# Exhibit 3

	**************************************		
LAR GENERA	AL PARTNERSHIP		
TOWN, KY 4	2702-5012	April 1880 printers	
	The state of the s		
	Market State of the State of th		
<b>©</b>	ellular F	PCS	
3			
	53,249		
Park The Water Co. (1) - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	\$0,08		
21	\$4,259.92		
ell to programmy	459		
ti - 1140.44.1111111111111111111111111111111	\$1,606.50		
the best of m	y knowledge.		
ucky RSA 3 (	Cellular General Partner	rship	
Date	02/17/14		
	Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd.	t lo:	
	the best of mucky RSA 3 (	\$4,259.92 459 \$1,606.50  the best of my knowledge.  ucky RSA 3 Cellular General Partnel	

Frankfort, KY 40601

ite	03/13/14		Reporting Month	FEBRUARY	7 2014	
		Ca	arrier Information			
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP						
	Company Address	P.O. BO	X 5012, ELIZABETHTOWN, K	Y 42702-5012		
	Telephone / Fax	(270) 76	9-0339			
	Vendor Number					
Classif	fication					
Please	Circle One	ILEC	CLEC	Cellular	PCS	
		Monti	nly Access Line Data			
1	Total Access Lines in Ser	vice	Man II van II a dansa kalanna asalah sa	53,155		
2	Surcharge Per Access Lin	ie	eno amangonimandojano e a a a a a a a a a a a a a a a a a a	\$0.08		
3	Amount of Surcharge Rei	nitted to Kentuck	ky USF	\$4,252.40		
4	Number of Access Lines	Receiving Lifelin	e Support	450		
5	Amount of Reimbursemen	nt Requested fro	m Kentucky USF	\$1,	575.00	
			Signature Block			
herel	by attest that the information r	eported herein is	s true and accurate to the best	of my knowledge.	······································	
Compa	any Official Elizabeth Lov	e-McGray for a	nd on behalf of Kentucky RSA	A 3 Cellular Genera	l Partnership	
Comp	any Official Signature		Tayle Trick Array Dat	e 03/13/14		
	reck payable to: "Kentucky easurer" and send with this			Send a copy of Kentucky Public		

report to:

Attn: KY USF

702 Capital Ave.

Capitol Annex, Room 488A

Frankfort, KY 40601

Finance and Administration Cabinet

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

Date _	04/11/14	<del>_</del>	Reporting	Month	MARCH 20	)14
			* 1. f		and the state of t	
			rrier Information			
	Company Name	CKY RSA #3 CELLULAR	R GENERAL F	PARTNERSHIP		
	Company Address	P.O. BO	X 5012, ELIZABETHTO	WN, KY 4270	2-5012	
	Telephone / Fax	(270) 76	9-0339			
	Vendor Number					
Class	fication	*****				
Pleas	e Circle One	ILEC	CLEC	Cellu	ılar	PÇS
		Mont	hly Access Line Data			
		, <u>, , , , , , , , , , , , , , , , , , </u>				9.47
1	Total Access Lines in Serv	ice	The state of the s	52,847		
2	Surcharge Per Access Lin	<b>†</b>		\$0.08		
3	Amount of Surcharge Rem	nitted to Kentuc	ky USF	\$4,227.76		
4	Number of Access Lines F	Receiving Lifelin	ne Support	444		
5	Amount of Reimbursemen	t Requested fro	om Kentucky USF		\$1,55	4.00
			Signature Block			
I here	by attest that the information re	eported herein i	is true and accurate to th	e best of my k	knowledge.	
Com	pany Official Elizabeth Lov	e-McGray for a	and on behalf of Kentuc	ky RSA 3 Cel	llular General I	Partnership
	pany Official Signature	lizabety	gore Allogra	Date	04/11/14	

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

ate _	05/07/14	<del></del>	Reporting	Month APF	러. 2014	
******						
		Carrie	er Information			
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP						
	Company Address	P.O. BOX 5	012, ELIZABETHTO	WN, KY 42702-5012		
	Telephone / Fax	(270) 769-0	339			
	Vendor Number		and the state of t			
Classi	fication				Andrew A. Andrew	
Please	e Circle One	ILEC	CLEC	Cellular	PÇS	
			4.4			
		Monthly	Access Line Data			
1	Total Access Lines in Serv	rice	obe will a contrabasii le acasa napan	53.013		
2	Surcharge Per Access Line	ė	nee - n theory to be all and though the manufacture in	\$0.08		
3	Amount of Surcharge Rem	nitted to Kentucky L	JSF	\$4,241.04		
4	Number of Access Lines F	teceiving Lifeline S	upport	431		
5	Amount of Reimbursemen	t Requested from F	Kentucky USF	\$	51,508.50	
		Sig	nature Block			
I here	eby attest that the information re	eported herein is tru	ue and accurate to th	e best of my knowledge.		
_	oany Official Elizabeth Love		on behalf of Kentuc	ky RSA 3 Cellular Gen Date (19-14) octor/	eral Partnership	
		**************************************			of this canor to:	

