

EXHIBIT 20

FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name: <u>Foothills Rural Telephone Cooperative Corporation Inc.</u>		a) Submission Date	<u>January 29, 2014</u>
Mailing Address: <u>P.O. Box 240</u> <u>Staffordsville, KY 41256</u>		b) Data Month	<u>January-14</u>
Contact Name: <u>Charlena Gamble</u>		c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
Telephone Number: <u>(606) 297-9128</u>		d) State Reporting	
Fax Number: <u>(606) 297-9631</u>		<u>Kentucky</u>	
E-mail Address: <u>charlena@foothills.coop</u>			

Lifeline	(a) # Lifeline Subscribers		(b) Lifeline Support/ Subscriber	=	(c) Total Lifeline
Non-Tribal Low-income Subscribers receiving federal Lifeline Support	(8) <u>2,048</u>	x	\$ <u>9.25</u>	=	\$ <u>18,944.00</u>
Tribal Low-income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x	\$ <u>-</u> <small>(not to exceed \$34.25)</small>	=	\$ <u>-</u>
Total Federal Lifeline Support Claimed (10)					\$ <u>18,944.00</u>

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 \$ 18,944.00 Total Tribal Link Up \$ -
 Total Dollars (19) \$ 18,944.00

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

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.

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.

1/29/14

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/SM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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

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

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(1) USAC Service Provider Identification Number 143001568 (2) Serving Area 260406
 (3) Filer 499 ID 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	March 5, 2014
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	February-14
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9631		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>2,006</u>	x \$ <u>9.25</u>	= \$ <u>18,555.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>18,555.50</u>

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

Number of Connections waived	(14) <u> </u>	
Charges waived per Connection	(15) \$ <u> </u>	(for multiple rates, use an average amount)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ <u> </u>	
Deferred Interest	(17) \$ <u> </u>	
Total Tribal Link Up Support Claimed (18)		\$ <u> </u>

ETC Payment

Total Lifeline	\$ <u>18,555.50</u>	Total TLS \$ <u> </u>	Total Tribal Link Up \$ <u> </u>
			Total Dollars (19) \$ <u>18,555.50</u>

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(20) CERTIFICATIONS AND SIGNATURES

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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.

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3/5/2014

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/SM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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 (3) Filer 499 ID 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	March 24, 2014
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	March-14
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9631		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>2,072</u>	x \$ <u>9.25</u>	= \$ <u>19,166.00</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>19,166.00</u>

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 \$ 19,166.00 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 19,166.00

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3/24/2014

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/cm

Ruth Conley

OFFICER TITLE

OFFICER NAME

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 (3) Filer 499 ID 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	April 28, 2014
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	April-14
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9631		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>2,064</u>	x \$ <u>9.25</u>	= \$ <u>19,092.00</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>19,092.00</u>

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

Number of Connections waived	(14) <u>-</u>	
Charges waived per Connection	(15) \$ <u>-</u>	(for multiple rates, use an average amount)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ <u>-</u>	
Deferred Interest	(17) \$ <u>-</u>	

Total Tribal Link Up Support Claimed (18)

ETC Payment

Total Lifeline \$ 19,092.00 Total TLS \$ Total Tribal Link Up \$ -
 Total Dollars (19) \$ 19,092.00

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4/28/2014

Ruth Conley

DATE

OFFICER SIGNATURE

CEO / CM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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(6)		(7) Filing Information	
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Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	May-14
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>2,018</u>	x \$ <u>9.25</u>	= \$ <u>18,666.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>18,666.50</u>

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

Number of Connections waived	(14) <u> </u>	
Charges waived per Connection	(15) \$ <u>-</u> (for multiple rates, use an average amount)	
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ <u>-</u>	
Deferred Interest	(17) \$ <u>-</u>	
Total Tribal Link Up Support Claimed (18)		<u> </u>

ETC Payment

Total Lifeline	\$ <u>18,666.50</u>	Total TLS \$ <u> </u>	Total Tribal Link Up \$ <u>-</u>
			Total Dollars (19) \$ <u>18,666.50</u>

