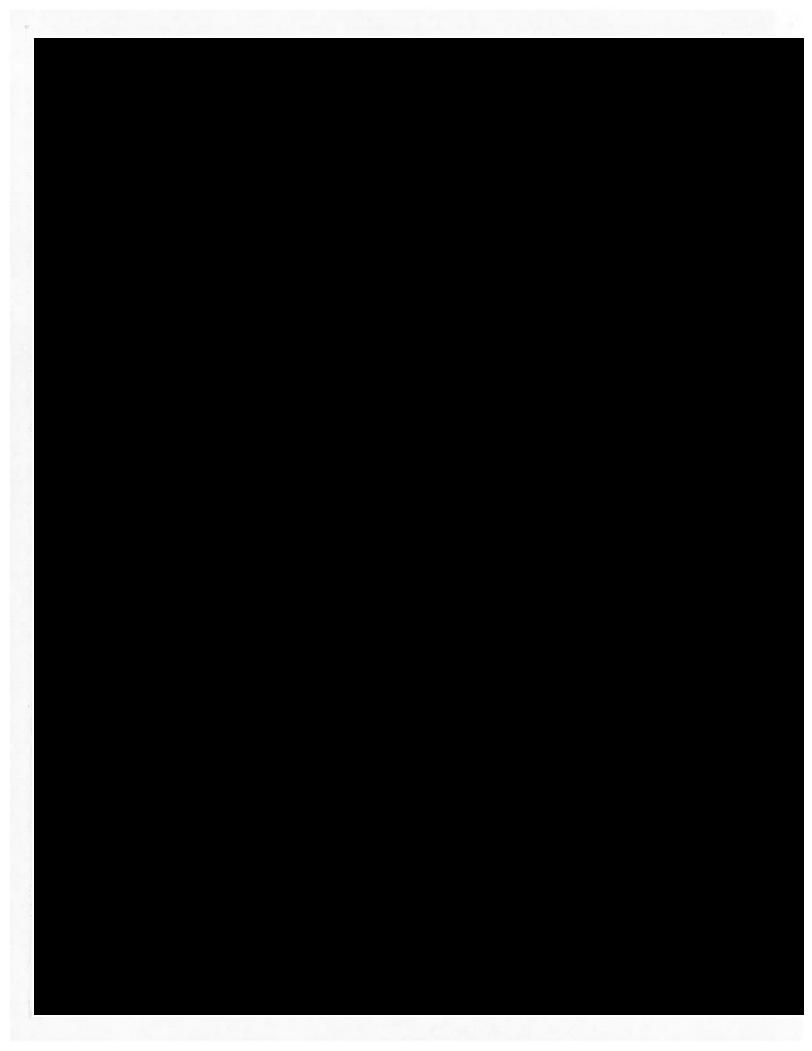


AN EQUAL OPPORTUNITY EMPLOYER WED

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfon, KY 40602

KY_ST_USF-1 06/13/2016 09:31:23 TPOWELL





	Carrier Information	
Company Name	MCIMetro Access Transmission Svcs, LLC	
Company Address	3100 Cumberland Boula	vard, Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700	
Vendor Number		odjedje ne osnovenoga v ogazana o o og uplendadačnih podaveno o o o o o
Classification	ILEC CLEC Cellular PCS	
Traise Circle Oile	Tables Control of the	The state of the s
To appear to the second of the	Monthly Access Line Data	- Tables - 4 o Companio Carante and Car
I. Total Access	Lines in Service.	
	r Access Line	0.08
2, Surcharge Pe		
(37)	urcharge Remitted to Kentucky USF	
3. Amount of St		
Amount of St Number of A	urcharge Remitted to Kentucky USF	0
Amount of St Number of A	corcharge Remitted to Kentucky USF	0
Amount of St Number of A	corcharge Remitted to Kentucky USF	0
Amount of St. Number of A. Amount of R.	corcharge Remitted to Kentucky USF	0.
Amount of St. Number of A. Amount of R.	coccsa Lines Receiving Lifeline Support	0.000

Make check payable to: "Kentucky State Treasurer" and send with this report to:

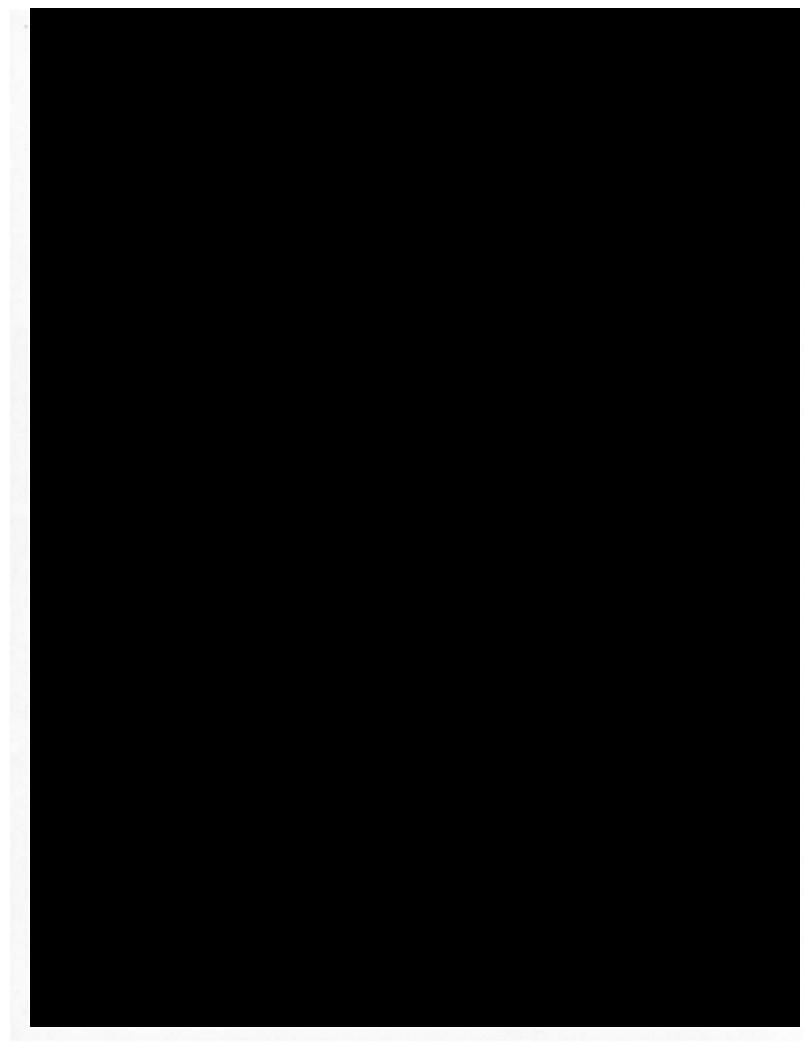
Finance and Administration Cabinet ATIN: Donna Smith Capital Annex, Room 488A Frankfort, KY 40601



Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 06/10/2015 17:05:35 TPOWELL





	Carrier Information					
Company Name	MCIMetro Access Transmission Svcs. LLC					
Company Address	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339					
Telephone / Fax	(770) 240-8748 / (770) 956-0700					
Vendor Number						
Classification Please Circle One	ILEC CLEC Cellular PCS					
	물로 가능하다 하는 경우 등을 가는 것이 하는 것이 없는 것이 되는 것이 없는 것이 없었다. 그 없는 것					
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2. Surcharge Pe 3. Amount of S 4. Number of A	Lines in Service. The Access Line					
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2. Surcharge Pe 3. Amount of S 4. Number of A 5. Amount of R	Lines in Service					
2. Surcharge Pe 3. Amount of S 4. Number of A 5. Amount of R	Lines in Service					

