EXHIBIT 20

FCC Form 497	L	IFELINE WORKSHEE	т		Avg. Burden E	OMB Approval 3060-0819 st. per Respondent: 2.5 Hr s .
(1) USAC Service Pro	ovider Identification Number	143001568		(2) Serving Area	260406
(3) Filer 499 ID <u>804</u>	609	(4) Technology Type (Check	one):	Wireline X	_	Wireless
(5) ETC Designation	Type (Check one):	Lifeline Only	High Cost/	Low Income X		
(6)			(7) Filing Ir	nformation		
Company Name:	Foothills Rural Telephone Co	operative Corporation Inc.				
Mailing Address:	P.O. Box 240		a) Submiss	sion Date	Janua	ry 29, 2014
	Staffordsville, KY 41256					
			b) Data Mo	onth	Jan	uary-14
Contact Name:		a Gamble				
Telephone Number:		97-9128	c) Type of f	filing (Check one):	Original X	Revision D
Fax Number:	(606) 2	97-9631				
E-mail Address:	charlena@f	oothills.coop	d) State Re	porting	Ke	entucky
Tribal Low-Income S	ral Lifeline Support (8		× _	(b) Lifeline Support/ Subscriber \$ 9.25 \$ - (not to exceed \$34.25) ral Lifeline Support C	=	(c) Total Lifeline <u>18,944.00</u> <u></u>
	ailable only to ETCs receiving H	ligh Cost Support)				
	Inections waived (14 d per Connection (15 (no		(for multiple rat	tes, use an average amount)		
Total Connection	on charges waived (16	i) <u>\$</u>	_			
Deferred Interes	st (17	·) <u>\$</u>	_			
			Total	Tribal Link Up Suppo	t Claimed (18)	
ETC Payment						
Total Lifeline	\$ 18,944.00			Total Tribal Link Up		-
				Τοί	al Dollars (19)	\$ 18,944.00

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Case No. 2016-00059 Exhibit B

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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

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

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

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DATE

OFFICER NAME

OFFICER TITLE

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

OFFICER SIGNATURE

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FCC Form 497		LIFELI	NE WORKSHEI	EI		A	vg. Burden E	st. per	OMB Approv 3060-08 Respondent: 2.5 H
1) USAC Service Pro	ovider Identification Num	ber	143001568			(2) \$	Serving Area		260406
3) Filer 499 ID 804	609	(4) Te	chnology Type (Cheo	ck one):		Wireline X			Wireless _
5) ETC Designation	Type (Check one):	Lifelin	e Only	High Co	ost/Low Inco	me X			
6)				(7) Filin	g Information	1			
Company Name:	Foothills Rural Telepho	one Cooperativ	ve Corporation Inc.	1				-	
Mailing Address:	P.O. Box 240			a) Subr	mission Date		Marc	h 5, 2	2014
	Staffordsville, KY 4125	6		_	in a		Eab		14
			11	b) Data	Month		Feb	ruary	-14
Contact Name:		rlena Gan		-					
Telephone Number:		06) 297-91		c) Type	of filing (Che	ck one): Or	iginal X	Revis	ion
Fax Number:		06) 297-96		_					
E-mail Address:	charle	na@foothil	ls.coop	d) State	Reporting		Ke	ntuc	(y
Lifeline Non-Tribal Low-Inco receiving fede	me Subscribers ral Lifeline Support	(8)	(a) # Lifeline <u>Subscribers</u> 2,006	x		ne Support/ scriber 9.25	=	(c) T	otal Lifeline 18,555.50
Fribal Low-Income S receiving fede	ubscribers ral Lifeline Support	(9)	0	x	\$ (not to	exceed \$34.25)	=	\$	
Tribal Link Up (Av	ailable only to ETCs rece	iving High Co	st Support)	Total F	ederal Lifelin	e Support Clai	med (10)	\$	18,555.50
	nnections waived ad per Connection	(14) (15) \$	the second se	(for multip	Ne rates, use an a	iverage amount)			
Total Connect	ion charges waived	(16) _\$	-						
Deferred Intere	est	(17) _\$	-						
				То	otal Tribal Lin	k Up Support	Claimed (18)		
ETC Payment									
Total Lifelin	e \$18,555.50	Total	TLS \$		Total Tril	oal Link Up _\$	-	_	

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Case No. 2016-00059 Exhibit B

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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

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DATE

OFFICER SIGNATURE

OFFICER TITLE

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OFFICER NAME

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FCC Form 497		LIFELINE WORKSH	EET		Avg. Burde	n Est. pe	OMB Approv 3060-08 er Respondent: 2.5 H
(1) USAC Service Pro	ovider Identification Number	143001568			(2) Serving A	rea	260406
(3) Filer 499 ID 804	609	(4) Technology Type (Ch	eck one):	Wire	line X		Wireless
5) ETC Designation	Type (Check one):	Lifeline Only	High Cos	t/Low Income	K		
6)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Information			
Company Name:	Foothills Rural Telephone	Cooperative Corporation Inc.					
Mailing Address:	P.O. Box 240			ssion Date	Mai	ch 24	, 2014
	Staffordsville, KY 41256		b) Data N	Aonth		March	-14
Contact Name:	Charle	ena Gamble	Di Duta i				
Telephone Number:	(000) 297-9128	c) Type of	f filing (Check on	e): Original X	Rev	ision 🛛
Fax Number:) 297-9631					
E-mail Address:		@foothills.coop	d) State R	Reporting		Kentu	cky
Tribal Low-Income S	ral Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>2,072</u> (9) <u>0</u>		(b) Lifeline St <u>Subscrib</u> \$ (not to excee deral Lifeline Su	<u>9.25</u> =	\$	Total Lifeline 19,166.00 - 19,166.00
Number of Co	ailable only to ETCs receivin nnections waived ad per Connection	g High Cost Support) (14: (15) \$ (not to exceed \$100)	- (for multiple	rates, use an averag	e amount)		
Total Connect	ion charges waived	(16) \$					
Deferred Intere	est	(17) \$					
ETC Payment			Tota	al Tribal Link Up	Support Claimed (18)	
Total Lifelin	e_\$19,166.00_	Total TLS \$		Total Tribal Li	ink Up _\$		19,166.00

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Case No. 2016-00059 Exhibit B

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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DATE