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

ite _	06/07/14	<del>-</del>	Reporting Month	n <u>May</u>	2014			
		Carrier Info	ormation		g 2 f dawn yn y daw daw ar y gall yn daw ar yn y dae yn dae y			
<del></del>	Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP							
	Company Address	ELIZABETHTOWN, P	(Y 42702-5012					
	Telephone / Fax	(270) 769-0339			aparagan da ana ana ana ana ana ana ana ana an			
	Vendor Number							
Classi	fication		<del></del>		<u> </u>			
Please	Circle One	ILEC	CLEC	Cellular	PCS			
					<del>alaya ayaa ayaa daabaa ahaa ayaa ayaa ayaa ayaa ayaa ayaa</del>			
		Monthly Acce	ss cine Data					
1	1 Total Access Lines in Service			53,238				
2	2 Surcharge Per Access Line			\$0.08				
3	Amount of Surcharge Ren	itted to Kentucky USF	••••••••••••••••••••••••••••••••••	\$4,259.04				
4	Number of Access Lines F	eceiving Lifeline Suppo	Λ	414				
5	Amount of Reimbursemen	t Requested from Kentu	cky USF	\$1,449.00				
		Signatu	re Block					
l here	by attest that the information re	ported herein is true an	d accurate to the best	t of my knowledge,				
Comp	any Official Elizabeth Love	-McGray for and on be	ehalf of Kentucky RS	A 3 Cellular Genera	l Partnership			
Comp	any Official Signature	Home Mr.	As a Di	ate 6 4 14				
State Tr	neck payable to: "Kentucky reasurer" and send with this o: and Administration Cabinet			Send a copy of Kentucky Public Commission ATTN: Jim Stev	: Service			

Attn: KY USF

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 211 Sower Blvd.

Frankfort, KY 40602

P.O. Box 615

	Cai	rrier Information		**************************************	
Company Name	KENTUC	KY RSA #3 CELLULA	R GENERAL PARTNERS	1IP	
Company Address	P.O. BO)	X 5012, ELIZABETHTO	OWN, KY 42702-5012		
Telephone / Fax	(270) 769	9-0339		Andrew products of the constraints of the constraints	
Vendor Number					
Classification			AMALL, purchase to		
Please Circle One	ILEC	CLEC	Cellular	PCS	
	Month	nly Access Line Data	£-18-14-14-14-14-14-14-14-14-14-14-14-14-14-		
1 Total Access Lines in Serv	rice		53,571		
2 Surcharge Per Access Line	e	w. Alandahahaha di dipendentaka kedesedik	\$0.08		
3 Amount of Surcharge Ren	nitted to Kentuck	y USF	\$4,285.68		
4 Number of Access Lines F	teceiving Lifeline	e Support		406	
5 Amount of Reimbursemen	t Requested from	n Kentucky USF	\$1,	421.00	
	S	Signature Block			
hereby attest that the information re	sported herein is	true and accurate to the	ie best of my knowledge.		
Company Official Elizabeth Love	e-McGray for an	id on behalf of Kentuc	cky RSA 3 Cellular Genera	ıl Partnershi	
Company Official Signature	ka 😽	- M. Herrie	Date 1-16-1	L1_	

State Treasurer" and send with this report to:
Finance and Administration Cabinet Attn: KY USF
702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

ate	08/18/14		Reporting I	Month Ju	ify 2014	
		Ça	rrier Information			
	Company Name	KENTUC	KY RSA #3 CELLULAF	R GENERAL PARTNER	SHIP	
	Company Address	P.O. BO	X 5012, ELIZABETHTO	WN, KY 42702-5012		
	Telephone / Fax	(270) 76	9-0339	and the second s		
	Vendor Number		V0.00			
Classifi	ication	4-4		(0.11)	PCS	
Please	Circle One	ILEC	CLEC	(Cellular)	rus	
		Mont	hly Access Line Data			
<u></u>	Total Access Lines in Ser	vice			53.129	
1			and the second and the second	\$0.08		
2	Surcharge Per Access Li			\$4,250.32		
3	Amount of Surcharge Re					
4	Number of Access Lines	Rec <del>c</del> iving Lifelin	ne Support	406		
5	Amount of Reimburseme	nt Requested fro	om Kentucky USF		\$1,421.00	
			Signature Block			
! here	by attest that the information	reported herein	is true and accurate to the	he best of my knowledge	9.	
		ve-McGray for	and on behalf of Kentu	cky RSA 3 Cellular Gel	neral Partnership	

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

ate _	09/15/14	<u> </u>	Reporting P	Month August	2014	
		Са	rrier Information			
······································	Company Name	KENTUC	KY RSA #3 CELLULAR	GENERAL PARTNERS	HP	
	Company Address		X 5012, ELIZABETHTOV	7		
	Telephone / Fax	(270) 769	0.000			
	Vendor Number	12,0,10	V-0000			
· · · · · · · · · · · · · · · · · · ·	Veridor realization					
Classif	fication	A STATE OF THE STA				
	e Circle One	ILEC	CLEC	Cellular	PCS	
		Month	nly Access Line Data	A CONTRACTOR OF THE CONTRACTOR		
1	Total Access Lines in Se	rvice	August War and an annual and a second and a		53,287	
,					\$0.08	
2	Surcharge Per Access Li	<b>,</b>				
3	Amount of Surcharge Re	mitted to Kentuci	ky USF	\$4	,262.96	
4	Number of Access Lines	Receiving Lifelin	e Support	340		
5	Amount of Reimburseme	nt Requested fro	m Kentucky USF	\$1	,190.00	
			Signature Block			
l here	by attest that the information	reported herein is	s true and accurate to the	e best of my knowledge.		
_	Official Elizabeth Lo	va.McGray for a	nd on behalf of Kentuc	ky RSA 3 Cellular Gener	ral Partnership	
Comp	pany Official Signature	P. April .	with ay	Date 1/-/3-//		
State Treport to Finance Attn: K 702 Ca Capitol	e and Administration Cabinet			Send a copy o Kentucky Publ Commission ATTN: Jim St 211 Sower Blv P.O. Box 615 Frankfort, KY	lc Service evens rd.	