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

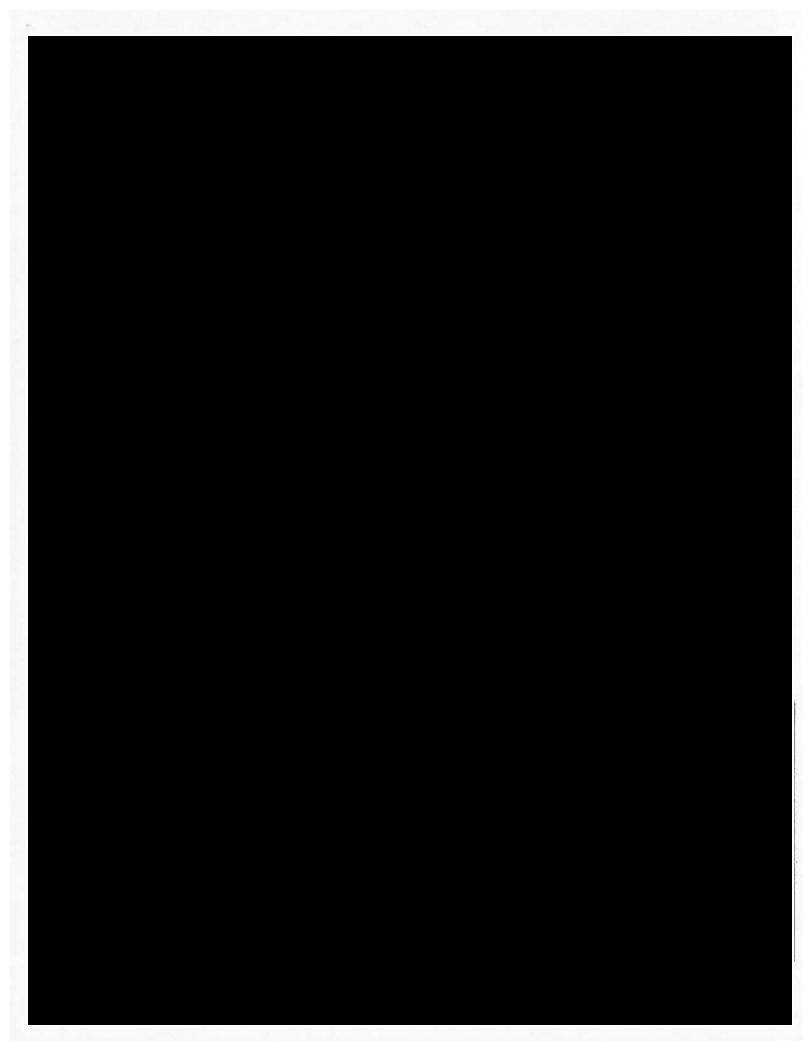


AN EQUAL OPPORTUNITY EMPLOYER MED

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 07/12/2015 16:23:38 LNING





	Carrier Information
Company Name	MCIMetro Access Transmission Svcs. LLC
Company Address	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS
	Monthly Access Line Data
1. Total Access	s Lines in Service.
	s Lines in Service. D.08
2. Surcharge Pe	
 Surcharge Pe Amount of S 	er Access Line
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 Surcharge Pe Amount of S Number of A 	Surcharge Remitted to Kentucky USF. Access Lines Receiving Lifeline Support. Reimbursement Requested from Kentucky USF. 0.00
 Surcharge Pe Amount of S Number of A Amount of F 	Surcharge Remitted to Kentucky USF. Access Lines Receiving Lifeline Support. Reimbursement Requested from Kentucky USF. Signature Block
 Surcharge Pe Amount of S Number of A Amount of F 	Surcharge Remitted to Kentucky USF

Make check payable to: "Kentucky State Treasurer" and send with this report to:

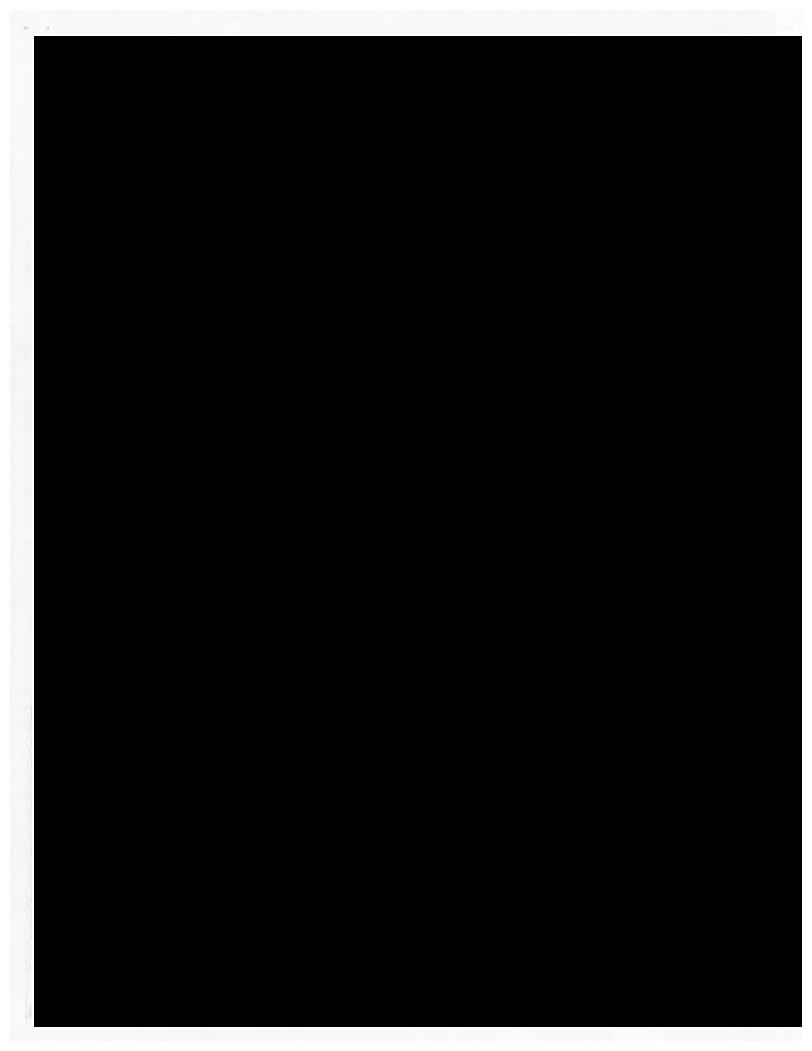
Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