OFFICER SIGNATURE

OFFICER NAME

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FCC Form 497		LIFELINE WORKSHEE	ΕT		Avg. Burden E	OMB Approva 3060-081 st. per Respondent: 2.5 Hr
(1) USAC Service Pro	ovider Identification Number	143001568		(2)	Serving Area	260406
(3) Filer 499 ID <u>804</u>	609	(4) Technology Type (Chec	k one):	Wireline X		Wireless
(5) ETC Designation	Type (Check one):	Lifeline Only	High Cost/Lo	w Income X		
(6)			(7) Filing Info	ormation		
Company Name:	Foothills Rural Telephone (Cooperative Corporation Inc.				
Mailing Address:	P.O. Box 240		a) Submissio	on Date	April	28, 2014
	Staffordsville, KY 41256				۸.	
	01.1	<u>A</u>	b) Data Mont	h	A	oril-14
Contact Name:		na Gamble	-			
Telephone Number:		297-9128	c) Type of fili	ng (Check one): (Driginal X	Revision D
Fax Number:		297-9631	_			
E-mail Address:	charlena(ofoothills.coop	d) State Repo	orting	Ke	ntucky
Tribal Low-Income S	ral Lifeline Support	Subscribers (8) (9)0	x _\$	9.25 (not to exceed \$34.25) I Lifeline Support Cli	= = aimed (10)	\$ 19,092.00 \$ - \$ 19,092.00
Tribal Link Up (Av	ailable only to ETCs receiving	High Cost Support)				
	ed per Connection	(14) (15) \$ - (not to exceed \$100)	(for multiple rates	, use an average amount)		
Total Connect	ion charges waived	(16) <u>\$</u>				
Deferred Intere	est	(17) <u>\$</u>	_			
			Total Tr	ibal Link Up Suppor	t Claimed (18)	
ETC Payment						
Total Lifelin	e \$19,092.00	Total TLS \$	Т	otal Tribal Link Up _	\$ -	-
				Tot	al Dollars (19)	\$ 19,092.00

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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FCC Form 497		LIFELINE WORKS	HEET		Avg. Burden f	OMB Appro 3060-08 Est. per Respondent: 2.5 I
1) USAC Service Pr	ovider Identification Number	1430015	68	(2)) Serving Area	260406
3) Filer 499 ID 804	609	(4) Technology Type	(Check one):	Wireline X		Wireless _
5) ETC Designation	Type (Check one):	Lifeline Only	Lifeline Only High Cost/Low In			
6)			(7) Filing I	nformation		
Company Name:	Foothills Rural Telephone	Cooperative Corporation I	nc.			
Mailing Address:	P.O. Box 240		a) Submis	sion Date	May	28, 2014
	Staffordsville, KY 41256					
	01	0	b) Data Mo	onth	IV	lay-14
Contact Name:		ena Gamble				
Telephone Number) 297-9128	c) Type of	filing (Check one):	Original X	Revision
Fax Number:) 297-9637				
E-mail Address:	charlena(@foothills.coop	d) State Re	porting	Ke	entucky
ribal Low-Income S	ral Lifeline Support	(8) <u>2,018</u> (9) <u>0</u>	x	\$ 9.25 (not to exceed \$34.25) rral Lifeline Support Cl	= = aimed (10)	\$ 18,666.50 \$ - \$ 18,666.50
ribal Link Up (Av	ailable only to ETCs receiving	g High Cost Support)				
	nnections waived ad per Connection	(14) (15) \$ (not to exceed \$100)	(for multiple ra	ites, use an average amount)		
Total Connect	ion charges waived	(16) \$	-			
Deferred Inter	est	(17) \$	-			
			Total	Tribal Link Up Suppor	t Claimed (18)	
ETC Payment						
Total Lifelin	\$ 18,666.50	Total TLS \$		Total Tribal Link Up _	\$	_
					al Dollars (19)	\$ 18,666,50

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FCC Form 497

April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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(5) ETC Designation	Type (Check one):	Lifeline Only	High Cost/L	.ow Income X		
(6)			(7) Filing In	formation		
Company Name:	Foothills Rural Telephone C	Cooperative Corporation Inc.				
Mailing Address:	P.O. Box 240		a) Submiss	ion Date	July	7, 2014
	Staffordsville, KY 41256				1.	100 14
0	Charle	na Gamble	b) Data Mor	hth	JL	une-14
Contact Name:			-			Budden B
Telephone Number:		297-9128	c) Type of fi	ling (Check one):	Original X	Revision D
Fax Number:		297-9637	-			
E-mail Address:	charlena(c	ofoothills.coop	d) State Rep	porting	Ke	entucky
Tribal Low-Income S	ral Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>2,043</u> (9) <u>0</u>	x	(b) Lifeline Support/ Subscriber \$ 9.25 \$	-	(c) Total Lifeline \$ 18,897.75 \$ - \$ 18,897.75
Number of Co	ed per Connection	(14) (15) <u>\$</u>	(for multiple rate	es, use an average amount)		
Total Connect		(not to exceed \$100) (16) _\$				
Deferred intere	est	(17) \$				
ETC Payment			Total 1	ribał Link Up Suppo	rt Claimed (18)	
Total Lifelin	e \$18,897.75	Total TLS \$		Total Tribal Link Up	\$ -	
				То	tal Dollars (19)	\$ 18,897.75

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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

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

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

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

DATE

OFFICER SIGNATURE

OFFICER TIT

OFFICER NAME

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FCC Form 497		LIFEL	INE WORKSHE	EI		A	vg. Burden	Est. per	OMB Appro 3060-08 Respondent: 2.5 I
1) USAC Service Pro	ovider Identification Num	ber	143001568			(2) \$	Serving Area	a	260406
3) Filer 499 ID 8040	509	(4) T	echnology Type (Che	ck one):		Wireline X			Wireless
5) ETC Designation	Type (Check one):	Lifeti	ine Only	High C	ost/Low Inco	me <u>X</u>			
6)				(7) Filir	ng Information	1			
Company Name:	Foothills Rural Telepho	ne Cooperat	ive Corporation Inc.						
Mailing Address:	P.O. Box 240			a) Sub	mission Date		Augu	ist 5, 2	2014
	Staffordsville, KY 41256	3		-					
	Ohe	alama Ca		b) Data	Month		J	uly-14	+
Contact Name:		rlena Ga		_					
Telephone Number:		06) 297-9		c) Type	of filing (Chee	ck one): Or	iginal X	Revis	ion
Fax Number:		06) 297-9		_					
E-mail Address:	charler	na@foothi	ills.coop	d) State	Reporting		Ke	entuc	<y< td=""></y<>
Lifeline Non-Tribal Low-Incon receiving feder	me Subscribers al Lifeline Support	(8) _	(a) # Lifeline <u>Subscribers</u> 1,994	x		ne Support/ scriber 9.25	-	(c)T	otal Lifeline 18,444.50
ribal Low-Income S									
receiving feder	al Lifeline Support	(9) _	0	×	\$	exceed \$34.25)	=	\$	-
				Total F		e Support Clai	med (10)	\$	18,444.50
Tribal Link Up (Ava	ailable only to ETCs recei	ving High Co	ost Support)						
	nections waived d per Connection	(14) (15)		(for multip	le rates, use an a	verage amount)			
Total Connection	on charges waived	(16)	\$						
Deferred Intere	st	(17) _	\$						
				Тс	otal Tribal Lin	k Up Support (Claimed (18)	
ETC Payment									
Total Lifeline	\$ 18,444.50	Tota	I TLS \$		Total Trib	al Link Up _\$	-	_	
						Total	Dollars (19)	e	18,444.50

