# Lewisport Telephone Company Question 2 Federal Communication Commission Form 497

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# LIFELINE WORKSHEET

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

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(1) USAC Service Provider Id	dentification Number	73	(2) Study Area Code 260412					
(3) Filer 499 ID 806625				Type (check one) Wireline				
				. ,	_			
(5) ETC Designation Type (C	,	Only 🛄	-	Cost/Low Income				
(6) Organization Information				Filing Information				
Company Legal Name:	Lewisport Telep	hone Cor	npany a)	Submission Date	01/29/2			
Contact Name:	Jody Jewell		b)		Januar	y 2014		
Mailing Address:	525 Junction Ro	ad	c)	Type of Filing (check one)		_		
					Original Revision			
	Madison, WI 53	717	d)	State Reporting	KENTU	JCKY		
Telephone Number:	608-664-4565							
Fax Number:	608-830-5580							
E-mail Address:	jody.jewell@tds	telecom.c	com					
Lifeline								
Liteline		(a) # Lifeli		(b) Lifeline Su		(c) Total Lifeline		
Non-Tribal Low-Income Sub	scribers	Subscribe	ers	Subscriber Su	upport			
Receiving federal L	ifeline Support	(8) 22		x \$ <u>9.25</u>		= \$ 204		
Tribal Low-Income Subscrib		(9) <u>0</u>		x <u>\$_0.00</u>		= \$ _0		
Receiving federal Lifeline Support			Total	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 204				
Toll Limitation Servio	ces (TLS)							
Cost of Providing T (the lesser of increment	<b>'LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	()	000000					
Number of TLS Sub	oscribers	(12) <u>0</u>						
				Total TLS Sup	port Claime	ed (13)\$ <sup>0</sup>		
Tribal Link Up (Availab	le only to ETCs rece	iving High (	Cost suppo	•				
Number of Connect	tions Waived	(14) 0						
Charges Waived per Connection		(15) \$ <u>0</u> . (not to exce	00 ed \$100)	(for multiple rate	es, use an ave	erage amount)		
Total Connection C	harges Waived	(16) \$ <u>0.</u>	0					
Deferred Interest		(17) \$ <u>0.</u>	00					
			Total	Tribal Link Up Su	pport Claim	ned (18) \$ <u>0</u>		
ETC Payment								
Total Lifeline \$_204	Total TLS \$ <u>0</u>			I Tribal Link Up \$	0			
					tal Dollars (	19) \$ _204		

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

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.

01/29/2014
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Sandy Gaylor

DATE

# Assistant Treasurer

#### OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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

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Sandy Gaylor

**OFFICER SIGNATURE** 

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# LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Number	143001573		(2) Stu	dy Area C	ode <u>260412</u>
(3) Filer 499 ID <u>806625</u>	(4) Technology Ty	/pe (	check one) Wireli	ne 🗹	Wireless	
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔲 🛛 I	ligh	Cost/Low Income		
(6) Organization Information	ı		(7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	03/04/2	2014
Contact Name:	Jody Jewell		b)	Data Month	Februa	ary 2014
Mailing Address:	525 Junction R	oad	c)	Type of Filing (check one)	-	
				(0.0000 0.00)	Original Revision	
	Madison, WI 53	3717	d)	State Reporting	KENT	JCKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580		1			
E-mail Address:	jody.jewell@tds	stelecom.com	]			
Lifeline Non-Tribal Low-Income Sub		(a) # Lifeline <u>Subscribers</u> (8) 22		(b) Lifeline Su Subscriber Su	pport	(c) Total Lifeline
Receiving federal L	Receiving federal Lifeline Support			x \$ <u>9.</u> 2	25	= \$ 204
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0	-	$x \ \ \frac{0.00}{\text{(not to exceed $34.25)}} = \ \frac{0}{2}$		
Cost of Providing T	LS per Subscriber	(11) <u>0.00000</u>		-ederal Lifeline Su	ррогт Сіан	med (10) \$ <u>204</u>
Number of TLS Sut	tal cost or \$3 in 2012 /\$2 D <b>scribers</b>	(12) <u>0</u>				x
Tribal Link Up (Availat	eiving High Cost su	ppoi	Total TLS Sup t)	oort Claim	ed (13)\$ <u>0</u>	
Number of Connec Charges Waived pe	(14) 0 (15) \$ 0.00 (for multiple (not to exceed \$100)			s, use an av	erage amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		Т	otal	Tribal Link Up Sup	oport Clair	ned (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_204	Total TLS \$_0		Total	Tribal Link Up \$ _	0	
				Tota	al Dollars (	(19) \$ _204
	lf you have any ques	tions, please call U	SAC	at (866) 873-4727	Toll Free	

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

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

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

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

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03/04/201	4
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Sandy Gaylor