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5/28/14

Ruth Conley

DATE

CEO / cm

OFFICER SIGNATURE

Ruth Conley

OFFICER TITLE

OFFICER NAME

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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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)	(7) Filing Information
Company Name: <u>Foothills Rural Telephone Cooperative Corporation Inc.</u>	a) Submission Date <u>July 7, 2014</u>
Mailing Address: <u>P.O. Box 240</u> <u>Staffordsville, KY 41256</u>	b) Data Month <u>June-14</u>
Contact Name: <u>Charlena Gamble</u>	c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number: <u>(606) 297-9128</u>	d) State Reporting <u>Kentucky</u>
Fax Number: <u>(606) 297-9637</u>	
E-mail Address: <u>charlena@foothills.coop</u>	

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support (8)	<u>2,043</u>	x \$ <u>9.25</u>	= \$ <u>18,997.75</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support (9)	<u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>18,997.75</u>

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 \$ 18,997.75 Total TLS \$ _____ Total Tribal Link Up \$ _____
 Total Dollars (19) \$ 18,997.75

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

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.

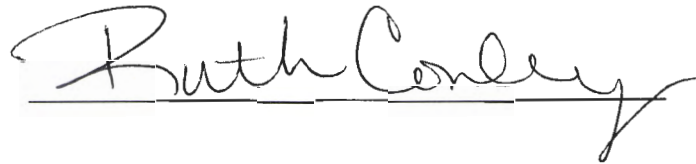
I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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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7/7/14



DATE

OFFICER SIGNATURE

CEO / cm

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	August 5, 2014
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	July-14
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support (8)	<u>1,994</u> x	<u>\$ 9.25</u>	= <u>\$ 18,444.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support (9)	<u>0</u> x	<u>\$ -</u> <small>(not to exceed \$34.25)</small>	= <u>\$ -</u>
Total Federal Lifeline Support Claimed (10)			<u>\$ 18,444.50</u>

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 \$ 18,444.50 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 18,444.50

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LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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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.

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8-8-14

Ruth Conley

DATE

CEO / GM

OFFICER SIGNATURE

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	August 20, 2014
Mailing Address:	P.O. Box 240 Staffordville, KY 41256	b) Data Month	August-14
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,900</u>	x \$ <u>9.25</u>	= \$ <u>17,575.00</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>17,575.00</u>

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 \$ 17,575.00 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 17,575.00

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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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8-20-14

Ruth Conley

DATE

OFFICER SIGNATURE

CEO / GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) (7) Filing Information

Company Name: <u>Foothills Rural Telephone Cooperative Corporation Inc.</u>	a) Submission Date: <u>October 7, 2014</u>
Mailing Address: <u>P.O. Box 240</u> <u>Staffordsville, KY 41256</u>	b) Data Month: <u>September-14</u>
Contact Name: <u>Charlena Gamble</u>	c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number: <u>(606) 297-9128</u>	d) State Reporting: <u>Kentucky</u>
Fax Number: <u>(606) 297-9637</u>	
E-mail Address: <u>charlena@foothills.coop</u>	

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,916</u>	x \$ <u>9.25</u>	= \$ <u>17,723.00</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>17,723.00</u>

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

Number of Connections waived	(14) <u> </u>	
Charges waived per Connection	(15) \$ <u>-</u>	(for multiple rates, use an average amount)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ <u>-</u>	
Deferred interest	(17) \$ <u>-</u>	

Total Tribal Link Up Support Claimed (18)

ETC Payment

Total Lifeline \$ 17,723.00 Total TLS \$ Total Tribal Link Up \$ -
 Total Dollars (19) \$ 17,723.00

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LIFELINE WORKSHEET

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3060-0819
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10/7/14

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	October 29, 2014
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	October-14
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,826</u>	x \$ <u>9.25</u>	= \$ <u>16,890.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,890.50</u>

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)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ _____	
Deferred Interest	(17) \$ _____	
Total Tribal Link Up Support Claimed (18)		_____