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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DATE OFFICER TITLE

OFFICER SIGNATURE

OFFICER NAME

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FCC	Form	497
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LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provid	der Identification Numb	er	143001568			(2) 5	Serving Area	a	260406	
(3) Filer 499 ID <u>804609</u>		(4) Te	chnology Type (Che	ck one):	v	/ireline <u>X</u>			Wireless	
(5) ETC Designation Ty	pe (Check one):	Lifelin	ne Only	High C	ost/Low Incom	Low Income X				
(6)				(7) Filin	ng Information					
	oothills Rural Telephor .O. Box 240	ne Cooperati	ooperative Corporation Inc.			a) Submission Date August				
-	taffordsville, KY 41256			_	a Month			igust-		
Contact Name:	Cha	rlena Gar	na Gamble					9		
Telephone Number:		6) 297-91		c) Type	e of filing (Check	(one): Or	riginal X	Revis	ion 🖵	
Fax Number:			297-9637		g (ener	, one pr	igna A			
E-mail Address:		a@foothi		d) Stat	e Reporting		Ke	entucl	<y< td=""></y<>	
Lifeline Non-Tribal Low-Income receiving federal I		(8)	(a) # Lifeline <u>Subscribers</u> 1,900	x	(b) Lifeling <u>Subs</u>		-	(c) T \$	otal Lifeline	
ribal Low-Income Sub receiving federal I		(9)	0	X Total F	(not to ex ederal Lifeline	cceed \$34.25) Support Clai	= med (10)	\$	17,575.00	
ribal Link Up (Availa	ble only to ETCs receiv	ving High Co	st Support)							
Number of Conne Charges waived p		(14) (15) <u>\$</u> (not to excert		(for multi	ple rates, use an ave	erage amount)				
Total Connection	charges waived	(16) _\$								
Deferred Interest		(17) _\$								
				Т	otal Tribal Link	Up Support	Claimed (18)		
ETC Payment										
Total Lifeline	17,575.00	Total	TLS \$		Total Triba	I Link Up _\$	-	_		
						Total	Dollars (19) \$	17,575.00	

Case No. 2016-00059 Exhibit B

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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DATE

OFFICER SIGNATURE OFFICER NAME

OFFICER TITLE

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FCC Form 497		LIFELI	NE WORKSHE	ET			Avg. Burden	Est. per	OMB Approva 3060-0819 r Respondent: 2.5 Hr
(1) USAC Service Pro	ovider Identification Number		143001568			(2) Serving Are	a	260406
(3) Filer 499 ID <u>804</u>	609	(4) Tec	hnology Type (Cheo	ck one):		Wireline X	<u> </u>		Wireless
(5) ETC Designation	Type (Check one):	Lifelin	e Only	High C	ost/Low Inc	come X			
(6)				(7) Filin	ng Informat	ion			
Company Name:	Foothills Rural Telephone	Cooperativ	e Corporation Inc.						
Mailing Address:	P.O. Box 240			a) Sub	mission Dat	e	Octo	ber 7,	2014
	Staffordsville, KY 41256			_			Can	to make	. 14
	Charle		hla	b) Dat	a Month		Sep	lempe	er-14
Contact Name:		na Gam		-					D
Telephone Number:		297-912		c) Type	e of filing (Cl	neck one):	Original X	Revi	sion
Fax Number:		297-963		-					1.0.0
E-mail Address:	charlena	<i>wfoothill</i>	s.coop	d) Stat	e Reporting		K	entuc	ку
Tribal Low-Income S	ral Lifeline Support	(8) (9)	(a) # Lifeline <u>Subscribers</u> 1,916 0	X X Total F	\$	bline Support bscriber 9.25 		(c) \$ \$ \$	Total Lifeline 17,723.00 - 17,723.00
Number of Co	ailable only to ETCs receiving nnections waived ad per Connection	(14) (14) (15) <u>\$</u>	t Support)	(for multi	ole rates, use a	n average amount	0		
Total Connect	ion charges waived	(not to exceed	1\$100)						
Deferred Intere	est	(17) <u>\$</u>	-						
				Т	otal Tribal L	ink Up Supp	ort Claimed (18	3)	
ETC Payment									
Total Lifelin	e \$17,723.00	Total 1	LS \$		Total T	ribal Link Up	<u>\$</u> -	_	
						Т	otal Dollars (19) \$	17,723.00

LIFELINE WORKSHEET

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FCC Form 497

Case No. 2016-00059 Exhibit B

FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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Rith Conly

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OFFICER NAME

OFFICER TITLE

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FCC Form 497		LIFEL	INE WORKSHE	ET		P	vg. Burden (Est. per	OMB Appro 3060-08 Respondent: 2.5
1) USAC Service Pr	ovider Identification Number	er	143001568			(2) 5	Serving Area	·	260406
3) Filer 499 ID804	1609	(4) T	echnology Type (Che	ck one):		Wireline X			Wireless_
5) ETC Designation	Type (Check one):	Lifeli	ine Only	High C	ost/Low Inco	me_X_			
6)				(7) Filir	ng Information	n			
Company Name:	Foothills Rural Telephon	e Cooperat	ive Corporation Inc.	1.7.1.1	ganonado			-	
Mailing Address:	P.O. Box 240			a) Sub	mission Date		Octob	er 29,	2014
	Staffordsville, KY 41256			_			0		
				b) Data	a Month		ÜC	tober-	14
Contact Name:		lena Ga		_					
Telephone Number		6) 297-9		c) Type	of filing (Che	ck one): Or	iginal X	Revis	ion
Fax Number:	the second se	6) 297-9		_					
E-mail Address:	charlen	a@foothi	ills.coop	d) State	Reporting		Ke	entucl	<y< td=""></y<>
ribal Low-Income S	eral Lifeline Support	(8)	(a) # Lifeline <u>Subscribers</u> 1,826 0	x	\$\$	ne Support/ scriber 9,25	=	(c) T \$ \$	otal Lifeline 16,890.50
		ing High Co	and Support	Total F		e Support Clai	med (10)	\$	16,890.50
Number of Co Charges waive	ailable only to ETCs receive nnections waived ed per Connection tion charges waived est	(14) (15) (not to exce (16)	\$						
				Т	otal Tribal Lin	k Up Support	Claimed (18)	
ETC Payment									
Total Lifelin	ne_\$16,890.50	Tota	I TLS \$		Total Tril	bal Link Up _\$		_	
							Dollars (19		16,890.50

