Leslie County Telephone Company Question 2 Federal Communication Commission Form 497

(1) USAC Service Provider Identification Number 143001572 (2) Study Area Code 260411					de <u>260411</u>	
(3) Filer 499 ID <u>806619</u> (4) Technology 1			ype (check one) Wireli	ne 🔽	Wireless 🔲
(5) ETC Designation Type (Check one): Lifeline Only 🔲 High Cost/Low Income 🛂						
(6) Organization Information				Filing Information	· · · · · · · · · · · · · · · · · · ·	
Company Legal Name:	Lesile County Tele	ephone Compan	y a)	Submission Date 01/29/2014		
Contact Name:	Jody Jewell		b)	Data Month	January	/ 2014
Mailing Address:	525 Junction Ro	oad	c)	Type of Filing (check one)		
				,	Original	✓
	Madison, WI 53	3717	d)	State Reporting	Revision KENTU	CKY
Telephone Number:	608-664-4565				1	
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline						
2.10.1110		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 708		x \$ 9.25		= \$ 6549
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00		= \$ 0
Receiving federal L	ifeline Support	То		not to exce) Federal Lifeline Sup	ed (10) \$ <u>6549</u>	
Toll Limitation Service	es (TLS)					
Cost of Providing TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)			00_			
Number of TLS Sub	scribers	(12) <u>0</u>	***			
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	ирро	rt)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	for multiple rates, use an average amount)	
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
						- 4 (40) 0 O
			ıotal	Tribal Link Up Sup	port Claim	ea (18) \$ <u>~</u>
ETC Payment						
Total Lifeline \$ 6549	Total TLS \$ 0		Tota	I Tribal Link Up \$)	
¥						9) \$ 6549

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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01/29/2014	Sandy Gaylor
DATE	OFFICER SIGNATURE
Assistant Treasurer	Sandy Gaylor
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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(3) Filer 499 ID 806619 (4) Technology Ty			ype (check one) Wire	line 🗸	Wireless 🔲
(5) ETC Designation Type (C	check one): Lifelin	e Only 🔲 🔠	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	1	
Company Legal Name:	Lesile County Tel	ephone Company	a)	Submission Date	03/04/2	2014
Contact Name:	Jody Jewell		b)	Data Month	Februa	ry 2014
Mailing Address:	525 Junction R	oad	c) -	Type of Filing (check one)		_
					Original Revision	
Telephone Number:	Madison, WI 53	3717	d)	State Reporting	KENTU	ICKY
Fax Number:	608-664-4565		_			
rax Nullibel.	608-830-5580		4			
E-mail Address:	jody.jewell@tds	stelecom.com]			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 712		x \$ 9.25		= \$ <u>6586</u>
Tribal Low-Income Subscrib		(9) 0		_ x \$ <u>0.00</u>		= \$ 0
Receiving federal Lifeline Support			otal F	(not to exceed \$34.25) cal Federal Lifeline Support Claimed (10) \$ 6586		
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012/\$2	(11) 0.00000 in 2013)	00			
Number of TLS Sub	escribers	(12) <u>0</u>				
				Total TLS Sup	port Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost su	ippoi	rt)		`
Number of Connect	tions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rate	e rates, use an average amount)	
			'			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		Management of the Control of the Con		
Deferred Interest		(17) \$ <u>0.00</u>		Marian and a second		
		7	otal	Tribal Link Up Su	pport Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 6586	Total TLS \$ 0		Total	Tribal Link Up \$	0	
				Tot	tal Dollars (1	19) \$ 6586

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03/04/2014	Sandy Gaylor				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Sandy Gaylor				
OFFICER TITLE	OFFICER NAME				

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(3) Filer 499 ID 806619	(3) Filer 499 ID <u>806619</u> (4) Technology T			(check one) Wireli	ine 🔽 Wireless 🔲			
(5) ETC Designation Type (C	Check one): Lifelin	ie Only	High	Cost/Low Income				
(6) Organization Information	1		(7)	Filing Information				
Company Legal Name:	Lesile County Tel	lephone Compa	any a)	Submission Date	04/08/2014			
Contact Name:	Jody Jewell		b)	Data Month	March 2014			
Mailing Address:	525 Junction R	oad	c)	Type of Filing (check one)				
				(circon circ)	Original			
	Madison, WI 53	3717	d)	State Reporting	KENTUCKY			
Telephone Number:	608-664-4565							
Fax Number:	608-830-5580							
E-mail Address:	jody.jewell@tds	stelecom.com						
Lifeline								
Lifomio		(a) # Lifeline		(b) Lifeline Su				
Non-Tribal Low-Income Sub	scribers	<u>Subscribers</u>		Subscriber Su	pport			
Receiving federal L	ifeline Support	(8) 712		x \$ <u>9.2</u>	<u>25 </u>			
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	<u> </u>			
Receiving federal L	ifeline Support	To			eed \$34.25) pport Claimed (10) \$ 6586			
	(T. 0)		Total	r ederar Enemie Odj	pport Glainled (10) & GOOG			
Toll Limitation Service	ces (TLS)							
Cost of Providing T	LS per Subscriber	(11) <u>0.00</u>	0000	-				
(the lesser of increment	tal cost or \$3 in 2012 /\$2	in 2013)						
Number of TLS Sub	Number of TLS Subscribers							
				Total TLS Supp	oort Claimed (13) \$ <u>0</u>			
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cos	t suppo	rt)				
Number of Connect	tions Waived	(14) <u>0</u>						
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	s, use an average amount)			
		(not to exceed \$	100)					
Total Connection C	harges Waived	(16)\$ <u>0.0</u>						
Deferred Interest	0.00							
			Total	Tribal Link Up Sup	pport Claimed (18) \$ <u>0</u>			
ETC Payment			. 5	= -p -up				
ETC Payment	•			_	_			
Total Lifeline \$ 6586	Total TLS \$ <u>0</u>		Tota	l Tribal Link Up \$ <u>(</u>				
				Tota	al Dollars (19) \$ 6586			

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OFFICER TITLE	OFFICED NAME
Assistant Treasurer	Sandy Gaylor
DATE	OFFICER SIGNATURE
	Sandy Gaylor
04/08/2014	Sandy-Gaylor

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(3) Filer 499 ID <u>806619</u>	3) Filer 499 ID <u>806619</u> (4) Technology T			ype (check one) Wireli	ne 🔽	Wireless 🔲
(5) ETC Designation Type (Check one): Lifeline Only				High	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Lesile County Tele	ephone	Company	a)	Submission Date	05/02/20	014
Contact Name:	Jody Jewell			b)	Data Month	April 20	14
Mailing Address:	525 Junction Ro	oad		c)	Type of Filing (check one)		
						Original Revision	
Talankana Nomban	Madison, WI 53	717		d)	State Reporting	KENTU	CKY
Telephone Number:	608-664-4565			4			•
Fax Number:	608-830-5580			_			
E-mail Address:	jody.jewell@tds	teleco	m.com				
Lifeline							
			_ifeline		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		<u>Subscribers</u>			Subscriber Su		. 6E69
Receiving federal L	ifeline Support	(8) 710			x \$ <u>9.25</u>		= \$ 6568
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ 0.00 = (not to exceed \$34.25)		= \$ 0
Receiving federal L	iteline Support	To			not to exc ederal Lifeline Suj	eed \$34.25) pport Claime	ed (10) \$ <u>6568</u>
Toll Limitation Service	ces (TLS)						
	. ,						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	00			
Number of TLS Subscribers (12)		0		-			
					Total TLS Supp	oort Claimed	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	ligh Cost su	ippoi	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived pe	r Connection	(15) \$	0.00		(for multiple rates	s, use an aver	age amount)
		(not to	exceed \$100))			
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00		<u></u>		
			7	Total	Tribal Link Up Տսր	port Claime	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 6568	Total TLS \$_0_			Total	Tribal Link Up \$ _	0	
, otto Environ V				. – ա			
					Tota	al Dollars (1	9) \$