ETC Payment

Total Lifeline	\$ <u>16,890.50</u>	Total TLS \$ _____	Total Tribal Link Up \$ _____
			Total Dollars (19) \$ <u>16,890.50</u>

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LIFELINE WORKSHEET

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10/29/14

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

LIFELINE WORKSHEET

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 3060-0819
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(1) USAC Service Provider Identification Number 143001568 (2) Serving Area 260406

(3) Filer 499 ID 804609 (4) Technology Type (Check one): Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) (7) Filing Information

Company Name: <u>Foothills Rural Telephone Cooperative Corporation Inc.</u>	a) Submission Date: <u>November 26, 2014</u>
Mailing Address: <u>P.O. Box 240</u> <u>Staffordsville, KY 41256</u>	b) Data Month: <u>November-14</u>
Contact Name: <u>Charlena Gamble</u>	c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number: <u>(606) 297-9128</u>	d) State Reporting: <u>Kentucky</u>
Fax Number: <u>(606) 297-9637</u>	
E-mail Address: <u>charlena@foothills.coop</u>	

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,886</u>	x \$ <u>9.25</u>	= \$ <u>17,445.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>17,445.50</u>

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

Number of Connections waived	(14) <u>-</u>	
Charges waived per Connection	(15) \$ <u>-</u>	(for multiple rates, use an average amount)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ <u>-</u>	
Deferred Interest	(17) \$ <u>-</u>	

Total Tribal Link Up Support Claimed (18) -

ETC Payment

Total Lifeline	\$ <u>17,445.50</u>	Total TLS \$ <u>-</u>	Total Tribal Link Up \$ <u>-</u>
			Total Dollars (19) \$ <u>17,445.50</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

(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.

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.

10/26/14

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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

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

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	December 30, 2014
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	December-14
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,893</u>	x \$ <u>9.25</u>	= \$ <u>17,510.25</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>17,510.25</u>

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

Number of Connections waived	(14) <u>-</u>	
Charges waived per Connection	(15) \$ <u>-</u>	(for multiple rates, use an average amount)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ <u>-</u>	
Deferred Interest	(17) \$ <u>-</u>	

Total Tribal Link Up Support Claimed (18)

ETC Payment

Total Lifeline \$ 17,510.25 Total TLS \$ Total Tribal Link Up \$ -
 Total Dollars (19) \$ 17,510.25

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

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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12 / 30 / 14

Ruth Corley

DATE

OFFICER SIGNATURE

CEO / GM

Ruth Corley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	January 31, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	January-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support (8)	<u>1,895</u> x	<u>\$ 9.25</u>	= <u>\$ 17,528.75</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support (9)	<u>0</u> x	<u>\$ -</u> <small>(not to exceed \$34.25)</small>	= <u>\$ -</u>
Total Federal Lifeline Support Claimed (10)			<u>\$ 17,528.75</u>

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 \$ 17,528.75 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 17,528.75

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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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.

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1/28/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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

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

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	April 7, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	February-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,876</u>	x \$ <u>9.25</u>	= \$ <u>17,353.00</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>17,353.00</u>

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 \$ 17,353.00 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 17,353.00

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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4/7/2015

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/cm

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	April 7, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	March-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,894</u>	x \$ <u>9.25</u>	= \$ <u>17,519.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>17,519.50</u>

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)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ _____	
Deferred Interest	(17) \$ _____	
Total Tribal Link Up Support Claimed (18)		_____

ETC Payment

Total Lifeline	\$ <u>17,519.50</u>	Total TLS \$ _____	Total Tribal Link Up \$ _____
			Total Dollars (19) \$ <u>17,519.50</u>

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LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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4/7/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	May 1, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	April-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,878</u>	x \$ <u>9.25</u>	= \$ <u>17,371.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>17,371.50</u>

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 \$ 17,371.50 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 17,371.50

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

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.

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.