te _	10/15/14	_	Reporting	Month September	r 2014	
		Car	rier information			
· · · · · · · · · · · · · · · · · · ·	Company Name	KENTUC	KY RSA #3 CELLULAI	R GENERAL PARTNERS	HIP	
	Company Address		( 5012, ELIZABETHTO			
	Telephone / Fax	(270) 769				
	Vendor Number					
Classi	ification			(Cellular)	PCS	
Pleas	e Circle One	ILEC	CLEC	Centilar	1 W =	
		Monti	nly Access Line Data			
	- in Co	53,290				
1	Total Access Lines in Ser		y college that has been reserved at the second college and a second coll	ደስ ስን		
2	Surcharge Per Access Li	ne	managed to a determine of the based of the	and the second s		
3	Amount of Surcharge Re	milted to Kentucl	ky USF	\$4,263.20		
4	Number of Access Lines	Receiving Lifelin	e Support	346		
.5	Amount of Reimburseme			\$1,211.00		
			Signature Block			
l her	eby attest that the information	reported herein i	is true and accurate to t	he best of my knowledge		
				icky RSA 3 Cellular Gen		
	pany Official Signature	N No. 15	MY MARCO	Date 10 130	14}	
State report Finant Attn: 702 C	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabinet KY USF capital Ave. of Annex, Room 488A tfort, KY 40601			Send a copy Kentucky Pt Commission ATTN: Jim 211 Sower I P O. Box 61 Frankfort, K	Stevens Blvd. 5	

ate _	11/06/14	<del>,</del>	Reporting	Month October	2014			
		Ca	rrier Information					
	Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP							
	ing the sumbunded in the state of the state							
	Company Address Telephone / Fax		X 5012, ELIZABETHTC	77777				
	Vendor Number	(270) 76	3-0335					
	Vendor Number			and the second s	,			
Classi	fication				akengagan dagaman sembangan dakkan menangan di pagamanan menggan paga pagang			
Please	e Circle One	ILEC	CLEC	Cellular	PCS			
,		Monti	nly Access Line Data					
1	Total Access Lines in Ser	vice			53,101			
2	Surcharge Per Access Lir	ne		\$0.08				
2								
3	Amount of Surcharge Re	mitted to Kentuck	y USF	\$4,248.08				
.4	Number of Access Lines	Receiving Lifeline	e Support	134144 1446-2543	332			
5	Amount of Reimburseme	nt Requested from	m Kentucky USF	\$1,162.00				
		5	Signature Block					
I herel	by attest that the information i	reported herein is	true and accurate to th	e best of my knowledge.				
Comp	any Official Elizabeth Lov		· · · · · · · · · · · · · · · · · · ·	ky RSA 3 Cellular Genera				
Comp	any Official Signature	- true	mpilyay	Date 13 1(5 - i *	<u>į.                                    </u>			
	neck payable to: "Kentucky			Send a copy of				
State Tr	easurer" and send with this			Kentucky Public Commission	Service			
	and Administration Cabinet			ATTN: Jim Ste	vens			
Attn K				211 Sower Blvc	i.			
	oital Ave.			P.O. Box 615				
	Annex, Room 488A			Frankfort, KY 4	0602			
Frankfor	rt, KY 40601							

te	12/05/14	-	Reporting Mon	h November	2014	
		Carr	ier Information			
	Company Name	KENTUCK	Y RSA #3 CELLULAR GE	NERAL PARTNERSH	IIP	
	Company Address	P.O. BOX	5012, ELIZABETHTOWN,	KY 42702-5012		
	Telephone / Fax	(270) 769-	-0339	-		
	Vendor Number					
Classi	fication	And the second s			PCS	
Please	e Circle O⊓e	ILEC	CLEC	Cellular	1	
		Month	ly Access Line Data			
	Total Access Lines in Serv	ice	anne e mereson y subject and account course	y S 1. sales as where you have a superior and the supe	53,160	
1				\$0.08		
2				ቀላ ማርሳ በብ		
3			y USF	295		
4	Number of Access Lines F	Receiving Lifeline	e Support	which the second of the second		
5	Amount of Reimbursemer	t Requested from	m Kentucky USF	5	1,032.50	
		÷	Signature Block			
l her	eby attest that the information r					
		e-McGray for a	nd on behalf of Kentucky	RSA 3 Cellular Gene	eral Partnership	
Com	ipany Official Signature	· · · · · · · · · · · · · · · · · · ·				
State '	check payable to: "Kentucky Treasurer" and send with this to ce and Administration Cabinet			Send a copy Kentucky Put Commission ATTN: Jim S 211 Sower B	tevens	

Attn: KY USF

702 Capital Ave

Capitol Annex, Room 488A Frankfort, KY 40601 P.O. Box 615

Frankfort, KY 40602

ate _	01/12/15		Reporting	Month	December 20	14	
المراجعة الم	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and the second s				
		Carr	ier Information	Million in his order of the day of the second of the secon		4 1000000	
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP							
	Company Address	P.O. BOX	5012, ELIZABETHTO	VN, KY 4270	02-5012		
	Telephone / Fax	(270) 769-	0339	- Maria	y wy		
	Vendor Number		-				
Classi	fication		***************************************			upada, da a dallar era da da a	
Please	e Circle One	ILEC	CLEC	Cellu	ular)	PCS	
		Monthly	y Access Line Data			And the state of t	
1	Total Access Lines in Serv	ice	commence in a constant or 40 ms. area, sequence	e de 10 de 10 de 1000 <del>- 1000 -</del>	53,269		
2	Surcharge Per Access Line		SMALL DAMPER II S. DELEVERA PER MET S. C. S. C. S. C. S.	\$0.08			
3	Amount of Surcharge Rem	itted to Kentucky	USF	\$4,261.52			
4	Number of Access Lines R	eceiving Lifeline	Support	289			
5	Amount of Reimbursemen	Requested from	Kentucky USF	Ins a point a point	\$1,011	.50	
		Si	gnature Block				
l here	by attest that the information re	ported herein is t	rue and accurate to the	best of my k	.nowledge.		
Comp	any Official Elizabeth Love	-McGray for and	on behalf of Kentuc	(y RSA 3 Cel	liular General P	artnership	
Comp	any Official Signature	Jana.	Million .	Date	1 m 10		
			· · · · · · · · · · · · · · · · · · ·				