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05/02/2014	Sandy L. Gaylor
DATE	OFFICER SIGNATURE
Assistant Treasurer	Sandy L. Gaylor
OFFICER TITLE	OFFICER NAME

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Company Legal Name:	Lesile County Tel	ephone	Company	a)	Submission Date	05/30/2	014
Contact Name:	Jody Jewell			b)	Data Month	May 20	14
Mailing Address:	525 Junction Ro	oad	PART .	c)	Type of Filing (check one)	•	_
						Original Revision	
	Madison, WI 53	717		d)	State Reporting	KENTU	CKY
Telephone Number:	608-664-4565						-
Fax Number:	608-830-5580						
E-mail Address:	jody.jewell@tds	teleco	m.com				
Lifeline							
			ifeline <u>cribers</u>		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) <u>7</u>	'01		x \$9.2		= \$ 6484
Tribal Low-Income Subscrib		(9) <u>O</u>			x \$ <u>0.00</u> =\$ <u>0</u>		= \$ 0
Receiving federal Li	ifeline Support	То			(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ <u>6484</u>		
Toll Limitation Service	es (TLS)						
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	0	_		
Number of TLS Sub	Number of TLS Subscribers (12) 0		0				
					Total TLS Supp	ort Claime	d (13)\$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppoi	t)		
Number of Connect		(14)	0				
Charges Waived pe	r Connection	(15) \$ (not to	<u>U.UU</u> exceed \$100)	(for multiple ra		rates, use an average amount)	
Total Connection C	haraaa Waiyad	(1C) ¢	0.0				
	ilaiges waiveu						
Deferred Interest		(17) \$	0.00				
			Т	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 6484	Total TLS \$ 0		7	Γotal	Tribal Link Up \$ C)	
7						ıl Dollars (1	

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

(1) USAC Service Provider Id	lentification Number	14300	1572		(2) Stu	ıdy Area Co	ode <u>260411</u>
(3) Filer 499 ID <u>806619</u> (4) Technology Ty			pe (check one) Wirel	ine 🔽	Wireless 🛄	
(5) ETC Designation Type (Check one): Lifeline Only			ligh	Cost/Low Income			
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Lesile County Tele	ephone	Company	a)	Submission Date	07/08/2	2014
Contact Name:	Jody Jewell			b)	Data Month	June 20	014
Mailing Address:	525 Junction Ro	ad		c)	Type of Filing (check one)		
					•	Original Revision	
	Madison, WI 53	717		d)	State Reporting	KENTL	JCKY
Telephone Number:	608-664-4565						
Fax Number:	608-830-5580						
E-mail Address:	jody.jewell@tdst	teleco	m.com				
Lifeline							
		(a) # L Subsc			(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 692			x \$9.2	25	= \$ <u>6401</u>
Tribal Low-Income Subscrib		(9) <u>0</u>			x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support	То			not to exc ederal Lifeline Su	eed \$34.25) pport Claim	ned (10) \$ <u>6401</u>
Toll Limitation Service	es (TLS)						
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) n 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0		_		
					Total TLS Sup	port Claime	ed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	gh Cost su	ороі	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100)			(for multiple rate	(for multiple rates, use an average amount)	
		(1101 10 1	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0		<u> </u>		
Deferred Interest		(17) \$	0.00				
			T	otal	Tribal Link Up Su _l	pport Claim	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 6401			7	otal	Tribal Link Up \$ _	0	
i otal Ellellile p <u>o i o i</u>	TOTAL LES \$			otal			19) \$ 6401
					Tot	al Dollars (1	19\\$ UTU

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(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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.

07/08/2014	Sandy Gaylor					
DATE	OFFICER SIGNATURE					
Assistant Treasurer	Sandy Gaylor					
OFFICER TITLE	OFFICER NAME					

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(1) USAC Service Provider Id	dentification Number	143001572		(2) Stu	ıdy Area Co	ode <u>260411</u>
(3) Filer 499 ID <u>806619</u>	(3) Filer 499 ID <u>806619</u> (4) Technology Ty			check one) Wire	line 🕗	Wireless 🔲
(5) ETC Designation Type (C	check one): Lifelin	e Only 🔲 🛚 I	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		1
Company Legal Name:	Lesile County Tel	ephone Company	a)	Submission Date	07/29/2	014
Contact Name:	Jody Jewell		b)	Data Month	July 20	14
Mailing Address:	525 Junction Ro	oad	c) -	Type of Filing (check one)		
					Original Revision	<u> </u>
Telephone Number:	Madison, WI 53	717	d)	State Reporting	KENTL	ICKY :
Fax Number:	608-664-4565		4			
rax Nulliber.	608-830-5580		-			
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline		(a) # Lifeline		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	<u>Subscribers</u>		Subscriber Su	<u> 1pport</u>	
Receiving federal L	ifeline Support	(8) 636		x \$ 9.	25	= \$ 5883
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support	Te	otal i	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 5883		
Toll Limitation Service	ces (TLS)					,
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> (00	_		
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Sup	port Claime	ed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi	rt)		
Number of Connect	tions Waived	(14) <u>0</u>				
Charges Waived pe	er Connection	(15) \$ <u>U.UU</u>		(for multiple rate	e rates, use an average amount)	
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		·······		
Deferred Interest		(17) \$ 0.00				
			otal	— Tribal Link Up Su	pport Claim	ed (18) \$ 0
FTO Double and		•	- 141	= op ou	PPO. COMM	
ETC Payment						
Total Lifeline \$ 5883			Tota	Tribal Link Up \$	U	
				Tot	tal Dollars (19) \$ 5883

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

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07/29/2014	Sandy Gaylor				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Sandy Gaylor				
OFFICER TITLE	OFFICER NAME				

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(3) Filer 499 ID 806619	(3) Filer 499 ID 806619 (4) Technology Ty				check one) Wireli	ne 🕢	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifelin	e Only	C.	ligh	Cost/Low Income	V		
(6) Organization Information				(7)	Filing Information	7		
Company Legal Name:	Lesile County Tel	ephone	Company	a)	Submission Date	09/05/2	014	
Contact Name:	Jody Jewell			b)	Data Month	August	2014	
Mailing Address:	525 Junction R	oad		c)	Type of Filing (check one)			
						Original		
	Madison, WI 53	3717		d)	State Reporting	Revision KENTU	CKY	
Telephone Number:	608-664-4565					TICEITIE	<u> </u>	
Fax Number:	608-830-5580							
E-mail Address:	jody.jewell@tds	teleco	m.com					
Lifeline				.			:	
Lirenne		(a) # L	.ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
Non Tribal Law Income Cub			<u>cribers</u>		Subscriber Su		. ,	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 520			x \$ <u>9.25</u>		=\$ <u>4810</u>	
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00 = \$ 0		= \$ 0	
Receiving federal Li		. ,		4 . 1 -	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$			
			10	tai F	ederai Liteline Sur	oport Claim	ed (10) \$ 40 10	
Toll Limitation Service	es (TLS)							
Cost of Providing T	LS per Subscriber	(11)	0.00000	00				
	al cost or \$3 in 2012 /\$2							
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0				,	
Charges Waived pe	r Connection	(15) \$	0.00		(for multiple rates	s, use an aver	rage amount)	
		(not to	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
			Т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment					•	-	•	
_	2				,	`		
Total Lifeline \$_4810	Total TLS \$ <u>U</u>			Γotal				
					Tota	al Dollars (1	9) \$ 4810	

