

# EXHIBIT 3



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 2-6-14

Reporting Month Jan, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>10,009</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>800.32</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>841</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2930.99</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
	Company Official <u>[Signature]</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

Finance and Administration Cabinet  
 ATTN: KY USF  
 702 Capital Ave.  
 Capitol Annex, Room 488A  
 Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission  
 ATTN: Jim Stevens  
 211 Sower Blvd.  
 P.O. Box 615  
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 3/10/14

Reporting Month 2/2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<u>ILEC</u>	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9977</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>797.76</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>833</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2782.11</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
	Company Official <u>[Signature]</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 4/4/14

Reporting Month March, 14

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9965</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>796.80</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>838</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2972.09</u>

Signature Block	
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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 5/9/14

Reporting Month April, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
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Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9927</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>793.76</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>828</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2,963.11</u>

Signature Block	
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Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
	Company Official <u>[Signature]</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 6/9/14

Reporting Month May, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>9946</u>	<u>795.12</u>
2. Surcharge Per Access Line..... <u>4010250</u>	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>795.12</u>	
4. Number of Access Lines Receiving Lifeline Support.....	<u>826</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2,879.26</u>	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>	Company Official <u>[Signature]</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 7/9/14

Reporting Month June, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9920</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>793.12</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>808</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2670.27</u>

59.84

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
	Company Official <u>JEE</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 8/5/14

Reporting Month July, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9849</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>787.44</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>749</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2345.47</u>

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	Company Official <u>[Signature]</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Aug 29, 2014

Reporting Month Aug, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
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Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9794</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>783.04</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>741</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2466.95</u>

Signature Block	
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Company Official <u>[Signature]</u> (Signed)	

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Oct 2, 2014

Reporting Month Sept, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<u>ILEC</u>	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9,769</u>
2. Surcharge Per Access Line..... <del>4.536</del> <b>4010250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>781.04</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>726</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2,463.11</u>

Signature Block	
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Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Nov 3, 2014

Reporting Month Oct, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9749</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>779.44</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>700</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2313.57</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 12-2-14

Reporting Month Nov, 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9710</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>776.32</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>676</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2,134.08</u>

Signature Block	
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Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
Company Official <u>[Signature]</u> (Signed)	

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 1/8/15

Reporting Month Dec 2014

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
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Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9656</u>
2. Surcharge Per Access Line..... <u>4010250</u>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>772.00</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>680</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2428.08</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
Company Official <u>[Signature]</u> (Signed)	

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Feb, 2015

Reporting Month Jan, 2015

Carrier Information	
Company Name	<b>Duo County Telephone</b>
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Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9617</u>
2. Surcharge Per Access Line..... <del>4.00</del> <b>4010250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>768.88</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>675</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2341.01</u>

Signature Block	
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Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
Company Official <u>[Signature]</u> (Signed)	

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 3/12/15

Reporting Month Feb, 2015

Carrier Information	
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9591</u>
2. Surcharge Per Access Line..... <u>4010250</u>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>766.80</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>667</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2,249.44</u>

Signature Block	
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	Company Official <u>[Signature]</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date April 10, 15

Reporting Month March, 15

Carrier Information	
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Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9592</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>766.88</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>665</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2299.25</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> Title <u>Accountant</u> (Printed)	Company Official <u>JEE</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
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Date May 4, 15

Reporting Month April, 15

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9581</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>766.00</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>665</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2284.39</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> Title <u>Accountant</u> (Printed)	Company Official <u>[Signature]</u> (Signed)

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 Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission  
 ATTN: Jim Stevens  
 211 Sower Blvd.  
 P.O. Box 615  
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 6/2/15

Reporting Month May, 2015

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9601</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>767.60</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>659</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2281.66</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
	Company Official <u>[Signature]</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

Finance and Administration Cabinet  
 ATTN: KY USF  
 702 Capital Ave.  
 Capitol Annex, Room 488A  
 Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission  
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 211 Sower Blvd.  
 P.O. Box 615  
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 7/8/15