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

02/10/15		Reporting N	Month January	4010
The state of the s				
		rier Information		
Company Name	KENTUCI	KY RSA #3 CELLULAR	GENERAL PARTNERSH	HIP
Company Address	P.O. BOX	( 5012, ELIZABETHTO	WN, KY 42702-5012	
Telephone / Fax	(270) 769			·
Vendor Number				
Classification		CLEC	(Cellular)	PCS
Please Circle One	ILEC			
	Month	hly Access Line Data		
	- A44			53,164
1 Total Access Lines in Se		Maria proposition de l'accompany volume — en anni	MINI COLOR	\$0.08
2 Surcharge Per Access L				, , , , , , , , , , , , , , , , , , ,
3 Amount of Surcharge Re	mitted to Kentuc	ky USF	<u> </u>	4,253.12
Annace Lines				288
4 Number of Access Lines 5 Amount of Reimbursem			_	51,008.00
		Signature Block		
I hereby attest that the information	reported herein		the best of my knowledge.	<b>;</b>
	na - O far	and on hehalf of Kenti	ucky RSA 3 Cellular Gen	ieral Partnership
Company Official Elizabeth L Company Official Signature	Ove-McGray to	Lax William	Date	
Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabine Altn: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601			Send a copy Kentucky Pu Commission ATTN: Jim 211 Sower E P.O. Box 61 Frankfort, K	Stevens Blvd. 15

ate	03/09/15		Reporting	Month	February 20	115
		Car	rrier Information			
						<u> </u>
	Company Name		KY RSA #3 CELLULAF			
	Company Address	P.O. BOX	( 5012, ELIZABETHTO	WN, KY 42	702-5012	
	Telephone / Fax	(270) 769	-0339			
	Vendor Number					
Classifica	tion					
Please Ci	ircle One	ILEC	CLEC	(Ce	llular	PÇ\$
		Month	lly Access Line Data	- Antonial Mil T	and the second s	
1	Total Access Lines in Sei	vice	annia de la companya		53.	125
·	Surcharge Per Access Li	w. ii. u.iw.,			e.	0.08
2	-				***	0.00
3	Amount of Surcharge Re	nitied to Kentuck	y use	and a property of the second		
4	Number of Access Lines	Receiving Lifeline	Support	273		
5	Amount of Reimburseme	nt Requested from	т Kentucky USF		\$95	5.50
A. A			Signature Block	to income		100,7
hereby	attest that the information					
Compan	y Official Elizabeth Lo	ve-McGray for at	nd on behalf of Kentuc	ky RSA 3 C	Cellular General F	artnership
Compan	y Official Signature	C Jarr	njedla-	Date	5.11.15	
State Trea report to: Finance ar Attn: KY U 702 Capite Capitol An					Send a copy of thi Kentucky Public S Commission ATTN: Jim Steve 211 Sower Blvd. P.O. Box 615 Frankfort, KY 406	ervice ns

Frankfort, KY 40601

ıle 🔔	04/10/15	_	Reporting Mont	h <u>March</u>	2015
		Carrier	Information		
	Company Name	KENTUCKY	RSA #3 CELLULAR GE	NERAL PARTNERSH	IIP
	Company Address		12, ELIZABETHTOWN,		
	Telephone / Fax	(270) 769-03			A. A
	Vendor Number				
Classi	fication				
-	e Circle One	ILEC	CLEC	Cellular	PCS
		Monthly A	Access Line Data	and the second s	The second secon
	and the second s	1112		4.4	53.072
1	Total Access Lines in Ser	vice	aparteristica (Inc. 1187) or an area of the control		33,012
2	Surcharge Per Access Lir	1e	de capitales publicates entre proportion (de la frança com actuale (de 18 - 1		\$0.08
3	Amount of Surcharge Rea		\$4,245.76		
	Number of Access Lines				262
<b>4</b> 5	Amount of Reimburseme				\$917.00
		Sign	naturė Block		
l here	eby attest that the information	reported herein is tru	ue and accurate to the be		ral Partnership
		ve-McGray for and	on behalf of Kentucky I	Date 4 30-1"	1
Com	pany Official Signature	( -) (5 x 4.	11 - 15 - 15		
State Treport	check payable to: "Kentucky Treasurer" and send with this to: ce and Administration Cabinet KY USF			Send a copy of Kentucky Pub Commission ATTN: Jim SI 211 Sower Bh	evens vd.