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(5) ETC Designation Type (C	check one): Lifelin	e Only	High	Cost/Low Income	V	
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Lesile County Tel	ephone Company	/ a)	Submission Date	09/29/2	2014
Contact Name:	Jody Jewell		b)	Data Month	Septen	nber 2014
Mailing Address:	525 Junction Ro	oad	c)	Type of Filing (check one)		
					Original Revision	
	Madison, WI 53	3717	d)	State Reporting	KENTU	JCKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580		╛			
E-mail Address:	jody.jewell@tds	stelecom.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>542</u>				= \$ 5014
Receiving federal Lifeline Support		^			20	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ <u>0.00</u>	eed \$34.25)	= \$ 0
		Т	otal F	ederal Lifeline Su		ned (10) \$ <u>5014</u>
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012/\$2	(11) 0.0000 in 2013)	00_	and the state of t		
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claime	ed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	s, use an ave	erage amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claim	ned (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 5014	Total TLS \$ 0		Tota	Tribal Link Up \$ <u>(</u>)	
						19) \$ 5014

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Assistant Treasurer	Sandy Gaylor
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(3) Filer 499 ID 806619	<u></u>	(4) Ted	hnology Ty	/pe (check one) Wirelin	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	check one): Lifelin	e Only		ligh	Cost/Low Income	✓	
(6) Organization Information	<u> </u>			(7)	Filing Information		1
Company Legal Name:	Lesile County Tel	ephone	Company	a)	Submission Date	11/06/2	2014
Contact Name:	Jody Jewell			b)	Data Month	Octobe	r 2014
Mailing Address:	525 Junction Ro	oad		c)	Type of Filing (check one)		
						Original Revision	
	Madison, WI 53	717		d)	State Reporting	KENTL	JCKY
Telephone Number:	608-664-4565			1			
Fax Number:	608-830-5580			1			
E-mail Address:	jody.jewell@tds	telecor	m.com				
Lifeline							
		(a) # Li			(b) Lifeline Sup Subscriber Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub		Subsc					• 40E9
Receiving federal Lifeline Support		(8) <u>5</u>			x \$ <u>9.2</u>	5	= \$ <u>4958</u>
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>			$- \times \$ \frac{0.00}{\text{(not to exceed $34.25)}} = \$ \frac{0}{1.00}$		= \$ 0
iveceiving lederal E	пеште Заррог с		To	otal F	ederal Lifeline Sup		ned (10) \$ <u>4958</u>
Toll Limitation Service	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012/\$2	(11) in 2013)	0.00000)()			
Number of TLS Sub	escribers	(12)	0				
					Total TLS Supp	ort Claime	ed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving Hi	gh Cost su	ppoi	t)		
Number of Connect	tions Waived	(14)	0	·····			
Charges Waived pe	r Connection	(15) \$	0.00		(for multiple rates	, use an ave	erage amount)
		(not to e	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			Т	otal	Tribal Link Up Sup	port Claim	ned (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 4958	Total TLS \$ 0		•	Total	Tribal Link Up \$ <u>C</u>)	
					Tota	ıl Dollars (19) \$ 4958

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

11/06/2014	Sandy Gaylor
DATE	OFFICER SIGNATURE
Assistant Treasurer	Sandy Gaylor
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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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider le	dentification Number	143001572		(2) Stu	dy Area Cod	e <u>260411</u>
(3) Filer 499 ID <u>806619</u>		(4) Technology	Гуре (check one) Wireli	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifeline	e Only	High	Cost/Low Income		
(6) Organization Informatior	1		(7)	Filing Information		
Company Legal Name:	Lesile County Tele	ephone Compan	y a)	Submission Date	12/03/20	14
Contact Name:	Jody Jewell		b)	Data Month	Novemb	er 2014
Mailing Address:	525 Junction Ro	oad	c)	Type of Filing (check one)		
				(,	Original Revision	A
	Madison, WI 53	717	d)	State Reporting	KENTUC	CKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline			-			
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers 550		Subscriber Su		. 5000
Receiving federal L	ifeline Support	(8) 550		_ x \$ <u>9.2</u>		
Tribal Low-Income Subscrib		(9) 0		_ x \$ <u>0.00</u>		= \$ 0
Receiving federal L	iteline Support	7	Γotal ∣	not to exce) Federal Lifeline Su	eed \$34.25) pport Claime	d (10) \$ 5088
Toll Limitation Service	ces (TLS)					-
Cost of Providing T	TLS per Subscriber tal cost or \$3 in 2012 /\$2	(11) 0.0000 in 2013)	00			
Number of TLS Sub		(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost s	ирро			
Number of Connec	tions Waived	(14) $\frac{0}{0.00}$				
Charges Waived pe	er Connection	(15) \$ <u>0.00</u>		(for multiple rate:	e rates, use an average amount)	
		(not to exceed \$10	0)			
Total Connection C	charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_5088	Total TI S \$ 0		Tota	l Tribal Link Up \$ <u>(</u>)	
T			. 5.0			 5088
				Tota	al Dollars (19)) \$

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

(20) CERTIFICATIONS AND SIGNATURES

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12/03/2014	Sandy Gaylor				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Sandy Gaylor				
OFFICER TITLE	OFFICER NAME				

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OMB Approval 3060-0819

(1) USAC Service Provider Identification Number 143001572				(2) Study Area Code 260411			
(3) Filer 499 ID <u>806619</u>		(4) Technology T	ype (check one) Wireli	ne 🗾	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	e Only	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Lesile County Tele	ephone Compan	/ a)	Submission Date	01/08/2	015	
Contact Name:	Jody Jewell		b)	Data Month	Decem	ber 2014	
Mailing Address:	525 Junction Ro	oad	c)	Type of Filing (check one)			
				,	Original Revision	✓	
	Madison, WI 53	3717	d)	State Reporting	KENTL	ICKY	
Telephone Number:	608-664-4565		_				
Fax Number:	608-830-5580						
E-mail Address:	jody.jewell@tds	stelecom.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Subs		(8) 547		x \$ 9.2		= \$ 5060	
Receiving federal Lifeline Support				0.00		= \$ 0	
Tribal Low-Income Subscrib Receiving federal Li		(-/		(not to exce	eed \$34.25)		
		T	otal	Federal Lifeline Sup	oport Claim	ned (10) \$ <u>5060</u>	
Toll Limitation Service	es (TLS)						
Cost of Providing TI (the lesser of incremental	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.0000 in 2013)	00				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	oort Claime	ed (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppo	rt)			
Number of Connect	ions Waived	(14) <u>0</u>		*****			
Charges Waived per	r Connection	(15) \$ <u>0.00</u>		(for multiple rates	r multiple rates, use an average amount)		
		(not to exceed \$100))				
Total Connection CI	harges Waived	(16) \$ <u>0.0</u>		***************************************			
Deferred Interest		(17) \$ <u>0.00</u>					
			Total	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 5060	Total TLS \$ 0		Tota	l Tribal Link Up \$ <u>(</u>)		
				Tota	al Dollars (19) \$ 5060	

