

# EXHIBIT 22

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	2/06/2014
Contact Name:	David Crawford	b) Data Month	January 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,835</u>	x \$ <u>9.25</u>	= \$ <u>16,974</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16,974</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 16,974 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 16,974**

(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.

February 7, 2014



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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-PERM, 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.

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	3/11/2014
Contact Name:	David Crawford	b) Data Month	February 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,858</u>	x \$ <u>9.25</u>	= \$ <u>17,187</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17,187</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 17,187 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 17,187**

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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March 11, 2014



DATE

OFFICER SIGNATURE

General Manager/CEO

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	4/08/2014
Contact Name:	David Crawford	b) Data Month	March 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,853</u>	x \$ <u>9.25</u>	= \$ <u>17,140</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17,140</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

Total TLS Support Claimed (13) \$ \_\_\_\_\_

**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 \$ 17,140 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_  
 Total Dollars (19) \$ 17,140

LIFELINE WORKSHEET

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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April 9, 2014



DATE

OFFICER SIGNATURE

General Manager/CEO

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	5/09/2014
Contact Name:	David Crawford	b) Data Month	April 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,859</u>	x \$ <u>9.25</u>	= \$ <u>17,196</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17,196</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 17,196 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_  
**Total Dollars (19) \$ 17,196**



(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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May 9, 2014



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	6/05/2014
Contact Name:	David Crawford	b) Data Month	May 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,754</u>	x \$ <u>9.25</u>	= \$ <u>16,225</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16,225</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 16,225 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 16,225**

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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June 5, 2014



DATE

OFFICER SIGNATURE

General Manager/CEO

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	7/09/2014
Contact Name:	David Crawford	b) Data Month	June 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,710</u>	x \$ <u>9.25</u>	= \$ <u>15,818</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15,818</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 15,818 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_  
**Total Dollars (19) \$ 15,818**

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.

July 9, 2014

  
\_\_\_\_\_

DATE

General Manager / CEO

OFFICER TITLE

OFFICER SIGNATURE

G Mark Patterson

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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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	8/11/2014
Contact Name:	David Crawford	b) Data Month	July 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,692</u>	x \$ <u>9.25</u>	= \$ <u>15,651</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15,651</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 15,651 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 15,651**

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.

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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August 11, 2014



---

DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	9/2/2014
Contact Name:	David Crawford	b) Data Month	August 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,536</u>	x \$ <u>9.25</u>	= \$ <u>14,208</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>14,208</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 14,208 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 14,208**



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.

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September 2, 2014



---

DATE

General Manager / CEO

OFFICER TITLE

OFFICER SIGNATURE

G Mark Patterson

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	9/30/2014
Contact Name:	David Crawford	b) Data Month	September 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,429</u>	x \$ <u>9.25</u>	= \$ <u>13,218</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>13,218</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) \_\_\_\_\_

Total TLS Support Claimed (13) \$ \_\_\_\_\_

**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 \$ 13,218 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

Total Dollars (19) \$ 13,218

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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September 30, 2014



DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	11/5/2014
Contact Name:	David Crawford	b) Data Month	October 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,416</u>	x \$ <u>9.25</u>	= \$ <u>13,098</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ <small>(not to exceed \$34.25)</small>	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>13,098</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 13,098 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 13,098**

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.

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November 5, 2014



DATE

General Manager / CEO

OFFICER TITLE

OFFICER SIGNATURE

G Mark Patterson

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	12/11/2014
Contact Name:	David Crawford	b) Data Month	November 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,408</u>	x \$ <u>9.25</u>	= \$ <u>13,024</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>13,024</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 13,024 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_  
**Total Dollars (19) \$ 13,024**

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.

December 11, 2014



DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

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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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	1/7/2015
Contact Name:	David Crawford	b) Data Month	December 2014
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,367</u>	x \$ <u>9.25</u>	= \$ <u>12,645</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,645</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,645 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 12,645**



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.

January 7, 2015

  
\_\_\_\_\_

DATE

General Manager / CEO

OFFICER TITLE

OFFICER SIGNATURE

G. Mark Patterson

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	2/3/2015
Contact Name:	David Crawford	b) Data Month	January 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,241</u>	x \$ <u>9.25</u>	= \$ <u>11,479</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>11,479</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 11,479 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 11,479**

**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.

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February 3, 2015



DATE

OFFICER SIGNATURE

General Manager / CEO

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	3/3/2015
Contact Name:	David Crawford	b) Data Month	February 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,318</u>	x \$ <u>9.25</u>	= \$ <u>12,192</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,192</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,192 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 12,192**

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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March 3, 2015



DATE

OFFICER SIGNATURE

General Manager / CEO

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	4/6/2015
Contact Name:	David Crawford	b) Data Month	March 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,366</u>	x \$ <u>9.25</u>	= \$ <u>12,636</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,636</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) \_\_\_\_\_

Total TLS Support Claimed (13) \$ \_\_\_\_\_

**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 \$ 12,636 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

Total Dollars (19) \$ 12,636

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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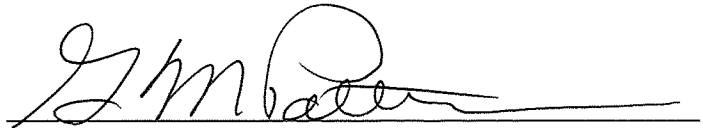
I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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April 6, 2015



DATE

General Manager / CEO

OFFICER TITLE

OFFICER SIGNATURE

G. Mark Patterson

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	4/29/2015
Contact Name:	David Crawford	b) Data Month	April 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,383</u>	x \$ <u>9.25</u>	= \$ <u>12,793</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,793</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,793 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 12,793**



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.