**OFFICER SIGNATURE** 

Sandy Gaylor

OFFICER NAME

#### DATE

# Assistant Treasurer

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# LIFELINE WORKSHEET

OMB Approval 3060-0819 at per Respondent: 2.5 Hrs

				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143001573		(2) Stu	dy Area Co	de <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology T	ype (	check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	only 🔲 🛛	High	Cost/Low Income		
(6) Organization Information	l		(7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	04/08/2	014
Contact Name:	Jody Jewell		b)	Data Month	March 2	2014
Mailing Address:	525 Junction Road		c) -	Type of Filing (check one)		_
					Original Revision	
Telephone Number:	Madison, WI 53 608-664-4565	717	d)	State Reporting	KENTU	СКҮ
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom com				
			Ţ			
Lifeline		(a) # Lifeline		(b) Lifeline Sur	anort/	(a) Total Lifelina
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
	Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support			x \$ 9.25 = \$		= \$ 204
Tribal Low-Income Subscrib	bers	(9) 0		× \$ 0.00	= \$ 0	
Receiving federal Lifeline Support			otal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 204		
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	( <b>11</b> ) <u>0.0000(</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	oort Claime	d (13) \$ <u>0</u>
<b>Tribal Link Up</b> (Availab	le only to ETCs rece	iving High Cost su	ippo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an avei	rage amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		r	「otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment						
•	<b>T</b> .(.) <b>T C C</b>		<b>T</b> . 1		r	
Total Lifeline \$_204	Total TLS \$ <u>0</u>		i ota	Tribal Link Up \$ _		 204
				Tota	al Dollars (1	9) \$
If you have any questions, please call USAC at (866) 873-4727 Toll Free						

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#### 04/08/2014

Sandy Gaylor

#### DATE

# Assistant Treasurer

#### OFFICER TITLE

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Sandy Gaylor

**OFFICER SIGNATURE** 

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LIFELINE WORKSHEET

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

		4 4 0 0 0	4 = 7 0		-		per Respondent: 2.5 Hrs
(1) USAC Service Provider Ic	lentification Number	14300	15/3		(2) Stud	dy Area Cod	le <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Tec	hnology Ty	/pe (	check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only Ç		ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		······································
Company Legal Name:	Lewisport Telepl	hone C	Company	a)	Submission Date	05/02/20	)14
Contact Name:	Jody Jewell			b)	Data Month	April 20	14
Mailing Address:	525 Junction Ro	ad		c)	Type of Filing (check one)		
						Original Revision	
	Madison, WI 53	717		d)	State Reporting	KENTU	CKY
Telephone Number:	608-664-4565			1			
Fax Number:	608-830-5580						
E-mail Address:	jody.jewell@tdst	telecor	m.com				
Lifeline							
		(a) # Li <u>Subsc</u> i			(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers							• 204
Receiving federal Lifeline Support		(8) 22			·		= \$ 204
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0			x \$ $\frac{0.00}{\text{(not to exceed $34.25)}} = $ \frac{0}{2}$		= \$
Receiving recerar Literine Support			То	otal F	ederal Lifeline Sup		ed (10) \$ <u>204</u>
Toll Limitation Servio	es (TLS)						
			0.00000	0			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	<b>(11)</b> n 2013)	0.00000	0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	oort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving Hi	gh 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 avera	age amount)
			exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0		_		
<b>Deferred Interest</b>		(17) \$	0.00				
			1	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Doverant						-	
ETC Payment	~					<b>`</b>	
Total Lifeline \$ <u>204</u>	Total TLS \$ <u>0</u>			Total	Tribal Link Up \$ _		<u> </u>
					Tota	al Dollars (19	ə) <b>\$</b> _204

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05/02/2014
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Sandy L. Gaylor

OFFICER SIGNATURE

## DATE

# Assistant Treasurer

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Sandy L. Gaylor

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# LIFELINE WORKSHEET

		4 40004 570		C		
(1) USAC Service Provider le	dentification Number	143001573		(2) Stu	ıdy Area C	ode <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology T	ype (	check one) Wirel	ine 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeling	e Only 🔲 🛛	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	/ a)	Submission Date	07/08/	2014
Contact Name:	Jody Jewell		b)	Data Month	June 2	2014
Mailing Address:	525 Junction Ro	bad	_ C)	Type of Filing (check one)		
				. ,	Original Revision	
	Madison, WI 53	5717	d)	State Reporting	KENT	UCKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580		1			
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Su		405
Receiving federal L	ifeline Support	(8) 20			25	= \$ <u>185</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u>	 zeed \$34.25)	= \$
Receiving lederal L	inenne Support	т	otal I	Federal Lifeline Su		
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	<b>"LS per Subscriber</b> tal cost or \$3 in 2012 /\$2	( <b>11)</b> <u>0.0000(</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) 0				
				Total TLS Sup	port Claim	ed (13) \$ <u>0</u>
<b>Tribal Link Up</b> (Availab	ole only to ETCs rece	eiving High Cost su	ippo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rate		
		(not to exceed \$100)	)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	-	(17) \$ 0.00				
				 Tribal Link Up Su	nnort Olais	mod (10) ¢ ()
			otal	indai Link Op Su	pport Ciall	neu (18) \$ <u> </u>
ETC Payment						
Total Lifeline \$_185	Total TLS \$ <u>0</u>		Tota	I Tribal Link Up \$	0	
				Tot	al Dollars	(19) \$ <u>185</u>
	Kuon hava ann ann	tiona plasse sett t				••••••••••••••••••••••••••••••••••••••
	If you have any ques	uons, piease call U	SAC	al (000) 013-4121	i on r-ree	

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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07/08/2	2014
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Sandy Gaylor