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

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01/08/2015	Sandy Gaylor
DATE	OFFICER SIGNATURE
Assistant Treasury	Sandy Gaylor
OFFICER TITLE	OFFICER NAME

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

(1) USAC Service Provider lo	dentification Numbe	· · · · · · · · · · · · · · · · · · ·	(2) Study Area Code <u>260411</u>			
(3) Filer 499 ID <u>806619</u>		(4) Technolog	у Туре ((check one) Wireli	ne 🚺 Wireless 🗔]
(5) ETC Designation Type (C	heck one): Lifeli	ne Only	High	Cost/Low Income		
(6) Organization Information		***	(7)	Filing Information		
Company Legal Name:	Lesile County Te	elephone Comp	any a)	Submission Date	01/05/2016	
Contact Name:	Tracy Heidema	ann	b)	Data Month	December 2015	
Mailing Address:	525 Junction F	Road	c)	Type of Filing (check one)		
				,	Original 7	
	Madison, WI 5	3717	d)	State Reporting	KENTUCKY	<u> </u>
Telephone Number:	608-664-4253					<u> </u>
Fax Number:	608-830-5580					
E-mail Address:	tracy.heidemanr	n@tdstelecom.c	om			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		ne
Non-Tribal Low-Income Sub		(8) 443				
Receiving federal L	iteline Support			x \$ 9.2		
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to exce	= \$ <u>0</u>	
resolving reastar 2	nomio capport		Total I		oport Claimed (10) \$ <u>4098</u>	
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	0000			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availab	le only to ETCs red	ceivina Hiah Cos	t sunno	Total TLS Support Claimed (13) \$ 0		
Tribut Zimit op (rivanas	, =	_	Сарро			
Number of Connect		(14) $\frac{0}{0.00}$				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$	100)	(for multiple rates	es, use an average amount)	
		0.0				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>	· · · · · · · · · · · · · · · · · · ·			
	\		Total	Tribal Link Up Sup	port Claimed (18) \$ 0	
ETC Payment	r					*
Total Lifeline \$ 4098	Total TLS \$ 0	ı.	Tota	l Tribal Link Un \$)	
Y				•	Il Dollars (19) \$ 4098	
				ı ota	II DOIIAIS (19) ⊅ ————	

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

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01/05/2016	Amanda Moore				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Amanda Moore				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Identification Number 143001572 (2) Study Area Code 260411						
(3) Filer 499 ID 806619		(4) Technology T	ype (check one) Wirelir	ne 🔽	Wireless 🔲
(5) ETC Designation Type (Check one): Lifelir	ne Only 📮	High	Cost/Low Income		
(6) Organization Informatio	n .		(7)	Filing Information		
Company Legal Name:	Lesile County Te	lephone Company	/ a)	Submission Date	02/06/2	015
Contact Name:	Jody Jewell		b)	Data Month	January	/ 2015
Mailing Address:	525 Junction R	load	_ c)	Type of Filing (check one)		
					Original Revision	
	Madison, WI 5	3717	d)	State Reporting	KENTU	CKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580		_			
E-mail Address:	jody.jewell@td	stelecom.com				1
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sul Receiving federal I		(8) 543		x \$ 9.2		= \$ 5023
_				0.00		= \$ 0
Tribal Low-Income Subscri Receiving federal I		(-		(not to exce		
		T	otal I	Federal Lifeline Sup	port Claim	ed (10) \$ <u>5023</u>
Toll Limitation Servi	ices (TLS)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) 0.0000 2 in 2013)	00			
Number of TLS Su	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs red	eiving High Cost su	ıppo	rt)		
Number of Connec	ctions Waived	(14) <u>0</u>				
Charges Waived p		(15) \$ <u>0.00</u>		(for multiple rates	, use an ave	rage amount)
		(not to exceed \$100)			
Total Connection (Charges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>				
		-	Total	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment					-	
•	0			•		
Total Lifeline \$ 5023	Total TLS \$ <u>U</u>		Tota			
				Tota	l Dollare (1	5023

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

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OFFICER TITLE	OFFICER NAME					
Assistant Treasurer	Sandy Gaylor					
DATE	OFFICER SIGNATURE					
02/06/2015	Sandy Gaylor					

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(1) USAC Service Provider Id	lentification Number	14300	01572		(2) Stud	dy Area Cod	de <u>260411</u>
(3) Filer 499 ID <u>806619</u>		(4) Te	chnology Ty	/pe (check one) Wirelin	ne 🗾	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only	L H	High	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	Lesile County Tele	ephone	Company	a)	Submission Date	02/25/20	015
Contact Name:	Jody Jewell			b)	Data Month	Februar	y 2015
Mailing Address:	525 Junction Ro	oad		(c)	Type of Filing (check one)		
						Original Revision	<u> </u>
Tolonhono Numbori	Madison, WI 53	717		d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	608-664-4565			4			
T dx Number.	608-830-5580			1			
E-mail Address:	jody.jewell@tds	teleco	m.com]			
Lifeline							
			.ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers		ribers		Subscriber Sup	oport	
Receiving federal Li	feline Support	(8) 542			x \$ <u>9.25</u> = \$		= \$ <u>5014</u>
Tribal Low-Income Subscrib		(9) <u>0</u>			x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0
Receiving federal Li	ifeline Support	To		otal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 50		ed (10)\$ 5014
T. II I ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	(TI 0)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30 (10) + 3011
Toll Limitation Service	es (ILS)						
Cost of Providing T		(11)	0.00000	00			
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	in 2013)					
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	ppoi	t)		
Number of Connect	ions Waived	(14)	0		Principles		
Charges Waived pe	r Connection	(15) \$	0.00		(for multiple rates	, use an aver	age amount)
		(ווטנ נט	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0		·		
Deferred Interest		(17) \$	0.00				
			Т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						-	
-	w. (.) w. o o O			T = 4 · •	T)	
Total Lifeline \$ 5014	Total TLS \$_U_			ıotal			
					Tota	l Dollars (1	9) \$ 5014

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/25/2015	Sandy Gaylor					
DATE	OFFICER SIGNATURE					
Assistant Treasurer	Sandy Gaylor					
OFFICER TITLE	OFFICER NAME					