AN EQUAL OPPORTUNITY EMPLOYER M/F/D





		C	errier Information				
Company Name	MCIMetro Access	Transmission S	vcs. LLC	***************************************			
Company Address			3100 (Cumberland Boulevard, S	uite 700 Atlanta, GA 30339		
Telephone i Fax	(770) 240-8748 1	(770) 240-8748 / (770) 956-0700					
Vendor Number				-			
Classification Please Circle Onc	ILEC	CLEC	Cellular	PCS			
		± 4 10 10 W-1442					
		Mon	thly Access Line D	ata			
			1117 1100000 2:20 2	***			
1. Total Access	Lines in Service						
	r Access Line			****	0.08		
2. Surcharge Pc					0.08		
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 Surcharge Per Amount of St Number of A 	urcharge Remitted	to Kentucky US	iF	***			
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 Surcharge Per Amount of St Number of A 	urcharge Remitted	to Kentucky US	iF		Q.		
 Surcharge Pe Amount of St Number of A Amount of R 	urcharge Remitted ecess Lines Recei- eimbursement Rec	to Kentucky US ving Lifeline Sup quested from Ken	oport		0.00		
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Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Douna Smith Capitol Annex, Room 488A Frankfort, KV 40601

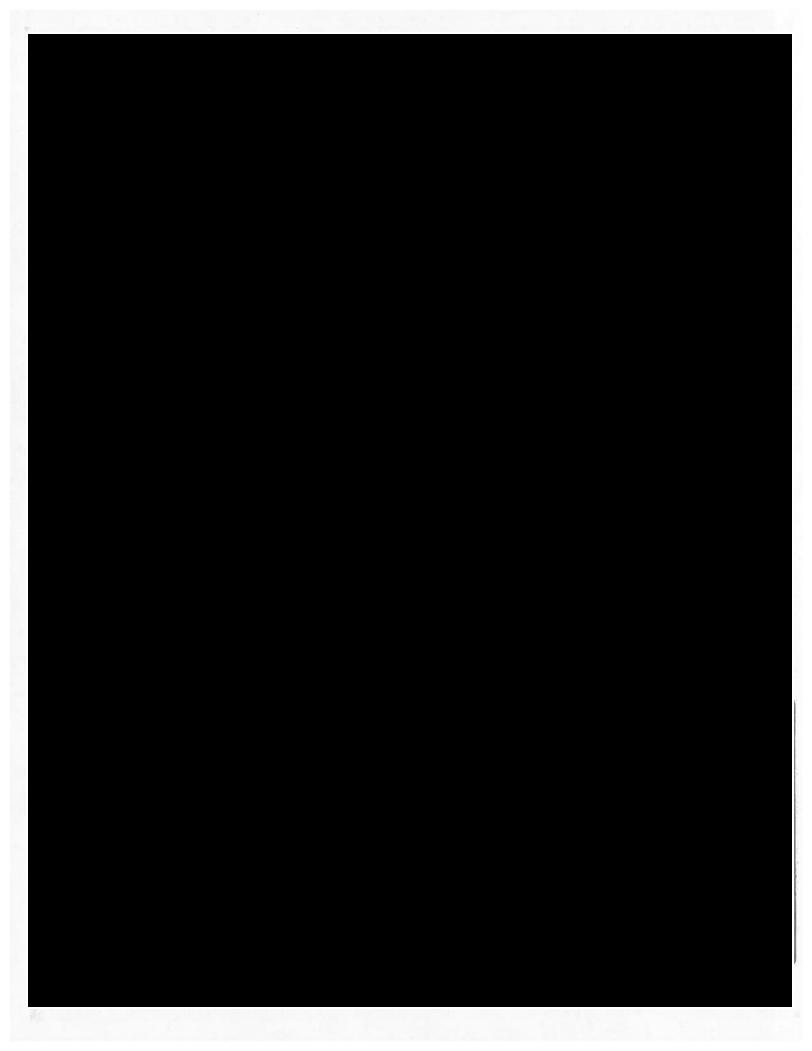


AN EQUAL OPPORTUNITY ESPRICYER M F.D.

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

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		C	arrier Information				
Company Name	MCIMetro Access	Transmission Sy	res. LLC		-		
Company Address		1					
Telephone / Fax	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339						
-	(770) 240-8748 /	(770) 958-0700					
Vendor Number							
Classification				lender Hispaniya and Santyany Artimidada anada anada			
Please Circle One	II LC	CULC	Cellular	PCS			
		Mont	hly Access Line D	nta			
		- 102 CH					
	Lines in Servicu.			F2.771 1 11 12.452 15			
2. Surcharge Per	r Access Line	*******************		****	0.08		
3. Amount of St	urcharge Remitted	to Kentucky USI	F	10 t 6 0			
4. Number of A	ccess Lines Receiv	ving Lifeline Sup	port	****	0		
5. Amount of Re	eimbarsement Reg	mested from Kent	tucky USF		0.00		
		42					
	n en		Signature Block				
I hereby attest that the	information repor	ted herein is truc	and accurate to th	e bost of my knowledge.			
Company Official Rob		Title Direct	tor of Tax	Company Official_	DIST MODERN		
	(Printed)				(Signod)		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

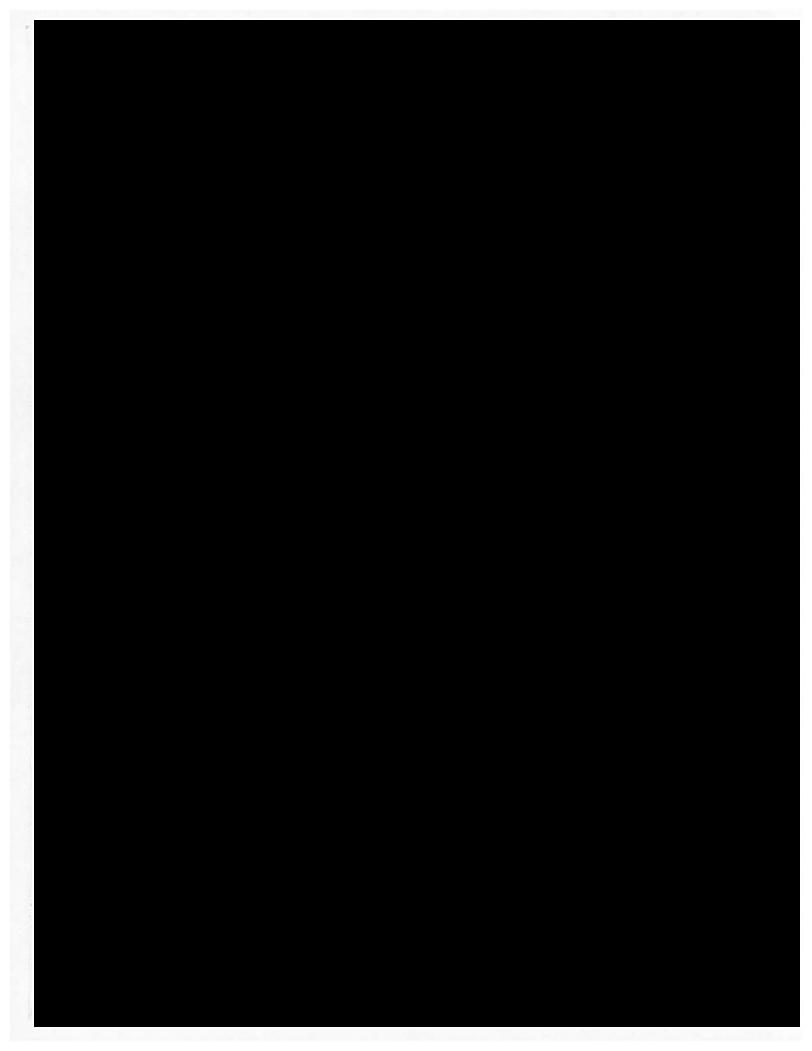


AN ENUAL OPPORTUNITY CAMPLOST & ALFED

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 10/12/2015 07:33:32 DACARTER