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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FCC Form 497		LIFEL	INE WORKSHEE	Т		A	vg. Burden	Est. per	OMB Approval 3060-0819 Respondent: 2.5 Hrs
(1) USAC Service Pr	ovider Identification Nu	mber	143001568			(2) 5	Serving Are	a	260406
(3) Filer 499 ID 804	1609	(4)	Technology Type (Chec	k one):	v	Vireline X			Wireless
(5) ETC Designation	Type (Check one):	Life	line Only	High C	ost/Low Incom	ne X			
(6)				(7) Fili	ng Information				
Company Name:	Foothills Rural Teleph	none Coopera	tive Corporation Inc.						
Mailing Address:	P.O. Box 240		and Burger and Andrews	a) Sub	mission Date		Novem	ber 2	6, 2014
	Staffordsville, KY 412	56					Nov	embe	- 14
0	Ch	arlena Ga	mblo	b) Dat	a Month		INOV	empe	1-14
Contact Name:				-				Davis	
Telephone Number		606) 297-9		c) Type	e of filing (Check	k one): Or	riginal X	Revis	sion 🗆
Fax Number:		606) 297-9		-					
E-mail Address:	charle	ena@footh	<u>ills.coop</u>	d) Stat	e Reporting		K	entuc	ку
Tribal Low-Income	eral Lifeline Support	(8) (9)	(a) # Lifeline <u>Subscribers</u> 1,886 0	X X Total F	<u>Subs</u>	xceed \$34.25)	= = med (10)	\$	otal Lifeline <u>17,445.50</u> - <u>17,445.50</u>
Number of Co	railable only to ETCs rec	(14)							
	ed per Connection	(not to exc	ceed \$100)		ple rates, use an av	erage amount)			
Total Connect	tion charges waived	(16)	\$ -						
Deferred Inter	est	(17)	\$						
				Т	otal Tribal Link	Up Support	Claimed (18	s)	
ETC Payment									
Total Lifelin	ne \$17,445.50	Tota	al TLS \$		Total Triba	al Link Up _\$	-	_	
						Total	Dollars (19) _\$	17,445.50

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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FCC Form 497			ET	Avg. Burden E	OMB Approval 3060-0819 st. per Respondent: 2.5 Hrs
(1) USAC Service Pro	ovider Identification Number	143001568		(2) Serving Area	260406
(3) Filer 499 ID 804	609	(4) Technology Type (Chec	k one): Wireline	X	Wireless
(5) ETC Designation	Type (Check one):	Lifeline Only	High Cost/Low Income X		
(6)			(7) Filing Information		
Company Name:	Foothills Rural Telephone C	Cooperative Corporation Inc.			
Mailing Address:	P.O. Box 240		a) Submission Date	Decemb	er 30, 2014
	Staffordsville, KY 41256		b) Data Month	Dece	mber-14
	Charle	na Gamble	b) Data Montri	Dece	
Contact Name:			The subscription of the		Burlishe D
Telephone Number:		297-9128	c) Type of filing (Check one):	Original X	Revision D
Fax Number:		297-9637	_		
E-mail Address:	charlena	ofoothills.coop	d) State Reporting	Ke	ntucky
Tribal Low-Income S	ral Lifeline Support Subscribers	(8) <u>1,893</u> (9) <u>0</u>			\$ 17,510.25 \$ - \$ 17,510.25
Tribal Link Up (Ava	ailable only to ETCs receiving	High Cost Support)			
	ed per Connection	(14) (15) \$ -	(for multiple rates, use an average am	ount)	
Total Connecti	ion charges waived	(16) \$ -			
Deferred Intere	est	(17) <u>\$</u>			
			Total Tribal Link Up Su	pport Claimed (18)	
ETC Payment					
Total Lifelin	\$ 17,510.25	Total TLS \$	Total Tribal Link	Up_\$	-
				Total Dollars (19)	\$ 17,510.25

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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

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

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

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DATE

OFFICER SIGNATURE

OFFICER NAME

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FCC Form 497		LIFELINE WORKSHEET			4	Avg. Burden E	ist. per l	OMB Approv 3060-081 Respondent: 2.5 H	
(1) USAC Service Pr	ovider Identification Number		143001568			(2) 5	Serving Area	_	260406
(3) Filer 499 ID 804	609	(4) Tec	hnology Type (Chee	ck one):	v	Vireline X			Wireless
5) ETC Designation	Type (Check one):	Lifeline	only	High Co	ost/Low Incom	1e X			
6)				(7) Filin	g Information				
Company Name:	Foothills Rural Telephone	Cooperative	e Corporation Inc.						
Mailing Address:	P.O. Box 240			a) Sub	mission Date		Januar	y 31,	2015
	Staffordsville, KY 41256								
				b) Data	Month		Jan	uary-	15
Contact Name:		ena Gam		_					
Telephone Number) 297-912		c) Type	of filing (Check	k one): Or	riginal X	Revisi	on 🛛
Fax Number:) 297-963							
E-mail Address:	charlena	@foothills	s.coop	d) State	Reporting		Ke	ntuck	У
ribal Low-Income S	eral Lifeline Support	(8) (9)	1,895 0		\$ (not to endered Lifeline	xceed \$34.25)	= = med (10)	\$ \$ \$	<u>17,528.75</u> <u>-</u> <u>17,528.75</u>
ribal Link Up (Av	vailable only to ETCs receivin	g High Cost	Support)						
	nnections waived ed per Connection	(14) (15) \$ (not to exceed	-	(for multip	de rates, use an av	erage amount)			
Total Connect	tion charges waived	(16) \$							
Deferred Inter-	est	(17) \$							
				То	otal Tribal Link	Up Support	Claimed (18)	1	
ETC Payment									
Total Lifeline \$17,528.75 Total TLS \$		LS \$		Total Triba	al Link Up _\$		-		
						Total	Dollars (19)	\$	17,528.75
								-	