5/1/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/cm

Ruth Conley

OFFICER TITLE

OFFICER NAME

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

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

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	June 1, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	May-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support (8)	<u>1,832</u>	x \$ <u>9.25</u>	= \$ <u>16,946.00</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support (9)	<u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,946.00</u>

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

Number of Connections waived (14)	<u> </u>	
Charges waived per Connection (15)	\$ <u>-</u>	<small>(for multiple rates, use an average amount)</small>
Total Connection charges waived (16)	\$ <u>-</u>	
Deferred Interest (17)	\$ <u>-</u>	
Total Tribal Link Up Support Claimed (18)		\$ <u> </u>

ETC Payment

Total Lifeline \$ <u>16,946.00</u>	Total TLS \$ <u> </u>	Total Tribal Link Up \$ <u>-</u>
		Total Dollars (19) \$ <u>16,946.00</u>

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LIFELINE WORKSHEET

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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6/1/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO / GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	July 6, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	June-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-income Subscribers receiving federal Lifeline Support	(8) <u>1,828</u>	x \$ <u>9.25</u>	= \$ <u>16,909.00</u>
Tribal Low-income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,909.00</u>

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)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ _____	
Deferred Interest	(17) \$ _____	
Total Tribal Link Up Support Claimed (18)		_____

ETC Payment

Total Lifeline	\$ <u>16,909.00</u>	Total TLS \$ _____	Total Tribal Link Up \$ _____
			Total Dollars (19) \$ <u>16,909.00</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

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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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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7/6/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	August 11, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	July-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support (8)	<u>1,794</u>	x \$ <u>9.25</u>	= \$ <u>16,594.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support (9)	<u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,594.50</u>

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

Number of Connections waived (14)	<u> </u>	
Charges waived per Connection (15)	\$ <u>-</u>	(for multiple rates, use an average amount)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived (16)	\$ <u>-</u>	
Deferred Interest (17)	\$ <u>-</u>	
Total Tribal Link Up Support Claimed (18)		\$ <u> </u>

ETC Payment

Total Lifeline	\$ <u>16,594.50</u>	Total TLS \$ <u> </u>	Total Tribal Link Up \$ <u>-</u>
			Total Dollars (19) \$ <u>16,594.50</u>

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LIFELINE WORKSHEET

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8/11/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	September 1, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	August-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
Telephone Number:	(606) 297-9128	d) State Reporting	
Fax Number:	(606) 297-9637	Kentucky	
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support (8)	<u>1,805</u>	x \$ <u>9.25</u>	= \$ <u>16,696.25</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support (9)	<u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,696.25</u>

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

Number of Connections waived (14)	<u> </u>	
Charges waived per Connection (15)	\$ <u>-</u>	(for multiple rates, use an average amount)
<small>(not to exceed \$100)</small>		
Total Connection charges waived (16)	\$ <u>-</u>	
Deferred Interest (17)	\$ <u>-</u>	
Total Tribal Link Up Support Claimed (18) <u> </u>		

ETC Payment

Total Lifeline \$ <u>16,696.25</u>	Total TLS \$ <u> </u>	Total Tribal Link Up \$ <u>-</u>
Total Dollars (19) \$ <u>16,696.25</u>		

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LIFELINE WORKSHEET

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8/11/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO / GM

Ruth Conley

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FCC Form 497

LIFELINE WORKSHEET

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

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 (3) Filer 499 ID 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	October 6, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	September-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,785</u>	x \$ <u>9.25</u>	= \$ <u>16,511.25</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,511.25</u>

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 \$ 16,511.25 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 16,511.25

If you have any questions, please call USAC at (888) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

(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.

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.

10/06/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	November 4, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	October-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,753</u>	x \$ <u>9.25</u>	= \$ <u>16,215.25</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,215.25</u>

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	\$ <u>16,215.25</u>	Total TLS \$ _____	Total Tribal Link Up \$ _____
			Total Dollars (19) \$ <u>16,215.25</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

(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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11/4/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO / GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	December 14, 2015
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	November-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,750</u>	x \$ <u>9.25</u>	= \$ <u>16,187.50</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,187.50</u>

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

Number of Connections waived	(14) <u> </u>	
Charges waived per Connection	(15) \$ <u>-</u>	(for multiple rates, use an average amount)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ <u>-</u>	
Deferred Interest	(17) \$ <u>-</u>	
Total Tribal Link Up Support Claimed (18)		\$ <u> </u>

ETC Payment

Total Lifeline	\$ <u>16,187.50</u>	Total TLS \$ <u> </u>	Total Tribal Link Up \$ <u>-</u>
			Total Dollars (19) \$ <u>16,187.50</u>

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LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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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.