Sandy Gaylor

**OFFICER NAME** 

OFFICER SIGNATURE

DATE

# Assistant Treasurer

#### OFFICER TITLE

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# LIFELINE WORKSHEET

(1) USAC Service Provider Ic	dentification Number	143001573		(2) Stu	dy Area Co	de <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	pe (	check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	only 🖵 🛛 - F	ligh	Cost/Low Income		
(6) Organization Information	I		(7)	iling Information		· · · · · · · · · · · · · · · · · · ·
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	07/29/2	014
Contact Name:	Jody Jewell		b)	Data Month	July 20	14
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)		
					Original Revision	
	Madison, WI 53	717	d)	State Reporting	<b>KENTU</b>	ICKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline	· .		-			
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber</u> Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 17				A 157
Receiving federal Lifeline Support		•		·	25	= \$ <u>157</u>
Tribal Low-Income Subscribers		(9) 0		x \$ <u>0.00</u>	eed \$34.25)	= \$
Receiving federal Lifeline Support		То	tal F	ederal Lifeline Su		red (10) \$ <u>157</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	<b>LS per Subscriber</b> al cost or \$3 in 2012 /\$2 i	( <b>11)</b> <u>0.00000</u> n 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	oort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>		(for multiple rates	s, use an ave	rage amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_157	Total TIS \$ 0	1	Fotal	Tribal Link Up \$ (	)	
· · · · · · · · · · · · · · · · · · ·				• –	al Dollars (1	9) \$ _157
	lf you have any quest	tions, please call US	SAC	at (866) 873-4727 1	Foll Free	

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

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Sandy Gaylor

DATE

# Assistant Treasurer

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Sandy Gaylor

OFFICER SIGNATURE

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# LIFELINE WORKSHEET

(1) USAC Service Provider la	lentification Number	143001573		(2) Stu	dy Area Co	de <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	ype (	check one) Wireli	ne 🗹	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🛄 🛛 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	09/05/2	2014
Contact Name:	Jody Jewell		b)	Data Month	August	2014
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)	-	
		, ,, <i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>			Original Revision	
	Madison, WI 53	717	d)		KENTU	ICKY
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	scribers	Subscribers		Subscriber Su	pport	
Receiving federal L	ifeline Support	(8) <u>17</u>		X \$ <u>9.2</u>	25	= \$ 157
Tribal Low-Income Subscribers		(9) 0		x \$ <u>0.00</u>		= \$ _0
Receiving federal L	Т	otal	Federal Lifeline Su	eed \$34.25) pport Claim	ned (10) \$ <u>157</u>	
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	( <b>11)</b> 0.00000 in 2013)	00			
Number of TLS Sub	scribers	(12) 0				
<b>Tribal Link Up</b> (Availab	le only to ETCs rece	eiving High Cost su	ippo	Total TLS Supp rt)	oort Claime	ed (13)\$ <u>0</u>
Number of Connect Charges Waived pe	ions Waived r Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an ave	erage amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		I	otal	Tribal Link Up Sup	oport Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 157			Tata	l Tribal Link Up \$ _	ר	
10tal Ellenite 9 <u>-101</u>	10tal 120 9 <u>.0</u>	, , , , , , , , , , , , , , , , , , ,	i Uld	• -		 19) \$ _157
	lf you have any ques	tions, please call U	SAC			

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

# (20) CERTIFICATIONS AND SIGNATURES

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Sandy Gaylor

DATE

# Assistant Treasurer

## OFFICER TITLE

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Sandy Gaylor

**OFFICER SIGNATURE** 

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# LIFELINE WORKSHEET

(1) USAC Service Provider le	dentification Number	143001573		(2) Stu	dy Area Co	ode <u>260412</u>	
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	ype (	check one) Wireli	ne 🗹	Wireless 🔲	
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🛄 🛛 I	High	Cost/Low Income			
(6) Organization Information	ı		(7)	Filing Information			4
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	09/29/2	2014	
Contact Name:	Jody Jewell		b)	Data Month	Septen	nber 2014	1
Mailing Address:	525 Junction Ro	bad	C)	Type of Filing (check one)			1
					Original Revision		
	Madison, WI 53	717	d)	State Reporting	KENTU		<u> </u>
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 Suj <u>Subscriber Su</u>	pport/ pport	(c) Total Lifeline	
Non-Tribal Low-Income Sub	Subscribers					= \$ 167	
Receiving federal Lifeline Support (		<u> </u>		× \$ <u>9.2</u>	25		
Tribal Low-Income Subscribers (9) <u>0</u> Receiving federal Lifeline Support		(9) <u>U</u>		x \$ <u>0.00</u>	eed \$34 25)	= \$ 0	
Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ <u>167</u>							
Toll Limitation Servio	ces (TLS)						
Cost of Providing T (the lesser of incremen	<b>FLS per Subscriber</b> tal cost or \$3 in 2012 /\$2	( <b>11</b> ) <u>0.0000(</u> in 2013)	00				
Number of TLS Sub	Number of TLS Subscribers (12) 0						
Total TLS Support Claimed (13) \$ 0							
Tribal Link Up (Availat	ble only to ETCs rece	eiving High Cost su	ippol				
Number of Connect	tions Waived	(14) 0					
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100)		(for multiple rate	tes, use an average amount)		
		(10110 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	oport Claim	ned (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>167</u>	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ _	0		
						19) \$	
	If you have any ques	tions, please call U	SAC	at (866) 873-4727	Toll Free		
				- ·			