	Carrier Information
Company Name	MCIMetro Access Transmission Svcs. LLC
Company Address	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-0700
Vendor Number	
Classification Please Circle One	ILEC CLEC Cellular PCS
1,	Monthly Access Line Data
1. Total Access	Lines in Service.
2. Surcharge Po	er Access Line
3. Amount of S	urcharge Remitted to Kentucky USF
4. Number of A	Access Lines Receiving Lifeline Support
5. Amount of R	cimbursement Requested from Kentucky USF
	Signature Block
I hereby attest that the	e information reported herein is true and accurate to the best of my knowledge. bert Mutzenback Title Director of Tax Company Official

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Aunex, Room 488A Frankfort, KY 40601

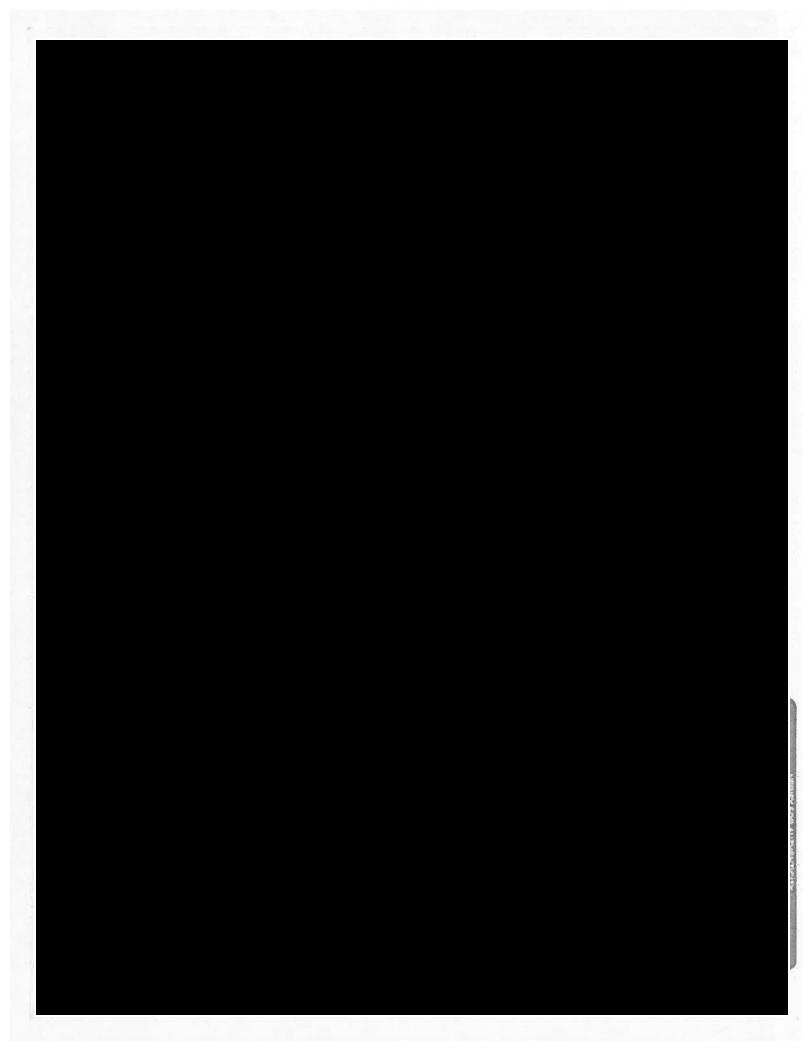


AN EQUAL OPPORTUNITY EMPLOYER M.F.D.

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Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 11/12/2015 11:08:47 DACARTER





te_12/11/15				Reporting Month No	evember 2016		
	1,000	C	arrier Information				
Company Name	MCIMetro Acces	s Transmission Sv	res. LLC	300	<u>, , , , , , , , , , , , , , , , , , , </u>		
Company Address			3100 (Cumberland Boulevard,	Suite 700 Atlanta, GA 30339		
Tolephone / Fax	(770) 240-8748	(770) 240-8748 / (770) 958-0700					
Vendor Number							
Classification							
Please Circle One	ILEC	CLEC	Cellular	PCS	and the state of t		
		Mont	hly Access Line D	ata			
I. Total Accuss	Lines in Service.			ata			
			******************		0.98		
2. Surcharge Pe	r Access Linc			• • • · · · · · · · · · · · · · · · · ·	0.08		
2. Surcharge Pe	r Access Line	d to Kentucky US	F				
2. Surcharge Pe 3. Amount of S 4. Number of A	r Access Linc urcharge Remitte access Lines Rece	d to Kentucky US siving Lifeline Sup	Fport,		D		
2. Surcharge Pe 3. Amount of S 4. Number of A	r Access Linc urcharge Remitte access Lines Rece	d to Kentucky US siving Lifeline Sup equested from Ken	Fport,		D		
2. Surcharge Pe 3. Amount of S 4. Number of A 5. Amount of R	r Access Line urcharge Remitted access Lines Roce cimbursement Re	d to Kentucky US siving Lifeline Sup equested from Ken	porttucky USF		D.00		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annes, Room 488A Frankfort, KY 40601



Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stavens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

AN EQUAL OPPORTUNITY EMPLOYER MILL

KY_ST_USF-1 12/11/2018 12:17:12 TPOWELL



		C	arrier Information		
Company Name	MCIMetro Access	Transmission Sv	vcs. LLC		
Company Address			3100	Cumberland Boulevard, S	uite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 /	(770) 956-0700			
Vendor Number					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
	Lines in Service				
2. Surcharge Po	r Access Line,		****************		0.08
3. Amount of S	urcharge Remitted	to Kentucky US	F	****	-
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4. Number of A	ccess Lines Receiv	ing Lifeline Sup	port,		0.00
4. Number of A	ccess Lines Receiv	ing Lifeline Sup	port,	••••	
4. Number of A 5. Amount of R	ccess Lines Receiv	ring Lifeline Supuested from Ker	oporttucky USF	••••	0.00
Number of A Amount of R	ccess Lines Receive	uested from Ker	oporttucky USF		

Make check payable to: "Kentucky State Treasurer" and send with this teport to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Prankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER MAND

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 01/12/2016 18:20:19 DACARTER





te 02/12/14			Reporting Month Janu	iary 2014
		Carrier Information		
Carrage Name	MCIMetro Access Transmission	n Svcs. LLC		
Company Name	Monado Adodo Transmost			
Company Address		3100 (Cumberland Boulevard, Su	ite 700 Atlanta, GA 30339
Telephone / Fax	(770) 240-8748 / (770) 956-070)0	early facilities	
Vendor Number			Barrana and Arthur	
Classification			DCIG.	
Please Circle One	ILEC CLEC	Cellular	PCS	
	<u> </u>	Monthly Access Line D	ata	
1. Total Access	Lines in Service			
2. Surcharge Pe	r Access Line			0.08
	urcharge Remitted to Kentucky			
				0
	ccess Lines Receiving Lifeline			
5. Amount of R	eimbursement Requested from	Kentucky USF	****	0.00
		Signature Block		
I hereby attact that the	information reported herein is	true and accurate to th	e best of my knowledge.	
I hereby access that the				
Company Official Ro	bert Mutzenback Title	Director of Tax	Company Official_	(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601