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601

P.O. Box 615

Frankfort, KY 40602

ote <u>05/08/15</u>		Reporting Mor	nth Apr	ril 2015	
	C	arrier Information			
Company Nam	e KENTUC	KY RSA #4 CELLULAR GE	NERAL PARTNERS	HIP	
Company Addres	_	5012, ELIZABETHTOWN,			
Telephone / Fa			17 42/02-3012		
Vendor Numbe	12707100	-0339			
vendo: Numbe		the second secon		····	
Classification		A STATE OF THE STA		<u> </u>	
Please Circle One	ILEC	CLEC	(Cellular)	PCS	
	Montl	nly Access Line Data			
1 Total Access Lines in	Service	100 km retell to yolku suunnaannaluutakseennaanneen eest	· · · · · · · · · · · · · · · · · · ·	53,322	
2 Surcharge Per Acces	s Line	en vertee (). Lake the province of the transfer of the transfe	\$0.08		
3 Amount of Surcharge	Remitted to Kentuck	y USF	\$4,265.76		
4 Number of Access Li	nes Receiving Lifeline	e Support	177		
5 Amount of Reimburse	ement Requested from	m Kentucky USF	\$619.50		
		Signature Block			
I hereby attest that the inform	nation reported herei	n is true and accurate to the	heat of my knowledge		
Company Official Elizabeth				al Partnership	
Company Official Signature	-1, -0,	D. Backy D	ate <u>চূণ্টিণ্ড</u>	•	
ake check payable to: "Kentuc	ку		Send a copy of	this report to:	
tate Treasurer" and send with t	nis		Kentucky Public		
port to:			Commission		
inance and Administration Cabi ttn: KY USF	net		ATTN: Jim Stev 211 Sower Blvd		
02 Capital Ave.			P.O. Box 615	ı	
apitol Annex, Room 488A			Frankfort, KY 40	1602	

Date _	06/05/15	Reporting Month			May 2015	
	14-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-		rier Information			
	Company Name		KY RSA #3 CELLULA			
	Company Address	P.O. BOX	( 5012, ELIZABETHTC	OWN, KY 42702-50	12	
	Telephone / Fax	(270) 769	-0339			
	Vendor Number			المواطون الموارسي والمعاولة والمحال المواطول والمعارض وال		
Classi	fication	<del></del>		,		
Please	e Circle One	ILEC	CLEC	Cellular	PCS	
		NA	de Assass Line Data			
		Monta	lly Access Line Data			
1	Total Access Lines in Ser	vice	and the second s	1-the State of the	52.920	
2	Surcharge Per Access Lir	18	n well of the energy of the transmission of the first	\$0.08		
3	Amount of Surcharge Rer	mitted to Kentuck	y USF	\$4,233.60		
4	Number of Access Lines	Receiving Lifeline	e Support	245		
5	Amount of Reimburseme	nt Requested from	m Kentucky USF		\$857.50	
		*	Signature Block			
I here	by attest that the information (	eported herein is	true and accurate to t	he best of my knowl	edge	
1	pany Official Elizabeth Lov pany Official Signature	re-McGray for a	nd on behalf of Kentu	Date	General Partnership	

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

ote 07/08/15	- Repor	ting Month	June 2015		
	Carrier Information				
Company Name	KENTUCKY RSA #3 CELLU	LAR GENERAL PA	RTNERSHIP		
Company Address	P.O. BOX 5012, ELIZABETH		*		
Telephone / Fax					
Vendor Number					
Classification	15 800 77	44.44			
Please Circle One	ILEC CLEC	Cellula	PCS		
	Monthly Access Line Da	ta			
Total Access Lines in Serv	ce		52,887		
	Neuroli, 194 Williams		80.08		
2 Surcharge Per Access Line					
-	itted to Kentucky USF	proposition management to			
4 Number of Access Lines R	eceiving Lifeline Support	property of the second second	234		
5 Amount of Reimbursement	Requested from Kentucky USF	Approximately propring a spring a proper set of \$150 and	\$819.00		
	Signature Block	a a ta a 48 may an <del>amana da ka a garanana ya ka a da ka a a a a a a a a a a a a a a</del>			
I hereby attest that the information re	ported herein is true and accurate	to the best of my kno	owledge		
• • • • • • • • • • • • • • • • • • • •	-McGray for and on behalf of Ke				
Company Official Signature	There was a state of the same	Date **	Correction		
Make check payable to: "Kentucky State Treasurer" and send with this		Kent	d a copy of this report to: lucky Public Service		
report to:			nmission N: Jim Stevens		
Finance and Administration Cabinet	Į	7.1	Parama Divid		

Attn: KY USF

702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 211 Sower Blvd.

Frankfort, KY 40602

P.O. Box 615

le 08/11/15	<del></del>	Reporting	Month Jul	y 2015		
	Ca	rrier Information				
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP						
Company Address	<del></del>	X 5012, ELIZABETHTO				
Telephone / Fax	(270) 769					
Vendor Number						
Classification	A-14-00 1 , 117-0-1-1					
Please Circle One	ILEC	CLEC	Cellular	PCS		
	Month	ily Access Line Data				
and a second			AND THE STREET, STREET			
1 Total Access Lines in Se	rvice	h hidde i ng pagasaga maha alam alam dagada daka kan adami ka kan ap . d . is . fi . d	to the first or provide an arms	52.879		
2 Surcharge Per Access L	ine	The new years are the second of the second o	to the specific property of the state of the	\$0.08		
				\$4,230.32		
4 Number of Access Lines	Receiving Lifeline	Support		227		
5 Amount of Reimburseme	ent Requested from	m Kentucky USF	\$794.50			
	S	Signature Block				
I hereby attest that the information	reported herein is	true and accurate to th	e best of my knowledge.	The second secon		
Company Official Elizabeth Lo	ve-McGray for an	id on behalf of Kentuc	ky RSA 3 Cellular Genera	al Partnership		
			Date English			
ake check payable to: "Kentucky tate Treasurer" and send with this eport to: inance and Administration Cabinet ttn: KY USF D2 Capital Ave apitol Annex, Room 488A rankfort, KY 40601			Send a copy of Kentucky Public Commission ATTN: Jim Ster 211 Sower Blvd P.O Box 615 Frankfort, KY 4	c Service vens i.		