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

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#### 09/29/2014

Sandy Gaylor

#### DATE

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Sandy Gaylor

**OFFICER SIGNATURE** 

# LIFELINE WORKSHEET

	5	(4) Technology Ty	pe (o	check one) Wireli	ne 🗹	Wireless 🕻
(5) ETC Designation Ty	pe (Check one): Lifelin	ne Only 🛄 🛛 H	ligh	Cost/Low Income		
(6) Organization Information	ation		(7)	Filing Information		
Company Legal Name:	Lewisport Tele	phone Company	a)	Submission Date	11/06/2	2014
Contact Name:	Jody Jewell		b)	Data Month	Octobe	er 2014
Mailing Address:	525 Junction F	Road	C)	Type of Filing (check one)	-	
					Original Revision	$\checkmark$
	Madison, WI 5	3717	d)	State Reporting		JCKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@td	stelecom.com				
Lifeline						
Liteline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeli
Non-Tribal Low-Income		Subscribers		Subscriber Su		457
Receiving fede	ral Lifeline Support	(8) <u>17</u>		x \$ <u>9.2</u>	5	= \$ <u>157</u>
Tribal Low-Income Sub		(9) 0		× \$ <u>0.00</u>	1.00 ( 05)	= \$
Receiving fede	ral Lifeline Support	То	tal F	not to exce) ederal Lifeline Sup		med (10)\$ <u>157</u>
Toll Limitation Se	rvices (TLS)					
Cost of Providi (the lesser of incre	ng TLS per Subscriber emental cost or \$3 in 2012/\$2	( <b>11</b> ) <u>0.00000</u> 2 in 2013)	0			
Number of TLS	Subscribers	(12) 0				
				Total TLS Supp	ort Claim	ed (13) \$ <u>0</u>
Tribal Link Up (Ava	allable only to ETCs red	eiving High Cost su	ppor	••		
• •	·		ppor	••		
Number of Con	allable only to ETCs red inections Waived ind per Connection	(14) (15) \$ (not to exceed \$100)		••	, use an av	erage amount)
Number of Con Charges Waive	nections Waived	(14) <u>0</u> (15) \$ <u>0.00</u>		t)	, use an av	erage amount)
Number of Con Charges Waive	nections Waived of per Connection on Charges Waived	(14) 0 (15) \$ 0.00 (not to exceed \$100)		t)	, use an av	erage amount)
Number of Con Charges Waive Total Connection	nections Waived of per Connection on Charges Waived	$(14) \qquad 0 \\ (15) \ 0.00 \\ (not to exceed \ 100) \\ (16) \ 0.0 \\ (17) \ 0.00 \\ (10) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (10) \ 0$		t) (for multiple rates 		
Number of Con Charges Waive Total Connectio Deferred Intere	nections Waived of per Connection on Charges Waived	$(14) \qquad 0 \\ (15) \ 0.00 \\ (not to exceed \ 100) \\ (16) \ 0.0 \\ (17) \ 0.00 \\ (10) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (17) \ 0.00 \\ (10) \ 0$		t)		
Number of Con Charges Waive Total Connection	nections Waived of per Connection on Charges Waived st	$\begin{array}{c} (14) & \underline{0} \\ (15) \$ & \underline{0.00} \\ (not to exceed \$100) \end{array}$ $(16) \$ & \underline{0.0} \\ (17) \$ & \underline{0.00} \end{array}$ $T$	otal	t) (for multiple rates 	port Clain	

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

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

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# 11/06/2014

Sandy Gaylor

Sandy Gaylor

**OFFICER NAME** 

**OFFICER SIGNATURE** 

#### DATE

# Assistant Treasurer

#### OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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# LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Number	143001573		(2) Study Area Code <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology T	ype (	(check one) Wireline 🔽 🛛 Wireless 🔲
(5) ETC Designation Type (0	Check one): Lifeling	e Only 🛄 🛛 I	High	n Cost/Low Income 🔽
(6) Organization Information	1		(7)	Filing Information
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date 12/03/2014
Contact Name:	Jody Jewell		b)	Data Month November 2014
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)
				Original Revision
	Madison, WI 53	717	d)	State Reporting KENTUCKY
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 Support/ (c) Total Lifeline Subscriber Support
Non-Tribal Low-Income Sub Receiving federal L	w-Income Subscribers iving federal Lifeline Support (8) <u>16</u>			x \$ 9.25 = \$ 148
		•		
Tribal Low-Income Subscribers (9) <u>0</u> Receiving federal Lifeline Support		(-)		x \$ 0.00 = \$ 0 (not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 148
	Ces (TLS) TLS per Subscriber Ital cost or \$3 in 2012 /\$2	( <b>11)</b> <u>0.0000(</u> in 2013)	00	
Number of TLS Sul	umber of TLS Subscribers (12) 0			
				Total TLS Support Claimed (13)\$
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost su	ippol	ort)
Number of Connec Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>		
Deferred Interest		(17) \$ 0.00		
		٦	Fotal	l Tribal Link Up Support Claimed (18) \$ <u>0</u>
ETC Payment				
Total Lifeline \$_148	Total TLS \$_0		Tota	al Tribal Link Up \$ <u>0</u>
				Total Dollars (19) \$ <u>148</u>
	If you have any ques	tions, please call U	SAC	C at (866) 873-4727 Toll Free