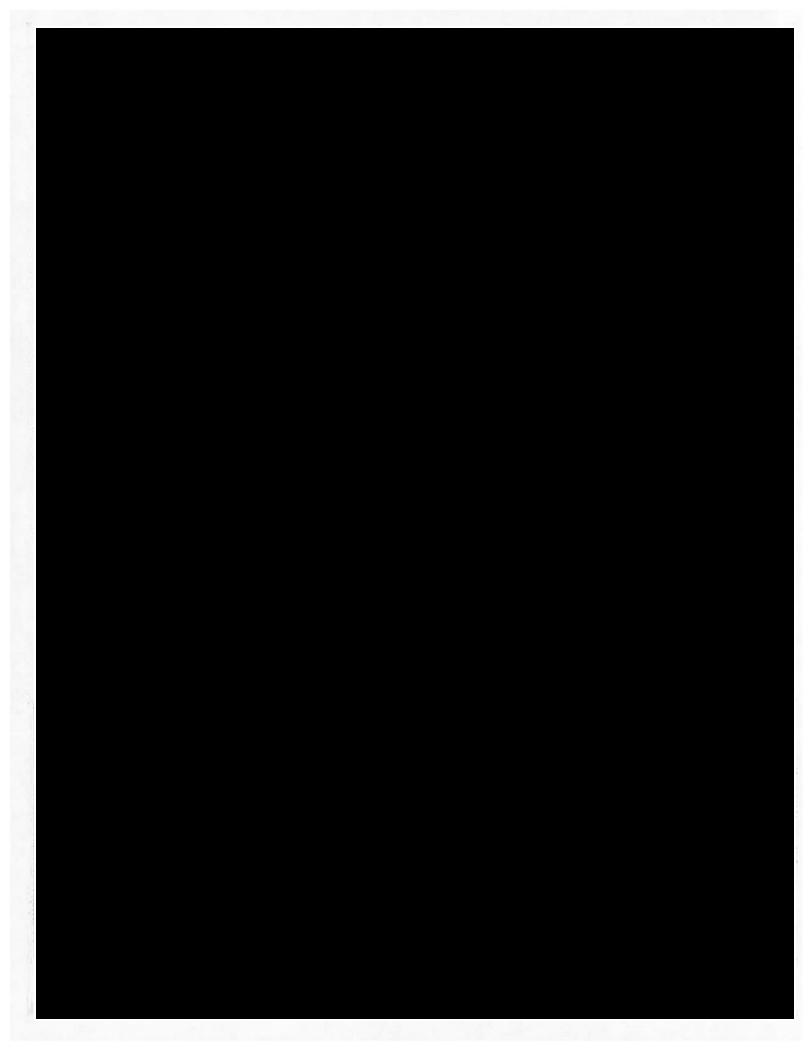


AN EQUAL OPPORTUNITY EMPLOYER MAND

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

KY_ST_USF-1 02/12/2014 15:29:58 SAMIAWALKER





		C's	arrier Information				
Company Name	MCIMetro Access	Transmission Sv	cs. LLC				
Company Addr. 38			3100 (Cumberland Boulevard, S	uite 700 Atlanta, GA 30339		
Telephone / Fax	(770) 240-8748 /	770) 240-8748 / (770) 956-0700					
Vendor Number							
Olya istantian	1 - L				energianistic period de la completación des es con		
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
					0.08		
2. Sumharge l'e	r Acous Line			••••	0.08		
3. Amount of St	urcharge Remitted	to Kentucky USI	F				
4. Number of A	ccess Linus Rocci	ving Lifeline Sup	port		0		
5. Amount of R	eimbursement Rec	quested from Ken	tucky USF	••••	0.00_		
J. I Fill Will VIII		And the Party of t		abilitate dat si di sub subs s de erse es sesimbres			
			Signature Block				
	information repor	-		e best of my knowledge.			
		-	and accurate to the	e best of my knowledge.	Das Matilan,		

Make check payable to: "Kontucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annes, Room 488A Frankfort, KY 40601



ANTOLIS OPPORTUNITY EMPLOYER AND

Send a copy of this report to:

Kontacky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box o15 Frankfort, KY 40602

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		Ca	rrie: Information	2			
Company Name	MCIMetro Access	Transmission Sv	ca. LLC			н	
Company Address			3100 (Cumberland Boulevard, S	uite 700 A	tianta, GA 30339	
Talephore / Fax	(770) 240-8748 / (770) 956-0700						
Vendor Number							
		annesses "Militally" of "a Annesse "Annesse Militally		, y <u> </u>			
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			
		Mond	hly Access Line D	ata			
1. Total Access	Lines in Service		•••••	· · · · · · · · · · · · · · · · · · ·			
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3. Amount of St	urcharge Remitted	to Kentucky US	£	* * * * * * * * * * * * * * * * * *			
4. Number of A	cours Linus Recei	ving Lifeline Sup	port				
5. Amount of R	cimbursement Rec		tucky USF	••••	0.00		
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t hereby alcost that the	information ropor	red herein is true	and accurate to the	best of my knowledge.	ه کند میپنیش به ۱۰۰۰ ب	Table 1: Annual particular species	
Company Official Rob	pert Mutzenback	Title Direc	tor of Tax	Company Official_		Motobox	
	(Printed)				(Si	med)	

Make check payable to: "Kertucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Domin Smith Capital Annax, Reom 488A Frankfort, KY 40601

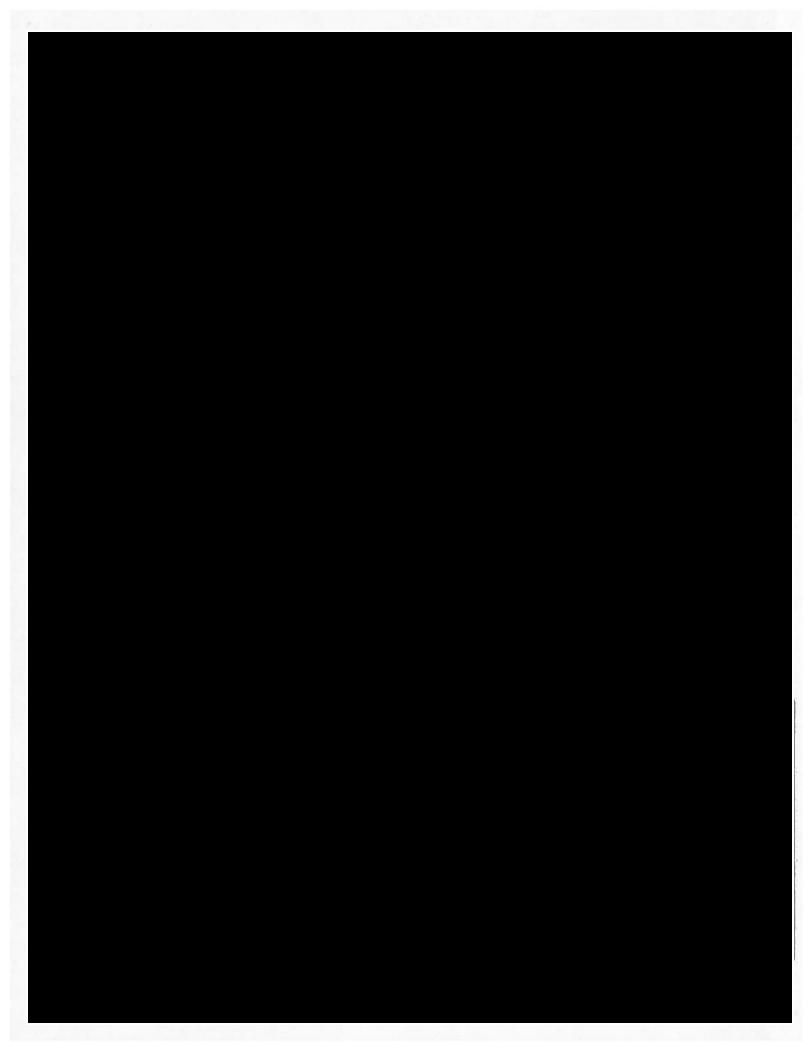


AN LUK AL OPPORTE SITY EMILOYER MUIO

Send a copy of this report to:

Kentecky Public Service Commission A'ITN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602.

