

EXHIBIT 24

FCC Form 497
 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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 | Mountain Rural Telephone Coop. | a) Submission Date | 1/7/2014 |
| Contact Name | Michelle Kidd | b) Data Month | January-2014 |
| Mailing Address | PO Box 399 | c) Type of Filing (check one) | Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number | (606)743-3121 | | |
| Fax Number | (606)743-3635 | | |
| E-mail Address | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1871</u> | x \$ <u>9.25</u> | = \$ <u>17,306.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) \$ | | | <u>17,306.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 17,306.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 17,306.75

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

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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.

1/7/2014

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

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, AMID 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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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.

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(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 02/04/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | February -2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| Telephone Number: | (606)743-3121 | d) State Reporting | Kentucky |
| Fax Number: | (606)743-3635 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1850</u> | x \$ <u>9 25</u> | = \$ <u>17,112.50</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) \$ | | | <u>17,112.50</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 17,112.50 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 17,112.50

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

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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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02/04/2014

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 03/03/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | March-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1861</u> | x \$ <u>9.25</u> | = \$ <u>17,214.25</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| | | (not to exceed \$34.25) | |
| Total Federal Lifeline Support Claimed (10) \$ | | | _____ |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 17,214.25 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 17,214.25

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03/03/2014

Michelle Kidd

DATE

Accounting Clerk

OFFICER TITLE

OFFICER SIGNATURE

Michelle Kidd

OFFICER NAME

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(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 04/03/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | April-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|---|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1867</u> | x \$ <u>9.25</u> | = \$ <u>17,269.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| | | | (not to exceed \$34.25) |
| | | | Total Federal Lifeline Support Claimed (10) \$ <u>17,269.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 17,269.75

Total TLS \$ 0.00

Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 17,269.75

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04/03/2014

Michelle Kidd

DATE

Accounting Clerk

OFFICER TITLE

OFFICER SIGNATURE

Michelle Kidd

OFFICER NAME

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 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 05/06/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | May-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|---|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1868</u> | x \$ <u>9.25</u> | = \$ <u>17,279.00</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| | | | (not to exceed \$34.25) |
| | | | Total Federal Lifeline Support Claimed (10) \$ <u>17,279.00</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 17,279.00 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00
 Total Dollars (19) \$ 17,279.00

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5/6/2014

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 06/06/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | June-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1857</u> | x \$ <u>9.25</u> | = \$ <u>17,177.25</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) \$ | | | <u>17,177.25</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 17,177.25

Total TLS \$ 0.00

Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 17,177.25

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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.

06/06/2014

Michelle Kidd

DATE

Accounting Clerk

OFFICER SIGNATURE

Michelle Kidd

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
 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop | a) Submission Date | 07/03/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | July-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|---|---|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1845</u> | x \$ <u>9.25</u> | = \$ <u>17,066.25</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| | | | (not to exceed \$34.25) |
| | | | Total Federal Lifeline Support Claimed (10) \$ <u>17,066.25</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 17,066.25 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 17,066.25

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

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07/03/2014

Michelle Kidd

DATE

Accounting Clerk

OFFICER TITLE

OFFICER SIGNATURE

Michelle Kidd

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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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop | a) Submission Date | 08/05/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | August-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1817</u> | x \$ <u>9.25</u> | = \$ <u>16,807.25</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) \$ | | | <u>16,807.25</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 16,807.25 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00
 Total Dollars (19) \$ 16,807.25

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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08/05/2014

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

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
 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 09/02/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | September-2014 |
| Mailing Address: | Po Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/ Subscriber Support | (c) Total Lifeline |
|---|-------------------------------|---|---|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1799</u> | x \$ <u>9.25</u> | = \$ <u>16,640.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| | | | (not to exceed \$34.25) |
| | | | Total Federal Lifeline Support Claimed (10) \$ <u>16,640.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 16,640.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 16,640.75

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

FCC Form 497
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LIFELINE WORKSHEET

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

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09/02/2014

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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FCC Form 497
 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 10/07/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | October-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1809</u> | x \$ <u>9.25</u> | = \$ <u>16,733.25</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>16,733.25</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 16,733.25 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 16,733.25

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LIFELINE WORKSHEET

OMB Approval
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(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.