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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# 12/03/2014

Sandy Gaylor

DATE	OFFICER SIGNATURE
Assistant Treasurer	Sandy Gaylor
OFFICER TITLE	OFFICER NAME

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LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Number	tification Number <u>143001573</u> (2) Study Area Code <u>260412</u>					
(3) Filer 499 ID <u>806625</u>		(4) Technology T	ype (	check one) Wireline 🗹	Wireless 🔲		
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🛄	High	Cost/Low Income 🖸			
(6) Organization Information	n		(7)	Filing Information			
Company Legal Name:	Lewisport Telep	hone Company	/ a)	Submission Date 01/08/20	015		
Contact Name:	Jody Jewell		b)	Data Month Decemb	er 2014		
Mailing Address:	525 Junction Re	bad	c)	Type of Filing (check one)			
				Original Revision			
	Madison, WI 53	717	d)	State Reporting KENTU			
Telephone Number:	608-664-4565						
Fax Number:	608-830-5580						
E-mail Address:	jody.jewell@tdstelecom.com						
Lifeline		(a) # Lifeline		(b) Lifeline Support/	(c) Total Lifeline		
Non-Tribal Low-Income Sub	oscribers	Subscribers		Subscriber Support			
Receiving federal L	ifeline Support	Support (8) <u>15</u>		x \$ <u>9.25</u>	= \$ <u>139</u>		
Tribal Low-Income Subscri		( )		x \$ <u>0.00</u>	= \$ _0		
Receiving federal Lifeline Support			(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ <u>139</u>				
Toll Limitation Servi	ces (TLS)						
	<b>TLS per Subscriber</b> Ital cost or \$3 in 2012 /\$2	( <b>11)</b> 0.0000 in 2013)	00				
Number of TLS Sul	bscribers	(12) 0					
<b>Tribal Link Up</b> (Availal	ble only to ETCs rece	eiving High Cost su	ippo	Total TLS Support Claimed	i (13) \$ <u>0</u>		
Number of Connec Charges Waived po		(14) (15) \$ (not to exceed \$100)	)	(for multiple rates, use an avera	age amount)		
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		<u> </u>	Fotal	 Tribal Link Up Support Claime	d (18) \$ <u>0</u>		
ETC Payment							
Total Lifeline \$_139	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ 0			
				Total Dollars (1	a) <b>\$</b> _139		
	lf you have any ques	tions, please call U	SAC	at (866) 873-4727 Toll Free			

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

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# 01/08/2015

Sandy Gaylor

#### DATE

# Assistant Treasury

#### OFFICER TITLE

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Sandy Gaylor

**OFFICER SIGNATURE** 

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LIFELINE WORKSHEET

(1) USAC Service Provider Ide	entification Number	143001573		(2) Stu	dy Area Co	de <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology T	'ype (	check one) Wireli	ine 🗹	Wireless 🔲
(5) ETC Designation Type (Ch	eck one): Lifeline	e Only 📮	High	Cost/Low Income		
(6) Organization Information			_ (7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	y a)	Submission Date	02/06/2	015
Contact Name:	Jody Jewell		b)	Data Month	January	/ 2015
Mailing Address:	525 Junction Ro	bad	C)	Type of Filing (check one)	·	
				(0.0000 0.00)	Original Revision	
	Madison, WI 53	717	d)	State Reporting	KENTU	- mail
	608-664-4565					
	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Subs	ubscribers			<u>Subscriber Su</u>		100
Receiving federal Lif	eline Support	(8) <u>15</u> x \$ <u>9.25</u>		25	= \$ 139	
Tribal Low-Income Subscribe		(9) <u>0</u>		x \$ <u>0.00</u>		= \$
Receiving federal Lifeline Support T			'otal F	ederal Lifeline Su	eed \$34.25) <b>pport Claim</b>	ed (10)\$ <u>139</u>
Toll Limitation Service	es (TLS)					
Cost of Providing TL (the lesser of incrementa		( <b>11)</b> <u>0.0000</u> in 2013)	00			
Number of TLS Subs	cribers	(12) 0				
Tribol Link Up (Augusta		ining tigh Orate		Total TLS Sup	port Claime	d (13) \$ <u>0</u>
Tribal Link Up (Available	e only to ETUS rece	eiving High Cost s	uppol	<i>(</i> )		
Number of Connection		(14) 0				
Charges Waived per Connection		(15) \$ 0.00 (not to exceed \$100	))	(for multiple rates	s, use an avei	rage amount)
		•				
Total Connection Ch	arges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	nort Claim	ed (18) \$ 0
			local			οα (10) ψ
ETC Payment						
Total Lifeline \$ <u>139</u>	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ _	0	
				Tota	al Dollars (1	9) \$ 139
	you have any ques	41ana 112222 ** *	10 4 0			