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		('arı	ier Information		
Company Name	MCIMetro Access	Transmission Svcs	i. LLC		
Company Address			3100 (Cumberland Roulevard S	uite 700 Atlanta, GA 30339
Telephone Fax Vendor Number	(770) 240-8748 /	(770) 956-0700	0,00		and roo rouning are soon
2					
Classification Please Circle One	ILEC	CLEC	Cellular	PCS	
					0.08
 Amount of S Number of A 	lurcharge Remitted	ing Lifeline Suppo	n		0.00
 Amount of S Number of A Amount of G 	Surcharge Remitted Access Lines Receiv Coimbursement Req	ring Lifeline Suppo queeted from Kentu Si	eky USFgnature Block	ر بنده مستنیدیده شود در رسیم اور مثال مداده مسعور و زیده ۲۰۰۰	

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Denua Smith Capitel Annex, Room 488A Frankfort, KY 40601

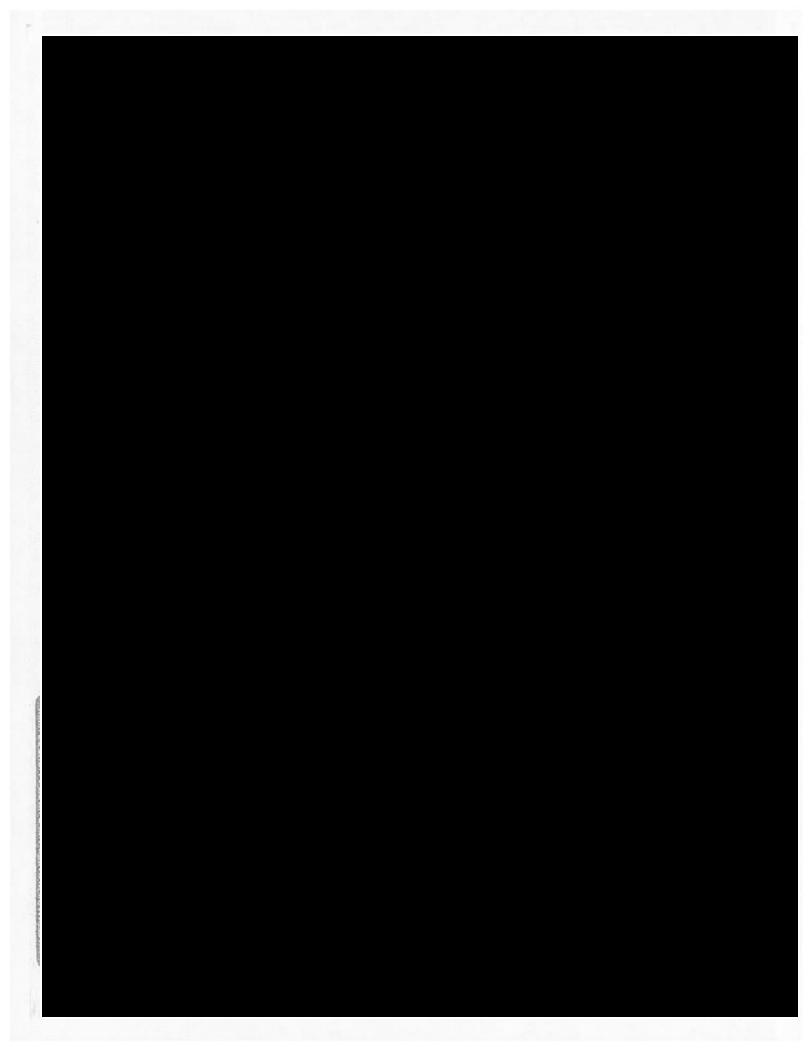


ASSEQUAL OPPORTUNITY EMPLOYER M ED

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 4060?

KY_ST_USF-1 05/09/2014 18:48:54 NDUHAME





		C	arrier Information		
Company Name	MCIMetro Access	Transmission Sv	cs. LLC		#
Company Address			3100	Cumherland Boulevard S	uite 700 Atlanta, GA 30339
Telephone / Fax Vendor Number	(770) 240-8748 /	(770) 956-0700			dito for Financia, con degra
Plassification	ILEC:	CLEC	Cellular	PCS	
		Mont	hly Access Line D	ata	Y
. Total Access	Lines ia Service	•••••		* • • *	्र गाव न
2. Surcherge Per	Access Line			****	0,08
3. Amount of St	rcharge Remitted	to Kentucky US	ř		45 412
Number of A	cess Lines Recei	ving Lifeline Sup	port	PRT 1 1 g management commencer and commencer	0
5. Amount of R			tucky USF		0.00
			Signature Block		
I hereby attest that the	information ropor	ted herein is une	and accurate to th	e bad of my knowledge.	Date Matillan

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUIL OPPOSTENITY EMPLOYER MELD

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stovens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40603

KY_ST_USF-1 06/11/2014 09:47:53 NDUHAME



		C	arrier Information				
Company Namo	MCIMetro Acces	s Transmission S	ves. LLC				
Company Addr 98		3100 Cumberland Boulevard, Suite 700 Atlanta, GA 303					
Telephone / Fax							
Vendor Number			#				
	nia de la participa de la compansión de la						
Clastification Please Circle One	1LEC	CLEC	Cellular	PCS			
	urcharge Remittee	i to Kentucky US	SF		0.08		
		vine Lifeline Sur	port	· · · · · · · · · · · · · · · · · · ·	9.		
4. Number of 4				1414	0.00		
4. Number of 4	oimburgement Re	questad from Ke	ntucky USF				
4. Number of 4 5. Amount of R	oimburgement Re	quested from Ke	Signature Block				

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Octua Smith Capitol Annex, Room 488A Frankfort, RY 40601