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(1) USAC Service Provider Id	entification Numbe		(2) Study Area Code <u>260411</u>			
(3) Filer 499 ID <u>806619</u>		(4) Technology	Туре	(check one) Wireline	Wireless 🔲	
(5) ETC Designation Type (Cl	heck one): Lifelir	ne Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	<u>.</u>	
Company Legal Name:	Lesile County Te	elephone Compa	ny a)	Submission Date 04/02	/2015	
Contact Name:	Jody Jewell		b)	Data Month Marcl	n 2015	
Mailing Address:	525 Junction Road		c)	Type of Filing (check one)		
				Original Revision	✓	
	Madison, WI 5	3717	d)		TUCKY	
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@td	lstelecom.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline	
Non-Tribal Low-Income Subs		Subscribers 5.45		Subscriber Support	E044	
Receiving federal Life	feline Support	(8) 545		_ x \$ <u>9.25</u>	_ =\$ <u>5041</u>	
Tribal Low-Income Subscribe		(9) 0		_ x \$ <u>0.00</u>	= \$ 0	
Receiving federal Li	reline Support		Total	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 5041		
Toll Limitation Servic	es (TLS)					
	, ,					
Cost of Providing TL (the lesser of incremental	S per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.000</u> 2 in 2013)	000			
Number of TLS Subs	scribers	(12) <u>0</u>				
				Total TLS Support Clair	med (13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs red	ceiving High Cost	suppo	ort)		
Number of Connecti	ons Waived	(14) <u>0</u>				
Charges Waived per	Connection	(15) \$ <u>0.00</u>		(for multiple rates, use an a	average amount)	
		(not to exceed \$10)0)			
Total Connection Ch	narges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	Deferred Interest			THE PROPERTY OF THE PROPERTY O		
			Total	l Tribal Link Up Support Cla	imed (18) \$ <u>0</u>	
ETC Payment						
Total Lifeline \$ 5041	-	1	- .	. 		
lotal Lifeline \$_0041	lotal ILS \$ <u>∪</u>		l'ota			
				Total Dollars	s (19) \$ <u>5041</u>	

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

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04/02/2015	Sandy Gaylor				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Sandy Gaylor				
OFFICER TITLE	OFFICER NAME				

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

(1) USAC Service Provider I	dentification Numbe		(2) Study Area Code <u>260411</u>			
(3) Filer 499 ID <u>806619</u>		(4) Technology	Туре	check one) Wireline	Wireless 🔲	
(5) ETC Designation Type (0	Check one): Lifelir	ne Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Lesile County Te	elephone Compar	ıy a)	Submission Date 04/30/2	015	
Contact Name:	Jody Jewell		b)	Data Month April 20)15	
Mailing Address:	525 Junction R	Road	c)	Type of Filing (check one)		
				Original Revision		
	Madison, WI 5	3717	d)	State Reporting KENTU	ICKY	
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@td	stelecom.com				
Lifeline	-					
Lifellife		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecribore	<u>Subscribers</u>		Subscriber Support		
Receiving federal L		(8) 546		x \$ <u>9.25</u>	= \$ 5051	
Tribal Low-Income Subscril	pers	(9) <u>0</u>		x \$ <u>0.00</u>	= \$ 0	
Receiving federal L	ifeline Support	To		(not to exceed \$34.25) Il Federal Lifeline Support Claimed (10) \$ 5051		
			Otal	caciai Encinic Sapport Siain	<u>σσση</u>	
Toll Limitation Servi	ces (TLS)					
Cost of Providing 1 (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) 0.0000 2 in 2013)	000			
Number of TLS Sub	oscribers	(12) <u>0</u>				
		, ,		Total TLS Support Claime	od (13) \$ 0	
Tribal Link Up (Availab	ole only to ETCs red	ceiving High Cost	suppo			
Number of Connec	tions Waived	(14) <u>0</u>				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates, use an ave	rage amount)	
		(not to exceed \$10	0)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		*******		
Deferred Interest		(17) \$ <u>0.00</u>		-		
			Total	Tribal Link Up Support Claim	ed (18) \$ 0	
ETC Payment				p = app=== 31am		
-	- 0		T	0		
lotal Lifeline \$ 000 i	lotal ILS \$_ <u>U</u>		ıota	l Tribal Link Up \$ 0		
				Total Dollars (19) \$ 5051	

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

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04/30/2015	Sandy Gaylor				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Sandy Gaylor				
OFFICER TITLE	OFFICER NAME				

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OMB Approval 3060-0819

(1) USAC Service Provider	Identification Numbe	r <u>143001572</u>		(2) Study Area Code <u>260411</u>		
(3) Filer 499 ID <u>806619</u>		(4) Technology T	ype (check one) Wireline 📿	Wireless 🔲	
(5) ETC Designation Type (Check one): Lifelin	e Only	High	Cost/Low Income		
(6) Organization Information	<u>n</u>		(7)	Filing Information		
Company Legal Name:	Lesile County Te	lephone Compan	y a)	Submission Date 06/05/20	015	
Contact Name:	Jody Jewell		b)	Data Month May 201	15	
Mailing Address:	525 Junction R	oad	c)	Type of Filing (check one)		
				Original Revision		
	Madison, WI 53	3717	d)	State Reporting KENTU	CKY	
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	stelecom.com				
Lifeline						
Litenile		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline	
Non-Tribal Low-Income Sul	heerihore	Subscribers		Subscriber Support		
Receiving federal I		(8) 530		x \$ <u>9.25</u>	= \$ 4903	
Tribal Low-Income Subscri	bers	(9) 0		x \$ 0.00	= \$ 0	
Receiving federal I	Lifeline Support			(not to exceed \$34.25) Federal Lifeline Support Claime		
		'	Olai	rederal Ellellile Support Glailli	ed (10) \$ 4303	
Toll Limitation Servi	ices (TLS)					
Cost of Providing	TLS per Subscriber	(11) 0.0000	00			
(the lesser of incremen	ntal cost or \$3 in 2012 /\$2	! in 2013)				
Number of TLS Sul	bscribers	(12) <u>0</u>				
		4		Total TLS Support Claimed	d (13) \$ <u>0</u>	
Tribal Link Up (Availa	ble only to ETCs rec	eiving High Cost s	ирро	rt)		
Number of Connec	tions Waived	(14) 0				
Charges Waived p		(15) \$ <u>0.00</u>		(for multiple rates, use an aver	age amount)	
		(not to exceed \$100	0)			
Total Connection (Charges Waived	(16) \$ <u>0.0</u>		non-manus.		
Deferred Interest		(17)\$ <u>0.00</u>		NAMES OF THE PARTY		
			Total	Tribal Link Up Support Claime	ed (18) \$ <u>0</u>	
ETC Payment						
_			T : 1	. 		
I otal Lifeline \$ 4300	Total TLS \$ <u>U</u>		lota	I Tribal Link Up \$ 0		
•				Total Dollars (1	a) c 4903	

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06/05/2015	Sandy Gaylor				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Sandy Gaylor				
OFFICER TITLE	OFFICER NAME				