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

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# 02/06/2015

Sandy Gaylor

**OFFICER SIGNATURE** 

Sandy Gaylor

**OFFICER NAME** 

#### DATE

# Assistant Treasurer

#### OFFICER TITLE

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# LIFELINE WORKSHEET

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

(1) USAC Service Provider I	dentification Number	143001573		-		r. per Respondent: 2.8 ode <u>260412</u>
(3) Filer 499 ID <u>806625</u>			/pe (	check one) Wirelii	ne 🗸	Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🛄 🛛 I	ligh	Cost/Low Income		
(6) Organization Informatior	1		(7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	02/25/2	2015
Contact Name:	Jody Jewell		b)	Data Month	Februa	ry 2015
Mailing Address:	525 Junction R	oad	c)		Original Revision	
<b>T</b> -1	Madison, WI 53	3717	d)	State Reporting	KENTU	JCKY
Telephone Number: Fax Number:	608-664-4565		4			
	608-830-5580	4-1	{			
E-mail Address:	jody.jewell@tds	stelecom.com	1			
<i>ifeline</i> on-Tribal Low-Income Subscribers Receiving federal Lifeline Support ribal Low-Income Subscribers		(a) # Lifeline <u>Subscribers</u> (8) <u>16</u> (9) <u>0</u>		(b) Lifeline Sup Subscriber Sup x \$ <u>9.2</u> x \$0.00	oport	(c) Total Lifeline = \$ <u>148</u> = \$ 0
Toll Limitation Service	ifeline Support.	(-)	otal F	(not to exce ederal Lifeline Sup		•
Cost of Providing 1 (the lesser of incremen	<b>"LS per Subscriber</b> tal cost or \$3 in 2012 /\$2	( <b>11)</b> <u>0.0000(</u> in 2013)	00			
Number of TLS Sul	oscribers	(12) <u>0</u>				
Tribal Link Up (Availat	ble only to ETCs rece	eivina Hiah Cost su	וסממי	Total TLS Supp	ort Claim	ed (13)\$ <u>0</u>
Number of Connec Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an ave	erage amount)
Total Connection C	charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>	otal	 Tribal Link Up Sup	nort Clain	ned (18) \$ 0
ETC Payment			Jul			
-	Total TLS \$_0		Tota	Tribal Link Up \$ _(	)	
	· · · · · · · · · · · · · · · · ·					19) \$ <u>148</u>

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	02	25	20	)1	5
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Sandy Gaylor

DATE

# Assistant Treasurer

#### **OFFICER TITLE**

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Sandy Gaylor

OFFICER SIGNATURE

LIFELINE WORKSHEET

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

(1) USAC Service Provider	Identification Number	143001573		(2) Stu	dy Area Co	ode <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	pe (o	check one) Wireli	ine 🔽	Wireless 🔲
(5) ETC Designation Type	(Check one): Lifeline	Only 🖵 🛛 - F	ligh	Cost/Low Income		
(6) Organization Informatio			-	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	( <i>i</i> )	Submission Date	04/02/2	2015
Contact Name:	Jody Jewell	,	b)	Data Month	March	2015
Mailing Address:	525 Junction Ro	ad	c)	Type of Filing	1	
				(check one)	Original	
	Madison, WI 53	717	d)	State Reporting	Revision	
elephone Number:	608-664-4565	/   /	u)	otate Reporting	INENIC	
ax Number:	608-830-5580		-			
E-mail Address:	jody.jewell@tds	telecom com				
-man Autress.			l			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Su						440
Receiving federal	Lifeline Support	(8) <u>16</u>		x \$ <u>9.2</u>	25	= \$ <u>148</u>
Tribal Low-Income Subscribers		(9) 0		× \$ <u>0.00</u>		= \$ _0
Receiving federal	Lifeline Support	То	tal F	not to exc) ederal Lifeline Su	eed \$34.25) pport Clain	ned (10) \$ 148
Toll Limitation Serv Cost of Providing	<b>iCes (TLS)</b> TLS per Subscriber	(11) <u>0.00000</u>	0			
(the lesser of increme	ntal cost or \$3 in 2012 /\$2	n 2013)				
Number of TLS Su	ıbscribers	(12) 0				
				Total TLS Sup	oort Claime	ed (13) \$ <sup>(1</sup>
<b>Tribal Link Up</b> (Availa	able only to ETCs rece	iving High Cost su	ppor			(/ + <u></u>
		0				
Number of Connections Waived Charges Waived per Connection		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates		arage amount
Charges walved		(not to exceed \$100)			s, use all ave	age amount)
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		<b>_</b>	otel	 Tribal Link Up Sur	nort Claim	ued (18) ¢ 0
		I	Jai	That clink op out		ισα ( 10 <i>)</i> ψ <u>-</u>
ETC Payment						
Total Lifeline \$ <u>148</u>	Total TLS \$_0		Fotal	Tribal Link Up \$ (	0	
						19) \$
				100		Ι σ / φ
	lf you have any ques	tions, please call U	SAC	at (866) 873-4727	Toll Free	