Reporting Month June, 15

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9,576</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>765.60</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>648</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2,222.22</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
Company Official <u>[Signature]</u> (Signed)	

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 Frankfort, KY 40601

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 Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 8/5/15

Reporting Month July 15

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9540</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>762.72</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>639</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2155.11</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
Company Official <u>[Signature]</u> (Signed)	

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 Frankfort, KY 40601

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 9/4/15

Reporting Month Aug, 2015

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9521</u>
2. Surcharge Per Access Line..... <u>4010250</u>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>761.20</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>636</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2196.70</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
Company Official <u>T E E</u> (Signed)	

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Oct 5

Reporting Month Sept, 15

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9457</u>
2. Surcharge Per Access Line..... <u>4010250</u>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>756.08</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>625</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2056.92</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
Company Official <u>[Signature]</u> (Signed)	

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 11/4/15

Reporting Month Oct, 2015

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9403</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>751.76</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>612</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2,034.94</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
Company Official <u>[Signature]</u> (Signed)	

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 12/1/15

Reporting Month 11/2015

Carrier Information	
Company Name	Duo County Telephone
Company Address	P.O. Box 80, Jamestown, KY 42629
Telephone / Fax	270-343-3131      270-343-2600 fax
Vendor Number	260401

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9374</u>
2. Surcharge Per Access Line.....	<u>4010250</u> <u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>749.44</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>605</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2,055.09</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u> Company Office <u>[Signature]</u> (Signed)

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 Frankfort, KY 40601

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 1/6/15

Reporting Month Dec, 15

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9322</u>
2. Surcharge Per Access Line..... <del>410250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>745.28</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>591</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1,812.66</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u> Company Official <u><i>TEE</i></u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363  
  
 Finance and Administration Cabinet  
 ATTN: KY USF  
 702 Capital Ave.  
 Capitol Annex, Room 488A  
 Frankfort, KY 40601

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 Frankfort, KY 40602





COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

I Dec, 2016

Reporting Month Jan, 2016

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<u>ILEC</u>	CLEC	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9228</u>
2. Surcharge Per Access Line.....	<u>4010250</u> <u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>742.24</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>592</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2092.45</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge	
Company Official <u>Feresa Emerson</u> (Printed)	Title <u>Accountant</u> Company Office <u>[Signature]</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363  
  
 Finance and Administration Cabinet  
 ATTN: KY USF  
 702 Capital Ave.  
 Capitol Annex, Room 488A  
 Frankfort, KY 40601

Send a copy of this report to:  
  
 Kentucky Public Service Commission  
 ATTN: ~~Jim Stevens~~  
 211 Sower Blvd.  
 P.O. Box 615  
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 3/7/16

Reporting Month 2/2016

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9147</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>740.48</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>593</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>2061.36</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge	
Company Official <u>Feresa Emerson</u> (Printed)	Title <u>Accountant</u> Company Office <u>JEE</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363

Finance and Administration Cabinet  
 ATTN: KY USF  
 702 Capital Ave.  
 Capitol Annex, Room 488A  
 Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission  
~~ATTN: Jim Stevens~~  
 211 Sower Blvd.  
 P.O. Box 615  
 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date March 31, 2016

Reporting Month March, 16

Carrier Information	
Company Name	
Company Address	<u>Duo County Telephone</u>
Telephone / Fax	<u>P.O. Box 80, Jamestown, KY 42629</u>
Vendor Number	<u>270-343-3131      270-343-2600 fax</u> <u>260401</u>

Classification Please Circle One	<input checked="" type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>9306</u>
2. Surcharge Per Access Line..... <u>4010250</u>	<u><del>00.08</del> .14</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>894.76</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>585</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>1,893.18</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge	
Company Official <u>Feresa Emerson</u> (Printed)	Title <u>Accountant</u> Company Official <u>[Signature]</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: 363  
  
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