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Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Numb	er <u>143001572</u>		(2) Study /	Area Code <u> 2604</u>	11
(3) Filer 499 ID <u>806619</u>	(4) Technology Ty	/pe (check one) Wireline	Wire	less 🔲
(5) ETC Designation Type (Check one): LifeI	ine Only 🔲 🕒	High	Cost/Low Income		
(6) Organization Information		(7)	Filing Information		
Company Legal Name: Lesile County T	elephone Company	a)	Submission Date 0	7/08/2015	
Contact Name: Jody Jewell		b)	Data Month J	une 2015	
Mailing Address: 525 Junction	Road	c)	Type of Filing (check one)		
				ginal 🗸	
Madison, WI S	53717	d)	State Reporting K	ENTUCKY	
Telephone Number: 608-664-4565	5				
Fax Number: 608-830-5580)	1			
E-mail Address: jody.jewell@te	dstelecom.com				
Lifeline					
	(a) # Lifeline		(b) Lifeline Suppo		al Lifeline
Non-Tribal Low-Income Subscribers	<u>Subscribers</u>		Subscriber Suppo	_	
Receiving federal Lifeline Support	(8) 436		x \$ <u>9.25</u>	= \$ <u>4</u>	033
Tribal Low-Income Subscribers	(9) 0		x \$ <u>0.00</u>	= \$ <u>0</u>	
Receiving federal Lifeline Support	То	tal F	not to exceed ederal Lifeline Suppo		4033
Toll Limitation Services (TLS)					
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /5		00			
Number of TLS Subscribers	(12) <u>0</u>		<u> </u>		
Tribal Link Up (Available only to ETCs re	eceivina Hiah Cost su	וסממי	Total TLS Support	: Claimed (13) \$ <u></u>	0
			,		
Number of Connections Waived	(14) $\frac{0}{0.00}$		(for multiple rates, us		
Charges Waived per Connection	(not to exceed \$100)		(for multiple rates, us	se an average amou	nt)
Total Connection Charges Waived	(16) \$ 0.0		_		
Deferred Interest	(17) \$ 0.00				
		otal	 Tribal Link Up Suppor	rt Claimed (18) \$	0
ETC Payment					
Total Lifeline \$ 4033 Total TLS \$	0 1	Total	Tribal Link Up \$ 0		
	· · · · · · · · · · · · · · · · · · ·				

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

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07/08/2015	Amanda Moore
DATE	OFFICER SIGNATURE
Assistant Treasurer	Amanda Moore
OFFICER TITLE	OFFICER NAME

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Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	143001572) 	(2) Sto	udy Area Co	de <u>260411</u>
(3) Filer 499 ID <u>806619</u>		(4) Technolo	gy Type (check one) Wire	line 🕗	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifelin	e Only	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	<u> </u>	
Company Legal Name:	Lesile County Tel	ephone Com	oany a)	Submission Date	08/07/2	015
Contact Name:	Jody Jewell		b)	Data Month	July 20	15
Mailing Address:	525 Junction Ro	oad	c)	Type of Filing (check one)		_
					Original Revision	H
Telephone Number:	Madison, WI 53	<u> </u>	d)	State Reporting	KENTU	CKY
	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	stelecom.coi	m			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber St		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) <u>438</u>		× \$ 9.25		=\$ 4052
Tribal Low-Income Subscrib	oers	(9) <u>O</u>		x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support		Total I	not to execute to execute the subsection (not to execute the subsection) (not execute the subsection)	ceed \$34.25) upport Claim	ed (10) \$ 4052
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	\···/ —	00000	_		
Number of TLS Sub	escribers	(12) <u>0</u>		_		
				Total TLS Sup	port Claime	d (13)\$0
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Co	st suppo	rt)		
Number of Connect	tions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed) 6100\	(for multiple rate	es, use an aver	age amount)
		(not to exceed	\$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>)			
			Total	Tribal Link Up Su	pport Claim	ed (18) \$ <u>0</u>
ETC Payment						
	T-4-1 71 0 4 N		T _4-	I Tuibal I intelle the A	0	
Total Lifeline \$_4052	lotal ILS \$ <u>U</u>		lota	I Tribal Link Up \$		4050
				To	tal Dollars (1	9) \$ 4052

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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08/07/2015	Amanda Moore				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Amanda Moore				
OFFICER TITLE	OFFICER NAME				

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Avg. Burden Est. per Respondent: 2.5 Hrs.

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(3) Filer 499 ID <u>806619</u>		(4) Technology Ty	/pe (check one) Wirelin	ne 🛂	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Lesile County Tele	ephone Company	a)	Submission Date	09/08/20)15
Contact Name:	Jody Jewell		b)	Data Month	August 2	2015
Mailing Address:	525 Junction Ro	oad	(c)	Type of Filing (check one)		
					Original Revision	
	Madison, WI 53	717	d)	State Reporting	KENTU	CKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline						
	_	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sur		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 446		x \$ <u>9.25</u>		= \$ 4126
Tribal Low-Income Subscribers		(9) <u>O</u>		x \$ <u>0.00</u>		= \$ 0
Receiving federal L	ifeline Support	To	otal F	not to exce) ederal Lifeline Sup	ed \$34.25) port Claime	ed (10) \$ 4126
Toll Limitation Service	es (TLS)					
Cost of Providing To the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Supp	ort Claimed	l (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppoi	t)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>		(for multiple rates	s, use an avera	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment				· ·	-	
-	^					
Total Lifeline \$ 4126	Total TLS \$ <u></u>		Total	Tribal Link Up \$ _)	
				Tota	l Dollars (10	,, e 4126

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

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OFFICER TITLE	OFFICER NAME			
Assistant Treasurer	Amanda Moore			
DATE	OFFICER SIGNATURE			
09/08/2015	Amanda Moore			

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(3) Filer 499 ID 806619		(4) Technology T	ype (check one) Wireli	ne 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifelin	e Only	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Lesile County Tel	lephone Compan	y a)	Submission Date	10/08/20)15
Contact Name:	Tracy Heidema	ınn	b)	Data Month	Septemb	per 2015
Mailing Address:	525 Junction Ro	oad	c)	Type of Filing (check one)		
				,	Original Revision	
	Madison, WI 53	3717	d)		KENTU	CKY
Telephone Number:	608-664-4253			·		
Fax Number:	608-830-5580					
E-mail Address:	tracy.heidemann(@tdstelecom.com	n			
Lifeline						
Lirenne		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribore	<u>Subscribers</u>		Subscriber Su	pport	
Receiving federal L		(8) 449		x \$ 9.2	25	= \$ <u>4153</u>
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ 0.00		= \$ 0
Receiving federal L		• •		(not to exce	eed \$34.25)	1 (10) 0 (115)
		ı	otal i	ederal Lifeline Sup	oport Claime	ed (10) \$ 4100
Toll Limitation Service	ces (TLS)					
		0.0000	00			
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u>	<u> </u>	<u>-</u>		
,		, 				
Number of TLS Sub	scribers	(12) <u>U</u>		·····		^
Triballink IIn (Accite	la amb la ETO a sa	- 5 - 5 - 5 - 1 15 - 1 0 1 -		Total TLS Supp	ort Claimed	l (13) \$ <u>U</u>
Tribal Link Up (Availab	ile only to ETCs rece	eiving High Cost s	uppo	rt)		
Number of Connect	tions Waived	(14) <u>0</u>				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	s, use an avera	age amount)
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		-	T - 4 - 1	Taile at this late the Court	01 - :	1 (10) 6 ()
			ı otal	Tribal Link Up Sup	port Claime	a (18) \$ <u>~</u>
ETC Payment						
Total Lifeline \$ 4153	Total TLS \$ 0		Tota	l Tribal Link Up \$ <u>(</u>)	
-					al Dollars (19	
				1018	71 GIDIIO (1	7) 4

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

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10/08/2015	Amanda Moore	
DATE	OFFICER SIGNATURE	
Assistant Treasurer	Amanda Moore	
OFFICER TITLE	OFFICER NAME	