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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

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

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(1) USAC Service Pr	rovider Identification Number	143001568		(2) :	Serving Area	260406
(3) Filer 499 ID 804	4609	(4) Technology Type (Che	ck one):	Wireline X		Wireless _
(5) ETC Designation Type (Check one): Lifeline Only		Lifeline Only	High Cost/Los	w Income X		
(6)			(7) Filing Info	rmation		
Company Name:	Foothills Rural Telephone	Cooperative Corporation Inc.				
Mailing Address:	P.O. Box 240		a) Submission	n Date	April	7, 2015
	Staffordsville, KY 41256				Esh	
	01	and On white	b) Data Month	1	Feb	ruary-15
Contact Name:		na Gamble	_			
Telephone Number		297-9128	c) Type of filin	ng (Check one): O	riginal X	Revision 🗆
Fax Number:		297-9637	_			
E-mail Address:	<u>charlena(</u>	Dfoothills.coop	d) State Report	rting	Ke	ntucky
Fribal Low-Income	eral Lifeline Support	(8) <u>1,876</u> (9) <u>0</u>	x _\$	9.25 (not to exceed \$34.25) Lifeline Support Cla	= = iimed (10)	\$ 17,353.00 \$ - \$ 17,353.00
Tribal Link Up (Av	vailable only to ETCs receiving	High Cost Support)				
	nnections waived ed per Connection	(14) (15) \$ (not to exceed \$100)	(for multiple rates,	use an average amount)		
Total Connect	tion charges waived	(16) \$				
Deferred Inter	rest	(17) _\$	-			
			Total Tri	bal Link Up Support	Claimed (18)	5
ETC Payment						
Total Lifelin	ne_\$17,353.00	Total TLS \$	То	otal Tribal Link Up _\$	5 -	_
				Tota	Dollars (19)	\$ 17,353.00
				1014	, soluto (10)	11,000,00

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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FCC	Form	497
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LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number			143001568		(2) Serving Area				260406	
(3) Filer 499 ID <u>80460</u>	9	(4) Tech	(4) Technology Type (Check		w	ireline <u>X</u>			Wireless	
(5) ETC Designation T	ype (Check one):	Lifeline	Lifeline Only		ost/Low Income	X				
(6)				(7) Filing Information						
Company Name:	Foothills Rural Telephone	Cooperative	Corporation Inc.							
Mailing Address:	P.O. Box 240			a) Sub	mission Date		Apr	ril 7, 2	015	
	Staffordsville, KY 41256			b) Data	Month		M	larch-	15	
Contact Name:	Charle	ena Gamb	ole							
elephone Number: (606) 297-9128			c) Type	of filing (Check	one):	Original X	Revis	sion		
Fax Number:		297-963								
E-mail Address:		@foothills.		d) State	Reporting		к	entuc	ky	
Lifeline Non-Tribal Low-Incom			(a) # Lifeline <u>Subscribers</u>		(b) Lifeline <u>Subsc</u>	riber			otal Lifeline	
receiving federa	I Lifeline Support	(8)	1,894	x	\$	9.25		\$	17,519.50	
Tribal Low-Income Su receiving federa	bscribers I Lifeline Support	(9)	0	X Total Fe	(not to exe ederal Lifeline	- ceed \$34.25) Support C		\$	17,519.50	
Tribal Link Up (Avail	lable only to ETCs receiving	g High Cost S	Support)							
Number of Conn Charges waived	per Connection	(14) (15) \$ (not to exceed \$:100)		le rates, use an aver	rage amount				
Total Connectio	n charges waived	(16) _\$								
Deferred Interes	t	(17) \$								
				То	tal Tribal Link	Up Suppo	ort Claimed (18	3)		
ETC Payment										
Total Lifeline	\$ 17,519.50	Total TL	S\$		Total Tribal	Link Up	\$ -	_		
						То	tal Dollars (19) \$	17,519.50	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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FCC Form 497		LIFELINE WORKSHI	EET		Avg. Burden I	OMB Approva 3060-081 Est. per Respondent: 2.5 Hr
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3) Filer 499 ID804609		(4) Technology Type (Ch	eck one):	Wireline X		Wireless
5) ETC Designation Type (Check one): Lifeline Only		High Cost/L	ow Income X			
(6)			(7) Filing In	formation		
Company Name:	Foothills Rural Telephone	Cooperative Corporation Inc.				
Mailing Address:	P.O. Box 240		a) Submiss	ion Date	May	/ 1, 2015
Staffordsville, KY 41256						
	01 1		b) Data Mor	nth	A	pril-15
Contact Name:		ena Gamble	_			
Telephone Number:		297-9128	c) Type of fi	ling (Check one): (Original X	Revision
Fax Number:		297-9637				
E-mail Address:	-mail Address: charlena@foothills.coop		d) State Rep	porting	entucky	
Tribal Low-Income S receiving fede	ral Lifeline Support	Subscribers (8) 1,878 (9) 0		Subscriber 9.25 (not to exceed \$34.25) al Lifeline Support Cli	= = aimed (10)	\$ 17,371.50 \$ - \$ 17,371.50
Number of Con Charges waive	nnections waived ed per Connection ion charges waived	(14)		es, use an average amount)		
Deferred Intere		(17) <u>\$</u>				
CT0 D			Total 1	ribal Link Up Suppor	t Claimed (18)	
ETC Payment						
Total Lifelin	e \$17,371.50	Total TLS \$		Total Tribal Link Up _	\$ -	-
				Tota	al Dollars (19)	\$ 17,371.50

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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(1) USAC Service Pr	ovider Identification Number	143001568		(2) Se	rving Area	260406	
(3) Filer 499 ID 804	1609	(4) Technology Type (Che	ck one):	Wireline X		Wireless	
(5) ETC Designation Type (Check one):		Lifeline Only	High Cost/Low	Income X			
(6)			(7) Filing Inform	nation			
Company Name:	Foothills Rural Telephone	Cooperative Corporation Inc.					
Mailing Address:	P.O. Box 240		a) Submission	Date	June	1, 2015	
	Staffordsville, KY 41256		-		844	May-15	
	Ohada	and Comphile	b) Data Month		IVIa	ay-15	
Contact Name:		na Gamble	-				
Telephone Number		297-9128	c) Type of filing	(Check one): Orig	ginal X	Revision	
Fax Number:		297-9637	_				
E-mail Address:	<u>charlena(</u>	ofoothills.coop	d) State Reporti	ng	Ker	ntucky	
Tribal Low-Income S	eral Lifeline Support	Subscribers (8) 1,832 (9) 0	x _\$	9.25 (not to exceed \$34.25) ifeline Support Claim	= = 1ed (10)	\$ 16,946.00 \$ - \$ 16,946.00	
Tribal Link Up (Av	vailable only to ETCs receiving	High Cost Support)					
		(14) (15) \$	(for multiple rates, us	e an average amount)			
Total Connect	tion charges waived	(16) \$					
Deferred Inter	rest	(17) <u>s</u>	<u> </u>				
			Total Triba	al Link Up Support Cl	aimed (18)		
ETC Payment							
Total Lifelin	ne \$ 16,946.00	Total TLS \$	Tota	il Tribal Link Up 💲			
				Total D	Dollars (19)	\$ 16,946.00	
				i otal b		4 10,340.00	