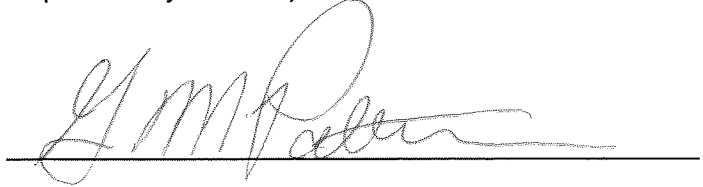
I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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.

April 29, 2015



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	6/4/2015
Contact Name:	David Crawford	b) Data Month	May 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,382</u>	x \$ <u>9.25</u>	= \$ <u>12,784</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,784</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

Total TLS Support Claimed (13) \$ \_\_\_\_\_

**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 \$ 12,784 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

Total Dollars (19) \$ 12,784

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.

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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June 4, 2015



DATE

OFFICER SIGNATURE

General Manager/CEO

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	6/30/2015
Contact Name:	David Crawford	b) Data Month	June 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,359</u>	x \$ <u>9.25</u>	= \$ <u>12,571</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,571</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,571 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 12,571**

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.

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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June 30, 2015



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	8/4/2015
Contact Name:	David Crawford	b) Data Month	July 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,318</u>	x \$ <u>9.25</u>	= \$ <u>12,192</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,192</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,192 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 12,192**

FCC Form 497  
April 2012 Edition

**LIFELINE WORKSHEET**

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

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August 4, 2015



DATE

General Manager/CEO

OFFICER TITLE

OFFICER SIGNATURE

G. Mark Patterson

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	9/4/2015
Contact Name:	David Crawford	b) Data Month	August 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,309</u>	x \$ <u>9.25</u>	= \$ <u>12,108</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,108</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,108 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_  
**Total Dollars (19) \$ 12,108**



LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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September 4, 2015



DATE

General Manager/CEO

OFFICER TITLE

OFFICER SIGNATURE

G. Mark Patterson

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	10/8/2015
Contact Name:	David Crawford	b) Data Month	September 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,311</u>	x \$ <u>9.25</u>	= \$ <u>12,127</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,127</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,127 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_  
**Total Dollars (19) \$ 12,127**

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.

October 9, 2015

  
\_\_\_\_\_

DATE

General Manager/CEO

OFFICER TITLE

OFFICER SIGNATURE

G. Mark Patterson

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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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	11/2/2015
Contact Name:	David Crawford	b) Data Month	October 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,322</u>	x \$ <u>9.25</u>	= \$ <u>12,229</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,229</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

Total TLS Support Claimed (13) \$ \_\_\_\_\_

**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 \$ 12,229 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

Total Dollars (19) \$ 12,229

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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November 2, 2015



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	12/4/2015
Contact Name:	David Crawford	b) Data Month	November 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,328</u>	x \$ <u>9.25</u>	= \$ <u>12,284</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,284</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,284 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 12,284**

**LIFELINE WORKSHEET**

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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December 4, 2015



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	1/8/2016
Contact Name:	David Crawford	b) Data Month	December 2015
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,223</u>	x \$ <u>9.25</u>	= \$ <u>11,313</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>11,313</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

Total TLS Support Claimed (13) \$ \_\_\_\_\_

**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 \$ 11,313 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

Total Dollars (19) \$ 11,313



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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January 8, 2016



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	2/5/2016
Contact Name:	David Crawford	b) Data Month	January 2016
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,249</u>	x \$ <u>9.25</u>	= \$ <u>11,553</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>11,553</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

Total TLS Support Claimed (13) \$ \_\_\_\_\_

**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 \$ 11,553 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

Total Dollars (19) \$ 11,553

**(20) CERTIFICATIONS AND SIGNATURES**

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February 5, 2016



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565  
 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	3/7/2016
Contact Name:	David Crawford	b) Data Month	February 2016
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,290</u>	x \$ <u>9.25</u>	= \$ <u>11,933</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>11,933</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 11,933 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_

**Total Dollars (19) \$ 11,933**

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.

March 7, 2016



DATE

OFFICER SIGNATURE

General Manager/CEO

G. Mark Patterson

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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**LIFELINE WORKSHEET**

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 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Highland Telephone Cooperative, Inc.	a) Submission Date	4/11/2016
Contact Name:	David Crawford	b) Data Month	March 2016
Mailing Address:	7840 Morgan County Hwy	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 119		
	Sunbright, TN 37872	d) State Reporting	TENNESSEE
Telephone Number:	423 628-2121		
Fax Number:	423 628-5356		
E-mail Address:	dave@highlandtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1,307</u>	x \$ <u>9.25</u>	= \$ <u>12,090</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) _____	x \$ _____ (not to exceed \$34.25)	= \$ _____
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>12,090</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) \_\_\_\_\_  
 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) \_\_\_\_\_

**Total TLS Support Claimed (13) \$ \_\_\_\_\_**

**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 \$ 12,090 Total TLS \$ \_\_\_\_\_ Total Tribal Link Up \$ \_\_\_\_\_  
**Total Dollars (19) \$ 12,090**

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April 11, 2016



DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

OFFICER NAME

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