

# EXHIBIT 27

**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	02/06/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	January 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1934</u>	x \$ <u>9.25</u>	= \$ <u>17890</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17890</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 783

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 17890 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 17890

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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02/06/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	03/05/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	February 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1958</u>	x \$ <u>9.25</u>	= \$ <u>18112</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18112</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 783

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 18112 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 18112**

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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03/05/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	04/03/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	March 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2002</u>	x \$ <u>9.25</u>	= \$ <u>18519</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18519</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 779

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 18519 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 18519

**LIFELINE WORKSHEET**

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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04/03/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	05/06/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	April 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	d) State Reporting
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2016</u>	x \$ <u>9.25</u>	= \$ <u>18648</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18648</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 18648 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 18648

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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05/06/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	06/04/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	May 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>2001</u>	x \$ <u>9.25</u>	= \$ <u>18509</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18509</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 773

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 18509 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 18509

**(20) CERTIFICATIONS AND SIGNATURES**

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06/04/2014

Chris Lawrence

DATE

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Business Director

Chris Lawrence

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OFFICER NAME

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LIFELINE WORKSHEET

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(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	07/03/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	June 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1994</u>	x \$ <u>9.25</u>	= \$ <u>18445</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>18445</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 773

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 18445 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 18445

**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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07/03/2014

Chris Lawrence

**DATE**

**OFFICER SIGNATURE**

Business Director

Chris Lawrence

**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 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	08/07/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	July 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1896</u>	x \$ <u>9.25</u>	= \$ <u>17538</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17538</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 758

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 17538 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 17538

**(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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08/07/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	09/05/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	August 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1883</u>	x \$ <u>9.25</u>	= \$ <u>17418</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17418</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 758

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 17418 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 17418

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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09/05/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	10/08/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	September 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1823</u>	x \$ <u>9.25</u>	= \$ <u>16863</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10) \$</b>			<u>16863</u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 738

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 16863 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16863

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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10/08/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	11/06/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	October 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1852</u>	x \$ <u>9.25</u>	= \$ <u>17131</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17131</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 555

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 17131 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 17131

**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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11/06/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	12/03/2014
Contact Name:	CHRIS LAWRENCE	b) Data Month	November 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1734</u>	x \$ <u>9.25</u>	= \$ <u>16040</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10) \$</b>			<u>16040</u>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 708

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 16040 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16040

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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12/03/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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**

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	01/08/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	December 2014
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1773</u>	x \$ <u>9.25</u>	= \$ <u>16400</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16400</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 719

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 16400 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16400

**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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01/08/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	02/05/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	January 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1770</u>	x \$ <u>9.25</u>	= \$ <u>16373</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10) \$</b>			<b><u>16373</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 717

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 16373 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16373

**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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02/05/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	03/06/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	February 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one) Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>	
	GLASGOW, KY 42141		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1821</u>	x \$ <u>9.25</u>	= \$ <u>16844</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16844</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 735

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 16844 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16844

**(20) CERTIFICATIONS AND SIGNATURES**

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03/06/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	04/07/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	March 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1870</u>	x \$ <u>9.25</u>	= \$ <u>17298</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17298</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 735

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 17298 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 17298

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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04/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	05/07/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	April 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1885</u>	x \$ <u>9.25</u>	= \$ <u>17436</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17436</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 730

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 17436 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 17436**

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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05/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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**

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	06/08/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	May 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1875</u>	x \$ <u>9.25</u>	= \$ <u>17344</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>17344</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 717

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 17344 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 17344**

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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06/08/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	07/07/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	June 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1835</u>	x \$ <u>9.25</u>	= \$ <u>16974</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16974</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 713

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 16974 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16974

**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.

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07/07/2015

Chris Lawrence

**DATE**

**OFFICER SIGNATURE**

Business Director

Chris Lawrence

**OFFICER TITLE**

**OFFICER NAME**

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LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	08/06/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	July 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1827</u>	x \$ <u>9.25</u>	= \$ <u>16900</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16900</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 704

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 16900 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 16900

**(20) CERTIFICATIONS AND SIGNATURES**

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08/06/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	09/04/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	August 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1813</u>	x \$ <u>9.25</u>	= \$ <u>16770</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16770</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 706

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 16770 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 16770**

**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.

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09/04/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	10/06/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	September 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1820</u>	x \$ <u>9.25</u>	= \$ <u>16835</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>16835</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 16835 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 16835**

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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10/06/2015

Chris Lawrence

**DATE**

**OFFICER SIGNATURE**

Business Director

Chris Lawrence

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	11/05/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	October 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1662</u>	x \$ <u>9.25</u>	= \$ <u>15374</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15374</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 1006

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 15374 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 15374**

**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.

11/05/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

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 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	12/07/2015
Contact Name:	CHRIS LAWRENCE	b) Data Month	November 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142-0159		
Telephone Number:	270-678-8230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1631</u>	x \$ <u>9.25</u>	= \$ <u>15087</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15087</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 981

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 15087 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 15087**

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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12/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	01/05/2016
Contact Name:	CHRIS LAWRENCE	b) Data Month	December 2015
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	2706788230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1639</u>	x \$ <u>9.25</u>	= \$ <u>15161</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15161</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

**Total Tribal Link Up Support Claimed (18) \$ 0**

**ETC Payment**

Total Lifeline \$ 15161 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 15161**

**LIFELINE WORKSHEET**

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01/05/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	02/02/2016
Contact Name:	CHRIS LAWRENCE	b) Data Month	January 2016
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	2706788230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1637</u>	x \$ <u>9.25</u>	= \$ <u>15142</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15142</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 15142 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 15142

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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02/02/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418  
 (3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	03/01/2016
Contact Name:	CHRIS LAWRENCE	b) Data Month	February 2016
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	2706788230	d) State Reporting	KENTUCKY
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1619</u>	x \$ <u>9.25</u>	= \$ <u>14976</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>14976</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)  
 Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 14976 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 14976**

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03/01/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418

(3) Filer 499 ID 802179 (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:	South Central Rural Telephone Coop. Corp. Inc.	a) Submission Date	04/07/2016
Contact Name:	CHRIS LAWRENCE	b) Data Month	March 2016
Mailing Address:	PO BOX 159	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	GLASGOW, KY 42142		
Telephone Number:	2706788230		
Fax Number:			
E-mail Address:			

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>1647</u>	x \$ <u>9.25</u>	= \$ <u>15235</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>15235</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) 0.000000  
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

Number of TLS Subscribers (12) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount)  
(not to exceed \$100)

Total Connection Charges Waived (16) \$ 0.0

Deferred Interest (17) \$ 0.00

Total Tribal Link Up Support Claimed (18) \$ 0

**ETC Payment**

Total Lifeline \$ 15235 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 15235

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

04/07/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

Chris Lawrence

OFFICER TITLE

OFFICER NAME

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