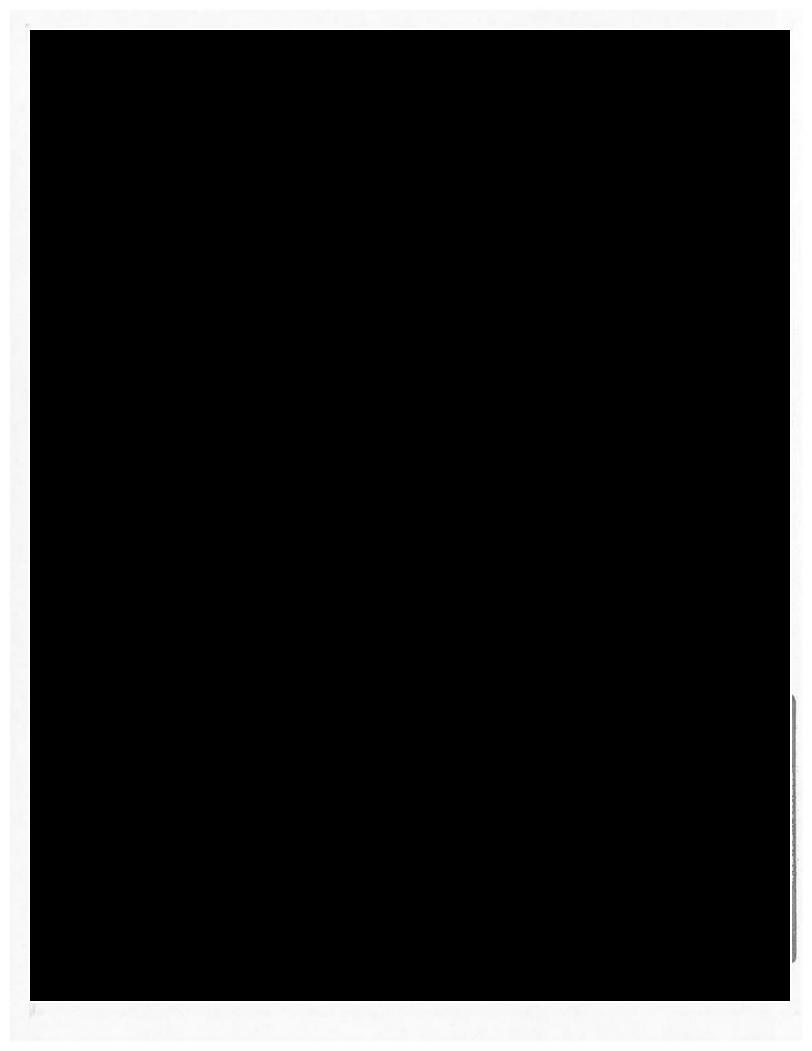


AN UQUIL OF FORTUSITY ENFLOYER (Fig.)

Send a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40502

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Commonwealth of Kentucky Universial Service Fund

		ď	arrier Information				
Company Name	MCINetro Acce	ss Transmission S	vcs. LLC				
Company Address		3100 Cumberland Boulevard, Suite 700 Atlanta, GA 303					
Telephone / Fax (770) 240-8748 / (770) 958-0700 Vendor Number							
Classification Please Circle One	ICEC	CLEC	Cellular	PCS			
		No.	thly Access Line D	nta.			
	Annual Mary S. dr. Mary	.vioti	unly Access Line D	ata			
t. Total Access	Lines in Service			*** North Caronina a section in State Co.	~		
	r Accors Line		•••••••	· · · ·	0.08		
2. Surcharge Po			0.5				
	urcharge Remitte	ed m Kentucky US	iF				
3. Amount of S				The state of the parameters of the state of			
Amount of S Number of A	ccess Lines Rec	civing Lifelino Su	pport		and the state of the state of		
3. Amount of S 4. Number of A	ccess Lines Rec	civing Lifelino Su	pport	▼ * • • • Дини разправления в с иба екзанивация и по небраеринга пап	and the state of the state of		
3. Amount of S 4. Number of A 5. Amount of R	ecess Lines Rem	civing Lifelino Su equested from Ke	ntucky USF	▼ * • • • Дини разправления в с иба екзанивация и по небраеринга пап	and the state of the state of		

Make theck payable to: "Kontucky State Treasurer" and soud with this report to:

Finance and Administration Cabinet ATTN: Doung Smith Capitol Annex, Room 488A Frankfort, KY 40601



AT TOUR OPERATION THY EMPLOYER NEAD

Sand a copy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sovier Blvd. P.O. Box 615 Frankfort, KY 40602

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		C	arrier Information				
Company Nazne	MCIMetro Access	ransmission Sv	cs. LLC	eren de Empleon de Maria de La compaña de Carlos de La compaña de Carlos de			
Comp.siy Address	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339						
Telephone / Fax Vendor Number	(770) 240-8748 / (770) 956-0700					
				211.5			
Classification Please Circle One	ILPC	CLEC	Collislar	PCS			
2. Surcharge For 3. Amount of Su	Accust Line	o Kentacky US	F		0.08		
5. Amount of Ro	imbursement Rege	te ted from Ken	tucky USF	1 * 1 *	0.00		
			Signature Block				
	information reports	ed herein is true	and accurate to the	e best of my knowledge	Dist Motoline		
I hereby arrest that the Company Oracial Rob			tor of Tax	Company Official	JAC Men		

Make check payable to: "Kentucky State Treasurer" and send with this report to:

Finance and Administration Cubinet ATTN: Donna Smith Capitel Annex, Room 488A Frankfori, KY 40601

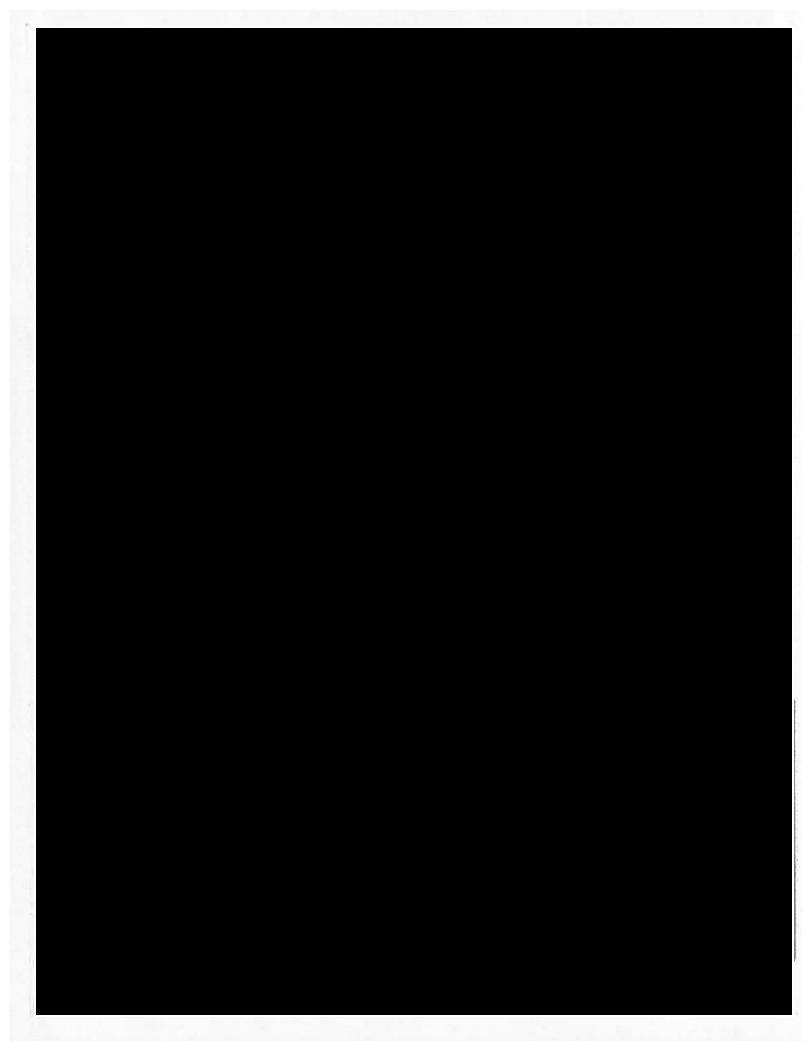


AN LOUGH DEPORT SHY EMPLOYED AND

Send a popy of this report to:

Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Bar: 615 Frankfurt, KY 40602

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ile 10/09/14				Reporting Month Ser	otember 2014		
		Ca	rier Information				
Company Name	MCIMetro Acces	s Transmission Svc	s. LLC	and the second s	د آخو شده بالمست المياة ويوفقه التقويم ويها بالوج منواد		
Company Address Telephone / Fax	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339 (770) 240-8748 / (770) 956-0700						
Vendor Kumber							
Vendor Number				*** • • • ****************************			
Classification Please Circle One	ILFC	CLEC	Cellular	PCS			
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Make check payable to: "Kentucky-State Treasurer" and send with this report to:

Finance and Administration Cabinet ATTN: Donna Smith Capitol Annes, Room 488A Frankfort, KY 40601

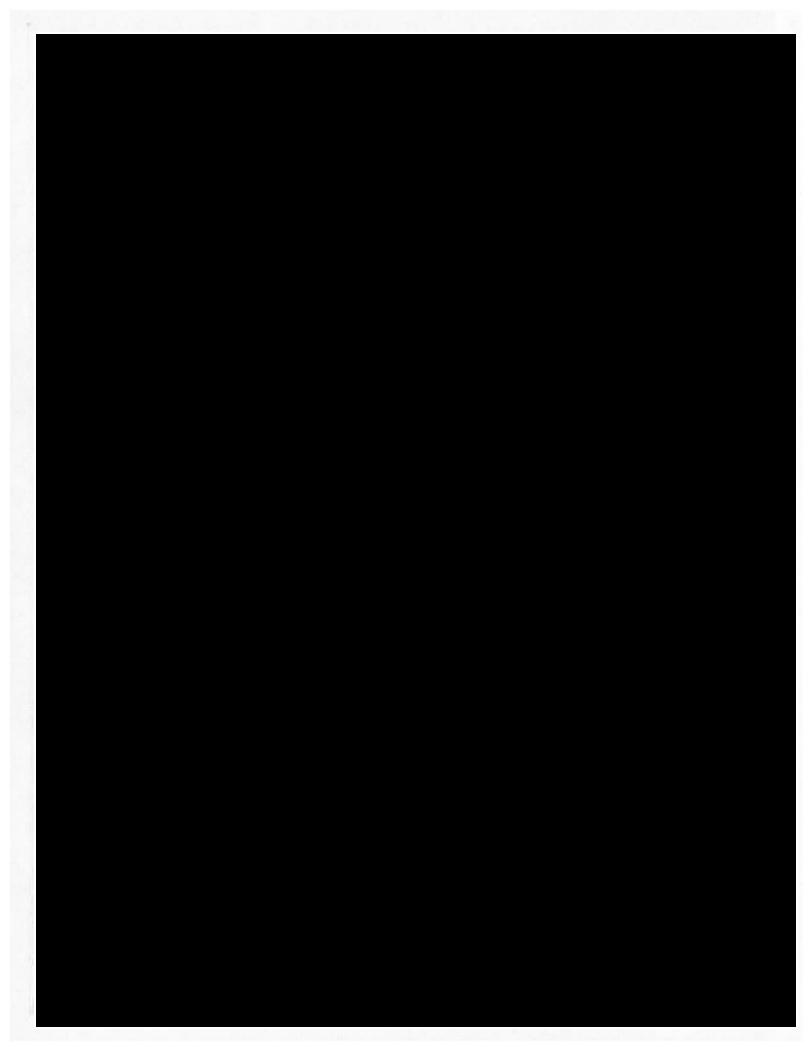


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		Carri	er Information			
Company Name	MCIMetro Access	Transmission Svcs.	LLC			
Company Address			2400	Comband Barbarat C		
Telephone / Fax	3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339 (770) 240-8748 / (770) 958-0700					
Vendor Number						
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		
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		Carrier Information	m .	2.7			
Company Name	MCIMetro Access To	ransmission Svcs. LLC					
Company Address		310	0 Cumberland Boulevard, Suite 700 Atlanta, GA 30	339			
Telephone / Fax	(770) 240-8748 / (770) 958-0700						
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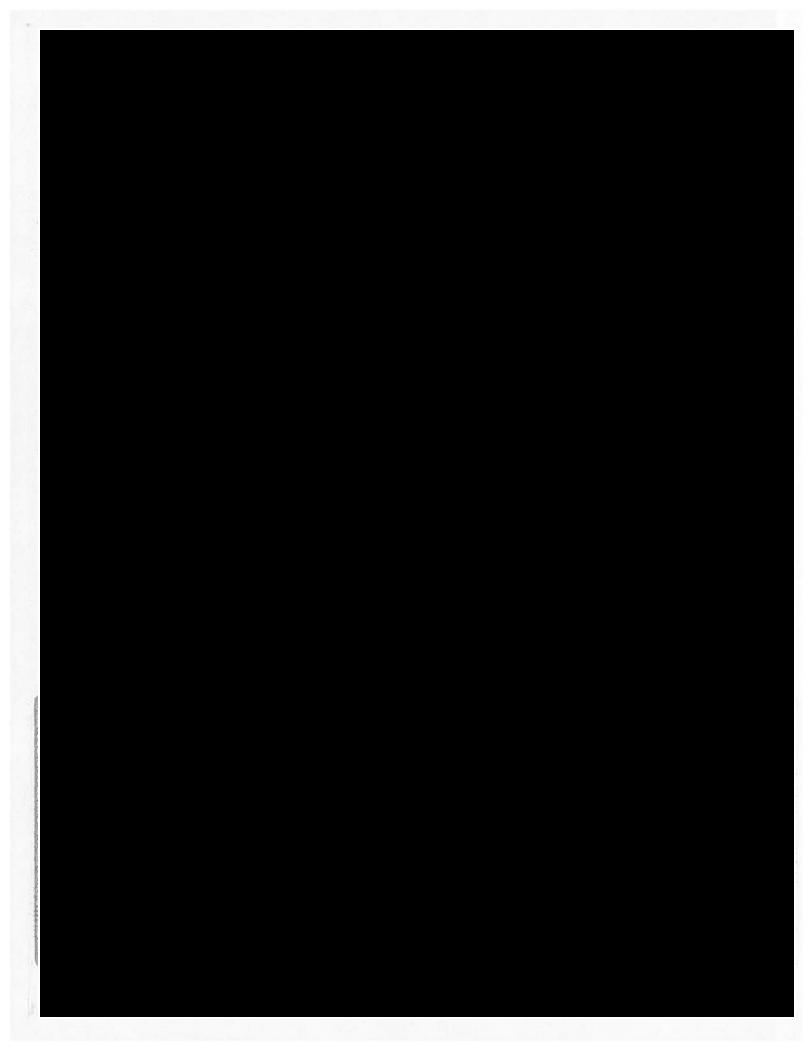


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Company Address			310	0 Cumberland Bouler	vard, Suite 700 Atlanta, GA 30339	
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I horoby attest that the	information typor	ted herein is true		the best of my knowl		
Company Official Rob	ert Mutzenback (Printed)	Title Dire	ctor of Tax	Company Off	licial Dist Majulus (Signed)	
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