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12/14/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	January 6, 2016
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	December-15
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,783</u>	x \$ <u>9.25</u>	= \$ <u>16,492.75</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>16,492.75</u>

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)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ _____	
Deferred Interest	(17) \$ _____	
Total Tribal Link Up Support Claimed (18)		_____

ETC Payment

Total Lifeline	\$ <u>16,492.75</u>	Total TLS \$ _____	Total Tribal Link Up \$ _____
			Total Dollars (19) \$ <u>16,492.75</u>

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

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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1/6/15

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless

(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6) (7) Filing Information

Company Name: <u>Foothills Rural Telephone Cooperative Corporation Inc.</u>	a) Submission Date: <u>February 1, 2016</u>
Mailing Address: <u>P.O. Box 240</u> <u>Staffordsville, KY 41256</u>	b) Data Month: <u>January-16</u>
Contact Name: <u>Charlena Gamble</u>	c) Type of filing (Check one): Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number: <u>(606) 297-9128</u>	d) State Reporting: <u>Kentucky</u>
Fax Number: <u>(606) 297-9637</u>	
E-mail Address: <u>charlena@foothills.coop</u>	

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,557</u>	x \$ <u>9.25</u>	= \$ <u>14,402.25</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>14,402.25</u>

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

Number of Connections waived	(14) <u>-</u>	
Charges waived per Connection	(15) \$ <u>-</u>	(for multiple rates, use an average amount)
	<small>(not to exceed \$100)</small>	
Total Connection charges waived	(16) \$ <u>-</u>	
Deferred Interest	(17) \$ <u>-</u>	

Total Tribal Link Up Support Claimed (18)

ETC Payment

Total Lifeline \$ 14,402.25 Total TLS \$ Total Tribal Link Up \$
 Total Dollars (19) \$ 14,402.25

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LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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2/1/16

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	March 2, 2016
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	February-16
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,587</u>	x \$ <u>9.25</u>	= \$ <u>14,679.75</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>14,679.75</u>

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

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

LIFELINE WORKSHEET

(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.

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.

3/2/14

Ruth Conley

DATE

OFFICER SIGNATURE

CEO/GM

Ruth Conley

OFFICER TITLE

OFFICER NAME

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

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

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

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

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

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

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

FCC Form 497

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 804609 (4) Technology Type (Check one): Wireline Wireless
 (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income

(6)		(7) Filing Information	
Company Name:	Foothills Rural Telephone Cooperative Corporation Inc.	a) Submission Date	April 1, 2016
Mailing Address:	P.O. Box 240 Staffordsville, KY 41256	b) Data Month	March-16
Contact Name:	Charlena Gamble	c) Type of filing (Check one):	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
Telephone Number:	(606) 297-9128	d) State Reporting	Kentucky
Fax Number:	(606) 297-9637		
E-mail Address:	charlena@foothills.coop		

Lifeline	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber	(c) Total Lifeline
Non-Tribal Low-Income Subscribers receiving federal Lifeline Support	(8) <u>1,608</u>	x \$ <u>9.25</u>	= \$ <u>14,874.00</u>
Tribal Low-Income Subscribers receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>-</u> <small>(not to exceed \$34.25)</small>	= \$ <u>-</u>
Total Federal Lifeline Support Claimed (10)			\$ <u>14,874.00</u>

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 \$ 14,874.00 Total TLS \$ _____ Total Tribal Link Up \$ _____
Total Dollars (19) \$ 14,874.00

If you have any questions, please call USAC at (866) 873(USF)-4727 Toll Free

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4/1/16

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