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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

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

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

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DATE OFFICER TITLE

OFFICER SIGNATURE

OFFICER NAME

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FCC	Form	497
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LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number		143001568			a 260406			
(3) Filer 499 ID 804609	9	(4) Technology Type (Chec	ck one):	one): Wireline X				
(5) ETC Designation Ty	rpe (Check one):	Lifeline Only	High Cost/Low Income X					
(6)			(7) Filing Information					
	Foothills Rural Telephone (Cooperative Corporation Inc.						
	P.O. Box 240		a) Submission E	Date	Jul	y 6, 2015		
-	Staffordsville, KY 41256		b) Data Month		J	une-15		
Contact Name:	Charle	na Gamble						
Telephone Number: (606) 297-9128			c) Type of filing (Check one):	Original X	Revision D		
Fax Number: (606) 297-9637								
E-mail Address:		ofoothills.coop	d) State Reportin	g	K	entucky		
Lifeline Non-Tribal Low-Income receiving federal		(a) # Lifeline <u>Subscribers</u> (8) 1,828		ifeline Suppor Subscriber 9.2		(c) Total Lifeline \$ 16,909.00		
ribal Low-Income Sub receiving federal		(9)0		not to exceed \$34.2 feline Support	:5)	\$		
Tribal Link Up (Availa	able only to ETCs receiving	High Cost Support)						
Number of Conne Charges waived	per Connection	(14) (15) \$ - (not to exceed \$100)	(for multiple rates, use	e an average amou	nt)			
Total Connection	charges waived	(16) <u>\$</u> -						
Deferred Interest		(17) \$						
			Total Triba	Link Up Sup	port Claimed (18	3)		
ETC Payment								
Total Lifeline	\$ 16,909.00	Total TLS \$	Tota	l Tribal Link Uj	p <u>\$</u> -	_		
				1	Fotal Dollars (19	\$ 16,909.00		

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

FCC Form 497 April 2012 Edition

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DATE

OFFICER TITLE

OFFICER NAME

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FCC Form 497		LIFEL	INE WORKSHE	ET			Avg. Burden E	st. per	OMB Appro 3060-08 Respondent: 2.5 H
(1) USAC Service Provider Identification Number			143001568			(2)	Serving Area		260406
3) Filer 499 ID 8046	509	(4) T	echnology Type (Che	ck one);		Wireline X			Wireless _
5) ETC Designation	Type (Check one):	Lifeli	ne Only	High C	ost/Low Inco	me X			
(6)				(7) Filir	g Informatio	0			
Company Name:	Foothills Rural Teleph	one Cooperat	ive Corporation Inc.		ginomate				
Mailing Address:	P.O. Box 240	tone ecoperat		a) Sub	mission Date		Augus	t 11,	2015
	Staffordsville, KY 412	56							
				b) Data	Month		Ju	uly-15	5
Contact Name:	Ch	arlena Ga	mble						
Telephone Number:	(1	606) 297-9	128	c) Type	of filing (Che	ck one): C	riginal X	Revis	ion 🗅
Fax Number:	()	606) 297-9	637						
E-mail Address:	charle	ena@foothi	IIS.COOD	d) State	Reporting		Ke	ntuck	(V
ribal Low-Income S receiving feder	ral Lifeline Support	(8) _ (9) _	0	× × Total F		9.25 exceed \$34.25) te Support Cla	= = iimed (10)	\$	16,594.50 - 16,594.50
Tribal Link Up (Ava	ailable only to ETCs rec	eiving High Co	ost Support)						
	nections waived d per Connection	(14) (15) (not to exce		(for multip	ole rates, use an	average amount)			
Total Connecti	on charges waived	(16)	\$						
Deferred Intere	st	(17)	\$						
				Т	otal Tribal Li	k Up Support	Claimed (18)		
ETC Payment									
Total Lifelin	e \$16,594.50	Tota	I TLS \$		Total Tri	bal Link Up	s -	-	
						Tota	Dollars (19)		16.594.50

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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FCC Form 497		LIFELINE WORKSHEI	ET		Avg. Burden E	OMB Approv 3060-081 st. per Respondent: 2.5 H
(1) USAC Service Pr	ovider Identification Number	143001568		(2)	Serving Area	260406
(3) Filer 499 ID <u>804</u>	609	(4) Technology Type (Chee	ck one):	Wireline X		Wireless
(5) ETC Designation	Type (Check one):	Lifeline Only	High Cost/Lo	w Income X		
(6)			(7) Filing Info	ormation		
Company Name:	Foothills Rural Telephone	Cooperative Corporation Inc.				
Mailing Address:	P.O. Box 240		a) Submissio	on Date	Septem	ber 1, 2015
	Staffordsville, KY 41256				A	auch 1E
-	Charle	and Comphile	b) Data Mont	h	Aug	gust-15
Contact Name:		ena Gamble	-			
Telephone Number:		297-9128	c) Type of fili	ng (Check one): O	riginal X	Revision
Fax Number:		297-9637	-			
E-mail Address:	charlena	@foothills.coop	d) State Repo	orting	Ke	ntucky
Tribal Low-Income S	ral Lifeline Support	Subscribers (8) 1,805 (9) 0		<u>Subscriber</u> 9.25 (not to exceed \$34.25) I Lifeline Support Cla	= = imed (10)	\$ 16,696.25 \$ - \$ 16,696.25
Tribal Link Up (Av	ailable only to ETCs receiving	g High Cost Support)				
	nnections waived ed per Connection	(14) (15) <u>\$</u> - (not to exceed \$100)	(for multiple rates	, use an average amount)		
Total Connect	ion charges waived	(16) <u>\$</u> -				
Deferred Intere	est	(17) <u>\$</u>				
			Total Tr	ibal Link Up Support	Claimed (18)	
ETC Payment						
Total Lifelin	e_\$16,696.25	Total TLS\$	Т	otal Tribal Link Up 🔄		_
				T -4-1	Dollars (19)	\$ 16,696.25