10/07/2014

Michelle Kidd

DATE

Accounting Clerk

OFFICER SIGNATURE

Michelle Kidd

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
 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 11/10/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | November-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1784</u> | x \$ <u>9.25</u> | = \$ <u>16,502.00</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>16,502.00</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 16,502.00 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 16,502.00

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

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11/10/2014

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

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
 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 12/05/2014 |
| Contact Name: | Michelle Kidd | b) Data Month | December-2014 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|---|----------------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1799</u> | x \$ <u>9.25</u> | = \$ <u>16,640.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>16,640.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 16,640.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 16,640.75

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FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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12/05/2014

Michelle Kidd

DATE

Accounting Clerk

OFFICER SIGNATURE

Michelle Kidd

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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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 01/07/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | January-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/ Subscriber Support | (c) Total Lifeline |
|---|-------------------------------|---|----------------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1796</u> | x \$ <u>9.25</u> | = \$ <u>16,613.00</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>16,613.00</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 16,613.00 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 16,613.00

(20) CERTIFICATIONS AND SIGNATURES

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01/07/2015

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 02/06/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | February-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|---|----------------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1616</u> | x \$ <u>9.25</u> | = \$ <u>14,948.00</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>14,948.00</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 14,948.00 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 14,948.00

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02/06/2015

Michelle Kidd

DATE

Accounting Clerk

OFFICER SIGNATURE

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 03/05/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | March-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1667</u> | x \$ <u>9.25</u> | = \$ <u>15,419.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>15,419.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,419.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 15,419.75

(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.

03/05/2015

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

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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LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 04/07/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | April-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1695</u> | x \$ <u>9.25</u> | = \$ <u>15,678.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>15,678.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,678.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00
 Total Dollars (19) \$ 15,678.75

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

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04/07/2015

Michelle Kidd

DATE

Accounting Clerk

OFFICER TITLE

OFFICER SIGNATURE

Michelle Kidd

OFFICER NAME

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FCC Form 497
 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 05/06/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | May-2015 |
| Mailing Address: | PO Box 943 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|----------------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1711</u> | x \$ <u>9.25</u> | = \$ <u>15,826.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>15,826.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,826.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 15,826.75

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FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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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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05/06/2015

Michelle Kidd

DATE

Accounting Clerk

OFFICER TITLE

OFFICER SIGNATURE

Michelle Kidd

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 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 06/03/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | June-2015 |
| Mailing Address: | Po Box 399 | c) Type of Filing (check one) | Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| Telephone Number: | (606)743-3121 | d) State Reporting | Kentucky |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1686</u> | x \$ <u>9.25</u> | = \$ <u>15,595.50</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ | | | <u>15,595.50</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,595.50

Total TLS \$ 0.00

Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 15,595.50

LIFELINE WORKSHEET

(20) CERTIFICATIONS AND SIGNATURES

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06/03/2015

Michelle Kidd

DATE

Accounting Clerk

OFFICER SIGNATURE

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 07/07/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | July-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1703</u> | x \$ <u>9.25</u> | = \$ <u>15,752.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) \$ | | | <u>15,752.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,752.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00
 Total Dollars (19) \$ 15,752.75

(20) CERTIFICATIONS AND SIGNATURES

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07/07/2015

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 08/07/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | August-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1710</u> | x \$ <u>9.25</u> | = \$ <u>15,817.50</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>15,817.50</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,817.50 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 15,817.50

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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.