te _	09/11/15	_	Reporting N	Month	Aug 2015	
		Ca	arrier Information			
·• ··········	Company Name	KENTUC	CKY RSA #3 CELLULAR	GENERAL PARTNER	RSHIP	
	Company Address	P.O. 80	X 5012, ELIZABETHTOV	VN, KY 42702-5012		
	Telephone / Fax	(270) 76	9-0339			
	Vendor Number					
Class	ification					
Pleas	e Circle One	ILEC	CLEC	Cellular	PCS	
		Mont	hly Access Line Data			
1	Total Access Lines in Ser	vice	27-15-27-11 - 33-66 7    1-15-18 13-183-7-184-8-3-4-8-4-7-4-4-4-7-4-3-1-4-1	53,050		
2	Surcharge Per Access Li	ne	W. (1735) 104 117 117 117 117 117 117 117 117 117 11	\$0.08		
3	Amount of Surcharge Re	mitted to Kentucl	ky USF	1) 1700° 12-101° 15° 1	\$4,244.00	
4	Number of Access Lines	Receiving Lifelin	e Support	9 5 1 1 2 1 9 3 2 5 1 2 4 4 7 1 2 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	216	
5	Amount of Reimburseme	nt Requested fro	om Kentucky USF	occupation and an arrangement of the second	\$756.00	
			Signature Block			
l here	eby attest that the information	reported herein i	s true and accurate to the	best of my knowledge	3.	
	•					
	·	ve-McGray for a	nd on behalf of Kentuck			
		<u> </u>	1	,		
	theck payable to: "Kentucky				y of this report to: ublic Service	

State Treasurer" and send with this report to:
Finance and Administration Cabinet Attn: KY USF 702 Capital Ave,
Capitol Annex, Room 488A
Frankfort, KY 40601

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

		Car	rrier Information			
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP						
	Company Address	P.O. BO	( 5012, ELIZABETHTO	WN, KY 42702-5012		
	Telephone / Fax	(270) 769	-0339			
	Vendor Number			- Alle Annual Control of the Control		
Classifica	tion			and the second s		
Please Ci	rcle One	ILEC	CLEC	Cellular	PCS	
		Month	ly Access Line Data			
1	1 Total Access Lines in Service		en e	Here were the second	53,484	
2	Surcharge Per Access Lin	e	ASS CREATE AND AND SECURITY OF THE SECURITY OF THE SECURITY OF	\$0.08		
3	Amount of Surcharge Ren	nitled to Kentucky	y USF	\$	4,278.72	
4	Number of Access Lines F	Receiving Lifeline	Support	at the sector states on the section of the section	182	
5	Amount of Reimbursemen	t Requested from	n Kentucky USF	72.770.0.1717.0170.170	\$637.00	
		S	ignature Block			
I hereby a	attest that the information re	eported herein is	true and accurate to th	e best of my knowledge.	isternipingi ummay ni manakan panagang panaga pinaga pinaga panaga pinaga pinaga panaga pinaga pinaga panaga p	
Company	Official Elizabeth Love	e-McGray for an	d on behalf of Kentuc	ky RSA 3 Cellular Gene	eral Partnershi	
0	Official Signature			Date 34 : 4 : 1		

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

ate _	11/16/15		Reporting	Month	Oct 2015		
					- <del> </del>		
<del>, , , , , , , , , , , , , , , , , , , </del>		Cai	rrier Information				
	Company Name	KENTUC	KY RSA #3 CELLULA	R GENERAL PART	NERSHIP		
	Company Address	P.O. BO	K 5012, ELIZABETHTO	WN, KY 42702-50	12		
	Telephone / Fax	(270) 769	9-0339				
	Vendor Number				A CONTRACTOR OF THE CONTRACTOR		
Classif	fication				444		
Please	Circle One	ILEC	CLEÇ	Cellular	PCS		
		Month	ly Access Line Data				
1	1 Total Access Lines in Service				53,607		
2	Surcharge Per Access Lir	1e	and the state of the	erleeks didings til gisli <del>den strongerie.</del>	\$0.08		
. 3	Amount of Surcharge Ren	mitted to Kentuck	y USF	\$4,288.56			
4	Number of Access Lines	Receiving Lifeline	Support	177			
5	Amount of Reimbursemen	nt Requested from	n Kentucky USF		\$619.50		
		\$	Signature Block	opening grant day glass grant grant and account grant and account grant grant grant grant grant grant grant gr			
I heret	by attest that the information r	eported herein is	true and accurate to the	e best of my knowl	edge.		
Compa	any Official Elizabeth Lov	e-McGray for an	d on behalf of Kentuc	ky RSA 3 Cellular	General Partnership		
Comp	any Official Signature	-343 4.5		Date\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	* * * * * * * * * * * * * * * * * * *		
Anka ob	reck payable to: "Kentucky			Senda	copy of this report to:		