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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CEO GM

OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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> OMB Approval 3060-0819

1) USAC Service Pro	ovider Identification Nu	mber	143001568			(2) \$	Serving Are	a	260406
3) Filer 499 ID <u>804</u>	609	(4) Technology Type (Chec	ck one):	N	reline X			Wireless
5) ETC Designation	Type (Check one):	L	feline Only	High C	ost/Low Incom	e <u>X</u>			
6)				(7) Fili	ng Information				
Company Name:	Foothills Rural Telep	hone Coope	rative Corporation Inc.						1
Mailing Address:	P.O. Box 240			a) Sub	mission Date		Octo	per 6,	2015
	Staffordsville, KY 412	256		-			Con	lamba	- 15
	01	hadana (b) Dat	a Month		Sep	tembe	1-15
Contact Name:		harlena (-				Deside	
Telephone Number:		(606) 297		c) Typ	e of filing (Check	(one): Or	riginal X	Revis	ion 🛛
Fax Number:		(606) 297		_					
E-mail Address:	charl	ena@toc	thills.coop	d) Stat	e Reporting	_	K	entucl	(y
Lifeline			(a) # Lifeline <u>Subscribers</u>		(b) Lifeline <u>Subs</u> e			(c) T	otal Lifeline
on-Tribal Low-Inco									
receiving feder	ral Lifeline Support	(8)	1,785	x	\$	9.25	=	\$	16,511.25
ribal Low-Income S	ubscribers								
receiving feder	ral Lifeline Support	(9)	0	×	\$	-	=	\$	-
				Total F	(not to ex Federal Lifeline	support Clai	imed (10)	\$	16,511.25
Tribal Link Up (Ava	ailable only to ETCs re	ceiving High	Cost Support)						
Number of Cor	nnections waived	(14)							
Charges waive	d per Connection	(15)		(for multi	ple rates, use an ave	erage amount)			
Total Connecti	on charges waived	(not to (16)	exceed \$100) \$ -						
Deferred Intere		(17)	\$ -						
					otal Tribal Link	Up Support	Claimed (18	()	
ETC Payment									

LIFELINE WORKSHEET

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FCC Form 497

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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FCC Form 497		LIFEL	INE WORKSHE	ΞT			Avg. Burden	i Est. pe	OMB Approva 3060-0819 or Respondent: 2.5 Hrs
(1) USAC Service Pr	ovider Identification Numbe	r	143001568			(2) Serving Are	ea	260406
(3) Filer 499 ID 804	1609	(4) 7	Technology Type (Chec	k one):		Wireline X	_		Wireless
(5) ETC Designation	Type (Check one):	Life	line Only	High (Cost/Low in	come X			
(6)				(7) Fil	ing Informat	ion			
Company Name:	Foothills Rural Telephone	e Coopera	tive Corporation Inc.						
Mailing Address:	P.O. Box 240			a) Su	bmission Dat	te	Nover	nber	4, 2015
	Staffordsville, KY 41256			_			0		
				b) Da	ta Month		00	ctobe	r-15
Contact Name:		lena Ga		_					
Telephone Number		5) 297-9		c) Typ	e of filing (Cl	neck one):	Original X	Rev	ision 🛛
Fax Number:	(608	5) 297-9	637						
E-mail Address:	charlena	@footh	ills.coop	d) State Reporting Ke			entud	ckv	
Tribal Low-Income S receiving fede	aral Lifeline Support Subscribers ral Lifeline Support	(9)	<u>Subscribers</u> 1,753 0	x x Total	\$(not	9.25 9.25 to exceed \$34.25) line Support C	=	\$	16,215.25 - 16,215.25
Number of Co Charges waive Total Connect	ailable only to ETCs receivi nnections waived ed per Connection tion charges waived	(14) (15) (not to exc (16)	\$ eed \$100) \$		iple rates, use a	n average amount;			
Deferred Intere	est	(17)	\$		otal Tribal L	ink Up Suppo	rt Claimed (1	8)	
	e <u>\$16,215.25</u>	Tota	N TLS \$		Total T	nbal Link Up To		_	16,215.25

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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FCC Form 497		LIFELINE	WORKSHEE	ΞT		Av	vg. Burden E	st. per	OMB Approval 3060-0819 Respondent: 2.5 Hrs.
(1) USAC Service Pre	ovider Identification Number		143001568			(2) Se	erving Area		260406
(3) Filer 499 ID804	609	(4) Techn	ology Type (Chec	k one):	w	ireline X			Wireless
(5) ETC Designation	Type (Check one):	Lifeline O	nly	High C	ost/Low Income	X			
(6)				(7) Filir	g Information				
Company Name:	Foothills Rural Telephone (Cooperative C	orporation Inc.						
Mailing Address:	P.O. Box 240			a) Sub	mission Date		Decemb	per 14	4, 2015
	Staffordsville, KY 41256		123				Nove	mbo	- 15
	Oharda	na Cambl	-	b) Data	Month		NUVE	mbe	-15
Contact Name:	(222)	na Gambl	e	-				-	
Telephone Number:		297-9128		c) Type	of filing (Check	one): Orig	ginal X	Revis	ion
Fax Number:		297-9637							
E-mail Address:	charlena(ofoothills.	<u>qoop</u>	d) State	Reporting	_	Ke	ntuck	(y
Tribal Low-Income S	aral Lifeline Support	(8)	(a) # Lifeline <u>Subscribers</u> 1,750 0	X	(b) Lifeline <u>Subsc</u> \$		-	(c) T	otal Lifeline 16,187.50
Number of Co Charges waive	ed per Connection tion charges waived	(14) (15) \$ (not to exceed \$1) (16) \$		(for multi;	ederal Lifeline		ned (10)	\$	16,187.50
Delened inter		()			otal Tribal Link	Up Support C	laimed (18)	-	
ETC Payment									
Total Lifelin	ne <u>\$ 16,187.50</u>	Total TLS	\$		Total Triba	I Link Up <u>\$</u> Total I	- Dollars (19)	\$	16,187.50

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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