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(1) USAC Service Provider Identification Number 143001572				(2) Study Area Code <u>260411</u>			
(3) Filer 499 ID 806619		(4) Technology T	ype (check one) Wireli	ne 🛂	Wireless 🔲	
(5) ETC Designation Type (C	theck one): Lifelin	e Only 🔲 🔠	High	Cost/Low Income	/		
(6) Organization Information	<u> </u>		(7)	Filing Information			
Company Legal Name:	Lesile County Tel	ephone Company	a)	Submission Date	11/06/2	015	
Contact Name:	Tracy Heidema	nn	b)	Data Month	Octobe	r 2015	
Mailing Address:	525 Junction R	oad	(c)	Type of Filing (check one)			
					Original Revision		
Tolombono Niverbon	Madison, WI 53	3717	d)	State Reporting	KENTU	CKY	
Telephone Number:	608-664-4253		_				
Fax Number:	608-830-5580						
E-mail Address:	tracy.heidemann	@tdstelecom.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal L		(8) 454		x \$ <u>9.2</u>	5	=\$ 4200	
Tribal Low-Income Subscribers		(9) <u>0</u>		x \$ 0.00		= \$ 0	
Receiving federal L	ifeline Support		otal F	not to exce ederal Lifeline Sup		ed (10) \$ 4200	
Toll Limitation Service	es (TLS)					· · · · · · · · · · · · · · · · · · ·	
	, ,		_				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	00				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost su	ippoi	rt)			
Number of Connect	ions Waived	(14) <u>0</u>					
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>		(for multiple rates	, use an aver	age amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
				 Tribal Link Up Sup	nort Claim	nd (18) ¢ ()	
		'	ULAI	muai Emik op Sup	port Glaiill	su (10) \$	
ETC Payment							
Total Lifeline \$_4200	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ _)		
				Tota	l Dollare (1	9) \$ 4200	

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

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11/06/2015	Amanda Moore				
DATE	OFFICER SIGNATURE				
Assistant Treasurer	Amanda Moore				
OFFICER TITLE	OFFICER NAME				

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(3) Filer 499 ID <u>806619</u>		(4) Te	chnology Ty	pe (check one) Wireli	ne 🔽	Wireless 🔲
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Company Legal Name:	Lesile County Tel	ephone	Company	a)	Submission Date	12/08/20)15
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Mailing Address:	525 Junction Ro	oad		c)	Type of Filing (check one)		
						Original Revision	
	Madison, WI 53	717		d)	State Reporting	KENTU	
Telephone Number:	608-664-4253					•	
Fax Number:	608-830-5580			Ì			
E-mail Address:	tracy.heidemann	@tdstel	ecom.com				
Lifeline				-			
Literine		(a) # L	_ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribare	Subsc	<u>cribers</u>		Subscriber Sur	oport .	
Receiving federal Lifeline Support		(8) <u>4</u>	53		x \$ 9.2	5	= \$ <u>4190</u>
Tribal Low-Income Subscribers		(9) <u>0</u>			x \$ 0.00		= \$ 0
Receiving federal Li	ifeline Support	To		tal F	not to exce) ederal Lifeline Sup	eed \$34.25) port Claime	ed (10) \$ 4190
Toll Limitation Service	es (TLS)						•
7 011 2111111111111111111111111111111111	(120)						
Cost of Providing T		(11)	0.00000	0_			
(the lesser of increment	al cost or \$3 in 2012 /\$2	in 2013)					
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	ı (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving H	igh Cost su	opor	<i>t</i>)		
Number of Connect	ions Waived	(14)	0		77744444		
Charges Waived pe	r Connection	(15) \$	0.00		(for multiple rates	s, use an avera	age amount)
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00	••••			
			т	otal	Tribal Link Up Sup	port Claime	d (18) \$ 0
ETC Payment			·		j- 3 4 F		. , ,
-	2						
Total Lifeline \$ 4190				Γotal			
					Tota	l Dollars (19	s 4190

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

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12/08/2015	Amanda Moore			
DATE	OFFICER SIGNATURE			
Assistant Treasurer	Amanda Moore			
OFFICER TITLE	OFFICER NAME			

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(1) USAC Service Provider Identification Number 143001572 (2) Study Area Code 260411				de <u>260411</u>		
(3) Filer 499 ID 806619 (4) Technology Type (check one) Wireline Wireless					Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifelin	e Only	High	Cost/Low Income		
(6) Organization Information	.		(7)	Filing Information		
Company Legal Name:	Lesile County Tel	lephone Company	(a)	Submission Date	02/08/2	016
Contact Name:	Tracy Heidema	ınn	b)	Data Month	January	2016
Mailing Address:	525 Junction Ro	oad	c)	Type of Filing (check one)		
				•	Original Revision	
	Madison, WI 53717		d)	State Reporting	KENTU	CKY
Telephone Number:	608-664-4253		╛			·
Fax Number:	608-830-5580					
E-mail Address:	tracy.heidemann(@tdstelecom.com				
Lifeline						
Literitie		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	<u>Subscribers</u>		Subscriber Sur	<u>oport</u>	
Receiving federal Li		(8) <u>436</u>		x \$9.2	5	= \$ <u>4033</u>
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ 0
Receiving federal Li	feline Support	(not to exceed \$34.29) Total Federal Lifeline Support Cla				ed (10) \$ 4033
Toll Limitation Services (TLS)						
	, ,					
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)						
Number of TLS Subscribers (12		(12) <u>0</u>		<u>. </u>		
Total TLS Support Claimed (13) \$ 0				d (13)\$ <u>0</u>		
Tribal Link Up (Available only to ETCs receiving High Cost support)						
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	, use an aver	age amount)
		(not to exceed \$100)	1			
Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>		-		
Deferred Interest						
		1	otal	Tribal Link Up Sup	port Claime	ea (18) \$ <u>-</u>
ETC Payment						
Total Lifeline \$ 4033	Total TLS \$ 0		Total	Tribal Link Up \$ <u>C</u>)	
· · · · · · · · · · · · · · · · · · ·	-					 _{9) \$} 4033

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

(20) CERTIFICATIONS AND SIGNATURES

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02/08/2016	
DATE	OFFICER SIGNATURE
Assistant Treasurer	Amanda Moore
OFFICER TITLE	OFFICER NAME