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

ate <u>12/10/15</u>		Reporting	Month P	Nov 2015	
	Ca	errier Information			
Company Name			R GENERAL PARTNER	eup	
• •				Onr	
Company Address	P.O. BO	X 5012, ELIZABETHTC	WN, KY 42702-5012		
Telephone / Fax	(270) 76	9-0339	And the second s		
Vendor Number					
Classification			Add to describe a growth destroyments.		
Please Circle One	ILEC	CLEC	Cellular	PCS	
	Monti	nly Access Line Data			
1 Total Access Lines in	Service		53,756		
2 Surcharge Per Access	Line	Manufactur al News and and a second s	\$0.08		
3 Amount of Surcharge	Remitted to Kentuck	ky USF	\$4,300.48		
4 Number of Access Lin	es Receiving Lifeline	e Support	173		
5 Amount of Reimburser	ment Requested fro	m Kentucky USF	Marketon depte III en al la companya de la companya	\$605.50	
		Signature Block	-	and the state of t	
I hereby attest that the information	in reported herein is	s true and accurate to th	e best of my knowledge.		
Company Official Elizabeth L	.ove-McGray for a	nd on behalf of Kentuc	ky RSA 3 Cellular Gen	eral Partnership	
Company Official Signature	11		Date Light Control		
Make check payable to: "Kentucky			Send a copy	of this report to:	

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

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.Q. Box 615

Frankfort, KY 40602

te 01/09/16		Reporting Month		Month	Dec 2015		
		Car	rier Information				
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP							
(	Company Address	P.O. BOX	5012, ELIZABETHTO	WN, KY 42702-501	2		
	Telephone / Fax	(270) 769	-0339		der vive and a service of the servic		
	Vendor Number				And the state of t		
Classification		. 144-4	and the same of th		<u> </u>		
Please Circle	One	ILEC	CLEC	Cellular	PCS		
		Month	ly Access Line Data	44			
1 Tota	al Access Lines in Servi	ce	The state of the s	ALTERNATION OF THE STATE OF THE	54,050		
2 Sur	charge Per Access Line	44234497 12 14444141 1777 14773	ghand on stangarlandariminahani anagandaha, sanifi darif	\$0.08			
3 Am	ount of Surcharge Remi	tted to Kentucky	USF	\$4,324.00			
4 Nur	mber of Access Lines Ro	eceiving Lifeline	Support	178			
5 Am	ount of Reimbursement	Requested from	n Kentucky USF	A-11-11-11-11-11-11-11-11-11-11-11-11-11	\$623.00		
		8	ignature Block				
I hereby attes	t that the information re	ported herein is	true and accurate to the	ne best of my knowle	dge.		
Company Offi	icial Elizabeth Love	-McGray for an	d on behalf of Kentu	cky RSA 3 Cellular	General Partnership		
, ,	icial Signature	13.5	in Marin	Date :	A I (g)		
Make check pay	yable to: "Kentucky			Send a c	copy of this report to:		

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

ate _	02/18/16	·····	Reporting M	onth J	an 2016			
t dente programme, and the second		Ca	rrier information	and the second s	<del> </del>			
	Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP							
Company Address P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012								
	Telephone / Fax	1, 10p14/	(270) 769-0339					
	Vendor Number							
Classi	fication							
Please	e Circle One	ILEC	CLEC	Cellular	PCS			
		Month	lly Access Line Data					
1	1 Total Access Lines in Service 53,998				53,998			
2	2 Surcharge Per Access Line			\$0.08				
3	3 Amount of Surcharge Remitted to Kentucky USF			\$4,319.84				
4	Number of Access Lines	Receiving Lifeline	Support	Mineral	171			
5	Amount of Reimbursemer	nt Requested from	n Kentucky USF		\$598,50			
		S	Signature Block					
I herel	by attest that the information r	eported herein is	true and accurate to the b	est of my knowledge.				
Comp	any Official Michael Gren	di for and on bei	half of Kentucky RSA 3 C	ellular General Partr	nership			
	any Official Signature		1	Date 2//8//6				
State Tre report to	neck payable to: "Kentucky easurer" and send with this o: and Administration Cabinet			Send a copy of Kentucky Pub Commission ATTN: Jim St				

Attn: KY USF 702 Capital Ave.

Capitol Annex, Room 488A

Frankfort, KY 40601

211 Sower Blvd.

Frankfort, KY 40602

P.O. Box 615

Date _	03/14/16		Reporting	Month	·	Feb 2016		
		<u></u>	errier information		**************************************			
		V:	mer mormagen		- Address - Addr			
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP						RSHIP		
	Company Address	P.O. BO	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012					
	Telephone / Fax	(270) 76	(270) 769-0339					
······································	Vendor Number							
Classif	ication	· · · · · · · · · · · · · · · · · · ·						
Please	Circle One	ILEC	CLEC		Cellular	PCS		
		Month	ily Access Line Data		and the state of t			
1	Total Access Lines in Ser	vice	e de la faire de la company de	verse e a though		54,009		
2	2 Surcharge Per Access Line			a de coma anagana — e	\$0.08			
3 Amount of Surcharge Remitted to Kentucky USF			y USF		\$4,320.72			
4 Number of Access Lines Receiving Lifeline Support			Support	,	167			
5	Amount of Reimbursemen	nt Requested from	n Kentucky USF		\$584.50			
		S	ignature Block		Manufacture Control of the Control o	14 - 14 - 14 - 14 - 14 - 14 - 14 - 14 -		
Lhereby	y attest that the information r			e best of	my knowledge			
Compa	ny Official Elizabeth Lov		d on behalf of Kentuck	ky RSA 3	Cellular Gene	ral Partnership		
Сотра	ny Official Signature	Mas 1	M. C. Arees	Date	<u> </u>			
	ck payable to: "Kentucky asurer" and send with this				Send a copy o Kentucky Pub	of this report to		

State Treasurer" and send with this report to
Finance and Administration Cabinet Atm: KY USF
702 Capital Ave.
Capitol Annex Room 488A
Frankfort, KY 46601