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

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

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DATE

OFFICER TITL

OFFICER SIGNATURE

OFFICER NAME

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FCC Form 497		LIFELINE WORKSH	EET		,	Avg. Burden E	ist. per	OMB Approva 3060-081 Respondent: 2.5 Hr
(1) USAC Service Pro	ovider Identification Number	143001568	3		(2) \$	Serving Area	_	260406
(3) Filer 499 ID804	609	(4) Technology Type (Cl	heck one):	v	vireline X			Wireless
(5) ETC Designation	Type (Check one):	Lifeline Only	High Co	st/Low Incom	e X			
(6)			(7) Filing	Information				
Company Name:	Foothills Rural Telephone C	ooperative Corporation Inc						
Mailing Address:	P.O. Box 240			nission Date		Janua	ry 6,	2016
	Staffordsville, KY 41256		b) Data	Month		Dece	ember-15	
Contact Name:	Charles	na Gamble						
Telephone Number:	(606)	297-9128	c) Type	of filing (Check	(one): Or	riginal X	Revis	sion 🗆
Fax Number:	(606)	297-9637						
E-mail Address:	charlena@	foothills.coop	d) State	Reporting		Ke	ntuc	ky
Tribal Low-Income S receiving fede	ral Lifeline Support Subscribers ral Lifeline Support	Subscribers (8) 1,783 (9) 0		\$	9.25 9.25 xceed \$34.25) Support Clai	= = imed (10)	\$	16,492.75 - 16,492.75
Number of Co Charges waive	ad per Connection	14: 15) <u>\$</u> (not to exceed \$100) 16) <u>\$</u>	(for multipl	e rates, use an av	erage amount)			
Deferred Intere	est (17) <u>\$</u>		tal Tribal Link	Up Support	Claimed (18)	_	
ETC Payment								
Total Lifelin	e_\$16,492.75	Total TLS \$		Total Trib	al Link Up _\$ Tota	Dollars (19)	_	18,492.75

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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DATE OFFICER TITLE

OFFICER SIGNATURE

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FCC Form 497		LIFELINE WORKSHE	ET	Avg. Burden E	OMB Approval 3060-0819 st. per Respondent: 2.5 Hrs.
(1) USAC Service Pr	ovider Identification Number	143001568		(2) Serving Area	260406
(3) Filer 499 ID 804	1609	(4) Technology Type (Chec	k one): Wireline	X	Wireless
(5) ETC Designation	Type (Check one):	Lifeline Only	High Cost/Low Income X		
(6)			(7) Filing Information		
Company Name:	Foothills Rural Telephone C	Cooperative Corporation Inc.		_	
Mailing Address:	P.O. Box 240		a) Submission Date	Februa	ary 1, 2016
	Staffordsville, KY 41256			lan	1000/16
	Oharla	na Camble	b) Data Month	Jan	uary-16
Contact Name:		na Gamble	-		Devision D
Telephone Number		297-9128	c) Type of filing (Check one):	Original X	Revision D
Fax Number:		297-9637	_		
E-mail Address:	charlena(c	ofoothills.coop	d) State Reporting	Ke	ntucky
Tribal Low-Income s receiving fede	oral Lifeline Support Subscribers oral Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>1,557</u> (9) <u>0</u>		<u>.25</u> = - = 4.25)	\$ 14,402.25 \$ - \$ 14,402.25
Number of Co Charges waive	ed per Connection	(14)	(for multiple rates, use an average am	ount)	
Deferred Inter	est	(17) <u>\$</u>		pport Claimed (18)	
ETC Payment					
Total Lifelir	ne <u>\$14,402.25</u>	Total TLS \$	Total Tribal Link	Up <u>\$</u> .	\$ 14,402.25
				,,	and the second se

LIFELINE WORKSHEET

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. 143001568 (2) Serving Area 260406 (1) USAC Service Provider Identification Number (3) Filer 499 ID 804609 (4) Technology Type (Check one): Wireline X Wireless (5) ETC Designation Type (Check one): High Cost/Low Income X Lifeline Only _____ (7) Filing Information (6) Foothills Rural Telephone Cooperative Corporation Inc. Company Name: March 2, 2016 Mailing Address: P.O. Box 240 a) Submission Date Staffordsville, KY 41256 February-16 b) Data Month **Charlena Gamble** Contact Name: (606) 297-9128 Revision D **Telephone Number:** c) Type of filing (Check one): Original X (606) 297-9637 Fax Number: d) State Reporting E-mail Address: charlena@foothills.coop Kentucky Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscriber Subscribers Non-Tribal Low-Income Subscribers receiving federal Lifeline Support 1,587 (8) 9.25 \$ 14,679.75 х \$ ≐ Tribal Low-Income Subscribers receiving federal Lifeline Support (9) 0 х \$ -_\$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 14,679.75 Tribal Link Up (Available only to ETCs receiving High Cost Support) Number of Connections waived (14 Charges waived per Connection (15) \$ (for multiple rates, use an average amount) (not to exceed \$100) Total Connection charges waived (16) \$ Deferred Interest (17) \$ Total Tribal Link Up Support Claimed (18) ETC Payment Total Lifeline \$14,679.75 Total TLS \$ Total Tribal Link Up \$ -Total Dollars (19) \$ 14,679.75

LIFELINE WORKSHEET

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FCC Form 497

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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(1) USAC Service Pro	ovider Identification Number	143001568		(2) Serving Area	260406
(3) Filer 499 ID 804	609	(4) Technology Type (Che	ck one): Wireline	e <u>X</u>	Wireless
(5) ETC Designation	Type (Check one):	Lifeline Only	High Cost/Low Income X		
6)			(7) Filing Information		
Company Name:	Foothills Rural Telephone	Cooperative Corporation Inc.			
Mailing Address:	P.O. Box 240		a) Submission Date	April	1, 2016
	Staffordsville, KY 41256		_	Ma	rch-16
	Oheede	and Complete	b) Data Month	IVIA	101-10
Contact Name:		na Gamble	_		-
Telephone Number:		297-9128	c) Type of filing (Check one):	Original X	Revision D
Fax Number:		297-9637	_		
E-mail Address:	charlena	@foothills.coop	d) State Reporting	Ker	ntucky
Tribal Low-Income S	ral Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>1,608</u> (9) <u>0</u>		<u>.25</u> =	(c) Total Lifeline \$ 14,874.00 \$ - \$ 14,874.00
Tribal Link Up (Av	ailable only to ETCs receiving	High Cost Support)			
	nnections waived ed per Connection	(14) (15) \$	(for multiple rates, use an average an	nount)	
Total Connect	ion charges waived	(16) \$ -			
Deferred Intere	est	(17) _\$			
			Total Tribal Link Up Su	pport Claimed (18)	
ETC Payment					
Total Lifelin	e \$14,874.00	Total TLS \$	Total Tribal Link	Up_\$	
				Total Dollars (19)	\$ 14,874.00

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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