08/07/2015

Michelle Kidd

DATE

Accounting Clerk

OFFICER TITLE

OFFICER SIGNATURE

Michelle Kidd

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

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 09/03/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | September-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|----------------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1721</u> | x \$ <u>9.25</u> | = \$ <u>15,919.25</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>15,919.25</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,919.25 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00
Total Dollars (19) \$ 15,919.25

FCC Form 497
April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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09/03/2015

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 10/06/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | October-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1712</u> | x \$ <u>9.25</u> | = \$ <u>15,836.00</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ | = \$ _____ |
| (not to exceed \$34.25) | | | |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>15,836.00</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,836.00 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 15,836.00

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

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10/06/2015

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

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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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 10/06/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | November-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1695</u> | x \$ <u>9.25</u> | = \$ <u>15,678.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>15,678.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,678.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 15,678.75

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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11/06/2015

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414

(3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 12/04/2015 |
| Contact Name: | Michelle Kidd | b) Data Month | December-2015 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|---|----------------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1707</u> | x \$ <u>9.25</u> | = \$ <u>15,789.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>15,789.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 15,789.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 15,789.75

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LIFELINE WORKSHEET

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12/04/2015

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

OFFICER TITLE

OFFICER NAME

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 01/07/2016 |
| Contact Name: | Michelle Kidd | b) Data Month | January-2016 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1518</u> | x \$ <u>9.25</u> | = \$ <u>14,041.50</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>14,041.50</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 14,041.50 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00
 Total Dollars (19) \$ 14,041.50

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

(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.

01/07/2016

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

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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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 02/05/2016 |
| Contact Name: | Michelle Kidd | b) Data Month | February-2016 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (60)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|---|-----------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1555</u> | x \$ <u>9.25</u> | = \$ <u>14,383.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>14,383.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 14,383.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00

Total Dollars (19) \$ 14,383.75

(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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02/05/2016

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

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 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 03/04/2016 |
| Contact Name: | Michelle Kidd | b) Data Month | March-2016 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41472 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|---|----------------------------|--|----------------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1567</u> | x \$ <u>9.25</u> | = \$ <u>14,494.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ <small>(not to exceed \$34.25)</small> | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>14,494.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 14,494.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00
 Total Dollars (19) \$ 14,494.75

If you have any questions, please call USAC at (866) 873-4727 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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03/04/2016

Michelle Kidd

DATE

OFFICER SIGNATURE

Accounting Clerk

Michelle Kidd

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
 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001575 (2) Study Area Code 260414
 (3) Filer 499 ID 808623 (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: | Mountain Rural Telephone Coop. | a) Submission Date | 04/07/2016 |
| Contact Name: | Michelle Kidd | b) Data Month | April-2016 |
| Mailing Address: | PO Box 399 | c) Type of Filing (check one) | Original Revision <input checked="" type="checkbox"/> |
| | West Liberty, KY 41471 | | |
| | | d) State Reporting | Kentucky |
| Telephone Number: | (606)743-3121 | | |
| Fax Number: | (606)743-2891 | | |
| E-mail Address: | mkidd@mountaintelephone.com | | |

Lifeline

| | (a) # Lifeline Subscribers | (b) Lifeline Support/Subscriber Support | (c) Total Lifeline |
|--|----------------------------|---|----------------------------|
| Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support | (8) <u>1587</u> | x \$ <u>9.25</u> | = \$ <u>14,679.75</u> |
| Tribal Low-Income Subscribers Receiving federal Lifeline Support | (9) _____ | x \$ _____ (not to exceed \$34.25) | = \$ _____ |
| Total Federal Lifeline Support Claimed (10) | | | \$ <u>14,679.75</u> |

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) \$ 0.00

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) \$ 0.00

ETC Payment

Total Lifeline \$ 14,679.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00
Total Dollars (19) \$ 14,679.75

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04/07/2016

Michelle Kidd

DATE

Accounting Clerk

OFFICER TITLE

OFFICER SIGNATURE

Michelle Kidd

OFFICER NAME

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