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

Sandy Gaylor

Sandy Gaylor

OFFICER NAME

**OFFICER SIGNATURE** 

DATE
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# Assistant Treasurer

#### OFFICER TITLE

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# LIFELINE WORKSHEET

(1) USAC Service Provider l	dentification Number	143001573		(2) S	tudy Area C	ode <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	ype (	check one) Wird	eline 🗹	Wireless 🛄
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄 🛛 I	High	Cost/Low Incom	e 🗹	
(6) Organization Information	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>		(7)	Filing Informatio	n	
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	04/30/2	2015
Contact Name:	Jody Jewell		b)	Data Month	April 2	015
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)	•	
		a garagita		(check one)	Original Revision	
	Madison, WI 53	717	d)	State Reporting	KENTI	JCKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline S		(c) Total Lifeline
Non-Tribal Low-Income Sub	oscribers	Subscribers		Subscriber S	συρροπ	100
Receiving federal L	ifeline Support	(8) 15		x \$	9.25	= \$ 139
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x <u>\$</u> _0.00		= \$
		Тс	otal F	(not to e: Federal Lifeline S	xceed \$34.25)	med (10) \$ 139
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of increment	<b>"LS per Subscriber</b> tal cost or \$3 in 2012 /\$2	( <b>11)</b> <u>0.00000</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) 0				
Tribal Link Up (Availab	ble only to ETCs rece	eiving High Cost su	ippo	Total TLS Su	pport Claim	ed (13)\$ <u>0</u>
Number of Connect Charges Waived pe	tions Waived er Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)	)	(for multiple ra	tes, use an av	erage amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		-	otal	 Tribal Link Up S	upport Clain	ned (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_139	Total TLS \$ 0		Tota	l Tribal Link Up \$	; 0	
· · · · · · · · · · · · · · · · · · ·				-	otal Dollars (	(19) \$
	If you have any ques	tions, please call U	SAC			

#### LIFELINE WORKSHEET

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

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04/30/2015	04	/30	/20	)15
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Sandy Gaylor

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# Assistant Treasurer

#### OFFICER TITLE

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Sandy Gaylor

OFFICER SIGNATURE

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LIFELINE WORKSHEET

(1) USAC Service Provider Id	entification Number	143001573		(2) \$	Study Area Co	ode <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	no (/		_	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	_		Cost/Low Incon	_	
(6) Organization Information			(7)	Filing Information	on	
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Dat	e 06/05/2	2015
Contact Name:	Jody Jewell		b)	Data Month	May 20	)15
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)	•	
				(encer one)	Original Revision	A
	Madison, WI 53	717	d)	State Reporting		JCKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tdst	telecom.com				
l ifeline			L			
Lifeline		(a) # Lifeline		(b) Lifeline S	Support/	(c) Total Lifeline
Non Tribal Low Income Subscribers		Subscribers		Subscriber		
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 15		x \$	9.25	= \$ 139
Tribal Low-Income Subscribers		(9) 0		x <u>\$ 0.00</u>	)	= \$ _0
Receiving federal Li	feline Support	То	tal F		exceed \$34.25) Support Clair	ned (10) \$ 139
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of incrementa	<b>_S per Subscriber</b> al cost or \$3 in 2012/\$2 in	( <b>11)</b> <u>0.00000</u> n 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	opor		upport Claim	ed (13)\$ <u>0</u>
Number of Connect Charges Waived per	ions Waived r Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple r	ates, use an ave	erage amount)
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		Т	otal	Tribal Link Up S	Support Clain	ned (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>139</u>	Total TLS \$ <u>0</u>	т	otal	Tribal Link Up	\$ <u>0</u>	
					otal Dollars (	<b>19) \$</b> <u>139</u>
1	lf you have any quest	tions, please call US	SAC			

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

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06/	05/	'20	15
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Sandy Gaylor

#### DATE

# Assistant Treasurer

#### OFFICER TITLE

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Sandy Gaylor

OFFICER SIGNATURE

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# LIFELINE WORKSHEET

(1) USAC Service Provider Ic	lentification Number	143001573		(2) Stu	dy Area Co	de <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	vpe (	check one) Wireli	ne 🗾	Wireless 📮
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🛄 🛛 H	ligh	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	07/08/2	015
Contact Name:	Jody Jewell		b)	Data Month	June 20	015
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)		
					Original Revision	
	Madison, WI 53	717	d)	State Reporting	KENTU	ICKY
Telephone Number:	608-664-4565					· · · · · · · · · · · · · · · · · · ·
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline		(a) # Lifeline		(b) Lifeline Su	oport/	(c) Total Lifeline
Non Tribel Low Income Cub	ih	Subscribers		Subscriber Su	pport	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 14		x \$9.2	25	= \$ 130
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ _0
Receiving federal Li	feline Support	То	otal F	not to exc) ederal Lifeline Su	eed \$34.25) p <b>port Clain</b>	ned (10)\$ <u>130</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 i	( <b>11</b> ) <u>0.00000</u> n 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рроі	Total TLS Supp t)	port Claime	ed (13)\$ <u>0</u>
Number of Connect Charges Waived pe	ions Waived r Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rate:	s, use an ave	erage amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Sup	oport Claim	led (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_130	Total TI S \$ 0		Fotal	Tribal Link Up \$ _	D	
	<u> </u>				al Dollars (	19) <u>\$</u> _130
	If you have any great	tions places cell !!!	540			
	lf you have any ques	uoris, piease call US	SAC	at (000) 0/3-4/2/	i oli rree	