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(1) USAC Service Provider Identification Number 143001572				(2) Study Area Code <u>260411</u>			
(3) Filer 499 ID <u>806619</u>		(4) Technology T	ype (check one) Wirelii	ne 🔃 Wireless 🗔		
(5) ETC Designation Type (C	check one): Lifeline	e Only	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Lesile County Tele	ephone Company	(a)	Submission Date 03/08/2016			
Contact Name:	Tracy Heidema	nn	b)	Data Month	February 2016		
Mailing Address:	525 Junction Ro	oad	c)	Type of Filing (check one)			
					Original 🚺 Revision		
	Madison, WI 53	3717	d)	State Reporting	KENTUCKY		
Telephone Number:	608-664-4253						
Fax Number:	608-830-5580						
E-mail Address:	tracy.heidemann@	@tdstelecom.com					
Lifeline							
Literine		(a) # Lifeline		(b) Lifeline Sup		ine	
Non-Tribal Low-Income Sub		<u>Subscribers</u>		Subscriber Sup	4407		
Receiving federal L	ifeline Support	(8) 444		x \$ <u>9.2</u>			
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	= \$ 0		
Receiving federal Lifeline Support		To	otal F	(not to exceed \$34.25) al Federal Lifeline Support Claimed (10) \$ 4107			
Toll Limitation Service	es (TLS)						
	()						
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)			00				
Number of TLS Subscribers (12) <u>0</u>		(12) <u>0</u>					
Total TLS Support Claimed (13) \$ 0							
Tribal Link Up (Available only to ETCs receiving High Cost support)							
Number of Connect	tions Waived	(14) <u>0</u>					
Charges Waived pe	r Connection			(for multiple rates	for multiple rates, use an average amount)		
		(not to exceed \$100))				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest	est (17)\$ <u>0.00</u>			·			
		1	otal [Tribal Link Up Sup	port Claimed (18) \$ 0		
ETC Payment							
Total Lifeline \$_4107	Total TLS \$ 0		Total	Tribal Link Up \$)		
					I Dollars (19) \$ 4107		

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

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03/08/2016	Amanda Moore
DATE	OFFICER SIGNATURE
Assistant Treasurer	Amanda Moore
OFFICER TITLE	OFFICER NAME

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(3) Filer 499 ID <u>806619</u>		(4) Technology	Туре	(check one) Wireline		Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifelin	ne Only	High	Cost/Low Income	7 :		
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Lesile County Te	lephone Compa	ny а)	Submission Date (04/08/201	6	
Contact Name:	Tracy Heidema	ann	b)	Data Month	March 20	16	
Mailing Address:	525 Junction Road		c)	Type of Filing (check one)			
				Or	riginal		
	Madison, WI 53	3717	d)		KENTUC	ĆΥ	
Telephone Number:	608-664-4253						
Fax Number:	608-830-5580						
E-mail Address:	tracy.heidemann	@tdstelecom.co	m				
Lifeline							
		(a) # Lifeline		(b) Lifeline Supp		(c) Total Lifeline	
Non-Tribal Low-Income Sub		<u>Subscribers</u>		Subscriber Supp		4405	
Receiving federal Li	ifeline Support	(8) 447		x \$ 9.25	······	= \$ <u>4135</u>	
Tribal Low-Income Subscrib		(9) 0		_ x \$ <u>0.00</u>		= \$ 0	
Receiving federal L	ifeline Support		Total	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 4135			
Toll Limitation Service	ne (TIS)						
TON LIMITATION SERVICE	.es (<i>123)</i>						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.000</u> 2 in 2013)	000				
Number of TLS Subscribers (12) 0							
			Total TLS Support Claimed (13) \$ 0				
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost	suppo	ort)			
Number of Connections Waived Charges Waived per Connection		(14) <u>0</u>					
		(15) \$ <u>0.00</u>		(for multiple rates, u	rates, use an average amount)		
		(not to exceed \$10	10)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest	(17) \$ <u>0.00</u>						
			Tota	Tribal Link Up Suppe	ort Claimed	(18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_4135	Total TLS \$ 0		Tota	al Tribal Link Un \$ 0			
			. •••		Dollars (19)		
				i otal i	Dollars (19)	<u> </u>	

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04/08/2016	Amanda Moore			
DATE	OFFICER SIGNATURE			
Assistant Treasurer	Amanda Moore			
OFFICER TITLE	OFFICER NAME			

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TDS TELECOM ON BEHALF OF LESLIE COUNTY TELEPHONE COMPANY

APPENDIX C

Commonwealth of Kentucky Before the Public Service Commission Case No. 2016 - 00059

TDS TELECOM ON BEHALF OF LESLIE COUNTY TELEPHONE COMPANY

APPENDIX C

Requests for Information to All Parties

- Q1. If not already provided in a previous response to a Commission Staff request for information, respond to the following:
- a. Provide the monthly Kentucky Universal Service Fund ("KUSP') forms 1 ("KUSF form") submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

Response: Please refer to TDS Telecom's response to Appendix B "Requests for information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")" question 1.

b. Explain how the total number of subscriber lines is calculated for the KUSF form when a new customer receives service in the middle of a month.

Response: Please refer to TDS Telecom's response to Appendix B "Requests for information to All Parties" question 2.

c. Explain how the total number of subscriber lines is calculated for the KUSF form when a customer leaves in the middle of a month.

Response: Please refer to TDS Telecom's response to Appendix B "Requests for information to All Parties" question 3.

d. Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

Response: Please refer to TDS Telecom's response to Appendix B "Requests for information to All Parties" question 4.

e. State whether the KUSF surcharge billed to a customer is prorated if the customer has service for less than a full month.

Commonwealth of Kentucky Before the Public Service Commission Case No. 2016 - 00059

TDS TELECOM ON BEHALF OF LESLIE COUNTY TELEPHONE COMPANY

APPENDIX C

Response: If the customer has service less than a month then the surcharge is prorated.

- Q2. If no KUSF forms have been submitted to *the* Commission and the Kentucky Department of Finance and Administration from January 2014, to the present, explain why the KUSF forms have not been submitted.
- a. If no KUSF forms have been submitted, state whether you collect the KUSF surcharge from your customers.
- b. If you do not collect the KUSF surcharge from your customers, explain why the KUSF surcharge has not been collected.
- c. If no KUSF forms have been submitted, state whether you remit the KUSF surcharge to the Kentucky Department of Finance and Administration.
- d. If you do not remit the KUSF surcharge to the Kentucky Department of Finance and Administration, explain why the KUSF surcharge has not been remitted.

Response: Not applicable.

Q3. Explain the anticipated impact, if any, that the FCC's recent Lifeline Reform Order will have on the provision of Lifeline service in Kentucky, including, but not limited to, verifying eligibility of Lifeline customers; the potential provision of broadband service; and, the impact of the reduction of Federal Universal Service funding for voice service.

Response: TDS will continue processing KY Lifeline applications as we do today, until the State transitions to the National Verifier. Once that occurs, the impact of verifications and any associated process is unknown until more information concerning the National Verifier's plan/process is communicated. As communicated in Appendix B Requests for information to Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF") questions, a Lifeline customer is able to subscriber to any residential voice offering. If a customer qualifies for Lifeline and subscribes to a bundle offering of voice and broadband, the federal Lifeline benefit of \$9.25 would apply. As it relates to the reduction of federal Lifeline support for voice services starting in 2019, that could result in a customer no longer able to receive Lifeline benefit although they qualify for Lifeline.

Commonwealth of Kentucky Before the Public Service Commission Case No. 2016 - 00059

TDS TELECOM ON BEHALF OF LESLIE COUNTY TELEPHONE COMPANY

APPENDIX C

Q4. In light of the *Lifeline Reform Order*, explain how a reduction in the amount of, or elimination of, KUSF support would impact the provision of Lifeline service in Kentucky.

Response: A reduction of or an elimination of the state Lifeline benefit would not impact the provision of Lifeline for TDS Telecom. As an ETC, TDS Telecom will continue providing Lifeline services. A change in the support amount may impact which services a Lifeline customer could take. When the federal support amount decreases for voice offerings, a change in the Kentucky support amount may impact if a customer is able to take service.