Date _	04/15/16		Reporting I	Month Ma	ar 2016			
<u>_,,</u>		Ca	rrier Information					
	Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP							
	Company Address P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012							
	Telephone / Fax	(270) 769	9-0339					
	Vendor Number							
Class	ification				and the second s			
Pleas	e Circle One	ILEC	CLEC	Cellular	PCS			
		Month	nly Access Line Data					
1	Total Access Lines in Ser	vice	The state of the s		54,092			
2	Surcharge Per Access Li				\$0.08			
3	\$4.327.36							
4	Number of Access Lines	and the state of t	159					
5	Amount of Reimburseme	<b>\$5</b> 56.50						
			Signature Block					
Com		∕e-McGray for a	nd on behalf of Kentuc	e best of my knowledge. ky RSA 3 Cellular Gene Date 나 나이다				
State Treport Financi Attn: F	check payable to: "Kentucky freasurer" and send with this to: e and Administration Cablnet KY USF apital Ave. I Annex, Room 488A			Send a copy of Kentucky Public Commission ATTN: Jim St 211 Sower Bly P.O. Box 615 Frankfort, KY	evens vd.			

Frankfort, KY 40601

)ate	05/19/16	_	Reporting	Month	Apr 2016			
·		Carı	rier Information					
<del></del>	Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP							
	Company Address		5012, ELIZABETHTO		**************************************			
	Telephone / Fax	1	(270) 769-0339					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vendor Number							
Classifi	cation							
Please	Circle One	ILEC	CLEC	Cellular	PCS			
		Monthly	Access Line Data					
1 Total Access Lines in Service 54,0					54,096			
2	2 Surcharge Per Access Line			\$0.08				
3 Amount of Surcharge Remitted to Kentucky USF			USF	\$4,327.68				
4	4 Number of Access Lines Receiving Lifeline Support			155				
5	5 Amount of Reimbursement Requested from Kentucky USF			\$542.50				
		Sig	nature Block					
l hereby	attest that the information re	ported herein is tr	ue and accurate to the	best of my knowled	ge			
			lf <sub>s</sub> of Kentucky RSA 3					
Compar	ny Official Signature	MAU	14	Date <u>\$\frac{1}{J\lorentz}/</u>	<del></del>			
	ck payable to: "Kentucky asurer" and send with this				py of this report to: Public Service			

State Treasurer" and send with this report to:
Finance and Administration Cabinet Attn: KY USF 702 Capital Ave.
Capital Annex, Room 488A
Frankfort, KY 40601

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

ate _	06/15/16		Reporting Month	May 2	1016			
.,,	· · · · · · · · · · · · · · · · · · ·	Carrier Informatio	n	7/				
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP								
	Company Address	P.O. BOX 5012, ELIZA	P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012 (270) 769-0339					
	Telephone / Fax	(270) 769-0339						
· · · · · · · · · · · · · · · · · · ·	Vendor Number							
Classif	fication		,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
Please	e Circle One	ILEC CLE		ellular	PCS			
					<del>, , , , , , , , , , , , , , , , , , , </del>			
		Monthly Access Line	Data					
1	1 Total Access Lines in Service 54,340				,340			
2	Surcharge Per Access Line	Control Special Control of the Contr	**************************************	\$0.08				
3 Amount of Surcharge Remitted to Kentucky USF \$4,347.20					7.20			
4 Number of Access Lines Receiving Lifeline Support					150			
5	5 Amount of Reimbursement Requested from Kentucky USF \$525.00							
		Signature Block						
l heret	by attest that the information reported	d herein is true and accurate	to the best of my kno	owledge.				
Comp	any Official Michael Grendi	for and on behalf of Keptue	cky RSA 3 Cellular	General Partners	nip			
Comp	any Official Signature	mar or	Date _	<u> </u>				

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

ate	07/08/16		Reporting	Month	Jun	e 2016		
<del></del>		Carrier Info	ormation		······································	1 manufacture and the second s		
Company Name KENTUCKY RSA #3 CELLULAR GENERAL PARTNERSHIP								
	Company Address		P.O. BOX 5012, ELIZABETHTOWN, KY 42702-5012					
	Telephone / Fax	)			<del>andre de la colorie de la Col</del>			
·	Vendor Number							
Classi	ification	,		which the same of	***************************************			
Please	e Circle One	ILEC	CLEC	(Ce	ellular	PCS		
		Monthly Acces	ss Line Data					
1	Total Access Lines in Service	V SUMMER OF STREET	<del></del>	54,507				
2	Surcharge Per Access Line	AND THE STATE OF T		\$0.08				
3	3 Amount of Surcharge Remitted to Kentucky USF			*****	\$4,	360.56		
4 Number of Access Lines Receiving Lifeline Support			sector a person security	149				
5	Amount of Reimbursement Requi	ested from Kentucky	USF	\$521.50				
		Signature	e Block		.,	A. A. J.		
I heret	by attest that the information reported	herein is true and ac	curate to the besi	t of my knov	vledge.	, , , , , , , , , , , , , , , , , , , ,		
Compa	any Official Elizabeth Love-M	AcGray for and on b	ehalf of Kentucl	ky RSA 3 C	ellular General	Partnership		
Compa	any Official Signature	Loxe 11)	e elece ce	Date	7.13.14			
Make ch	neck payable to: "Kentucky			ΓĒ	end a copy of the	his report to:		

State Treasurer" and send with this report to:
Finance and Administration Cabinet Attn: KY USF 702 Capital Ave.
Capital Annex, Room 488A
Frankfort, KY 40801

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