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

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# 07/08/2015

Amanda Moore

OFFICER SIGNATURE

#### DATE

# Assistant Treasurer

#### OFFICER TITLE

Amanda Moore

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# LIFELINE WORKSHEET

(3) Filer 499 ID 80662	5	(4) Technology T	ype (	check one) Wirel	line 🗹	Wireless [
(5) ETC Designation Typ	e (Check one): Lifelin	e Only 🛄	High	Cost/Low Income		
(6) Organization Informa	ition		(7)	Filing Information	I	
Company Legal Name:	Lewisport Telep	phone Company	y a)	Submission Date	08/07/2	2015
Contact Name:	Jody Jewell		b)	Data Month	July 20	015
Mailing Address:	525 Junction R	oad	C)	Type of Filing (check one)	•	
				(,	Original Revision	
	Madison, WI 53	3717	d)	State Reporting	KENT	JCKY
Telephone Number: Fax Number:	608-664-4565		4			
· · · · · · · · · · · · · · · · · · ·	608-830-5580		4			
E-mail Address:	jody.jewell@tds	stelecom.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su <u>Subscriber Sเ</u>		(c) Total Lifelir
Non-Tribal Low-Income Receiving feder	Subscribers ral Lifeline Support	(8) 14			25	= \$ 130
-		(e) <u>0</u>		× <u> </u>	20	$=$ $\frac{100}{100}$
Tribal Low-Income Subs Receiving feder	ral Lifeline Support			(not to exc	ceed \$34.25)	
		т	otal F	ederal Lifeline Su	ipport Claii	med (10) \$ <u>130</u>
Toll Limitation Se	rvices (TLS)					
	<b>—</b> • • • •	(11) 0.0000	00			
	ng TLS per Subscriber mental cost or \$3 in 2012/\$2	(''')	00			
Number of TLS	Subscribers	(12) <u>0</u>				
				Total TLS Sup	port Claim	ed (13)\$ <sup>0</sup>
Tribal Link Up (Ava	ailable only to ETCs rec	eiving High Cost s	uppo	•		
Number of Con	nections Waived	(14) 0				
	d per Connection	(15) \$ 0.00		(for multiple rates, use		erage amount)
		(not to exceed \$100	)			
Total Connectio	on Charges Waived	( <b>16</b> ) \$ <u>0.0</u>				
	-	(17) \$ 0.00				
Deferred Intere						
Deferred Intere			Iotai	Tribal Link Up Su	pport Clair	ned (18) \$ <u></u>
Deferred Intere						
Deferred Intere						
	Total TLS \$ 0		Tota	l Tribal Link Up \$ .	0	-

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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08/07/201	5
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Amanda Moore

OFFICER SIGNATURE

Amanda Moore

OFFICER NAME

DATE

#### Assistant Treasurer

#### **OFFICER TITLE**

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### LIFELINE WORKSHEET

(1) USAC Service Provider Identification Number $\underline{143001573}$				(2) Study Area Code <u>260412</u>			
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	ype (	(check one) Wireline 🗾 🛛 Wireless 🔲			
(5) ETC Designation Type	(Check one): Lifelin	e Only 🛄 🛛 I	High	n Cost/Low Income [ 🔄			
(6) Organization Informatio	on		(7)	) Filing Information			
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date 09/08/2015			
Contact Name:	Jody Jewell		b)	Data Month August 2015			
Mailing Address:	525 Junction R	bad	c)	Type of Filing (check one)			
				Original Revision □			
	Madison, WI 53	717	d)				
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 Support/ (c) Total Lifeline Subscriber Support			
Non-Tribal Low-Income Su		(8) 14					
Receiving federal Lifeline Support		· · ·					
Tribal Low-Income Subscr Receiving federal		(9) <u>0</u>		$- x \$ \frac{0.00}{(\text{not to exceed $34.25)}} = \$ \frac{0}{2}$			
Toll Limitation Serv	ices (TLS)			Federal Lifeline Support Claimed (10) \$ <u>130</u>			
	TLS per Subscriber ental cost or \$3 in 2012 /\$2	( <b>11)</b> <u>0.0000(</u> in 2013)	00				
Number of TLS Su	ubscribers	(12) <u>0</u>					
Tribal Link Up (Availa	able only to ETCs rece	eiving High Cost su	ippo	Total TLS Support Claimed (13) \$ 0 prt)			
Number of Conne Charges Waived p		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)			
Total Connection	Charges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ <u>0.00</u>					
		T	otal	l Tribal Link Up Support Claimed (18) \$ <u>0</u>			
ETC Payment							
Total Lifeline \$_130	Total TLS \$ <u>0</u>		Tota	al Tribal Link Up \$			
)			,	Total Dollars (19) \$ <u>130</u>			
	lf you have any ques	tions, please call U	SAC	C at (866) 873-4727 Toll Free			

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

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#### 09/08/2015

Amanda Moore

**OFFICER SIGNATURE** 

Amanda Moore

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#### LIFELINE WORKSHEET

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

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				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143001573		(2) Stu	dy Area Co	de <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	vpe (o	check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄 🛛 ł	ligh	Cost/Low Income		
(6) Organization Information			(7)	-iling Information		
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	10/08/2	015
Contact Name:	Tracy Heidemar	าท	b)	Data Month	Septem	ber 2015
Mailing Address:	525 Junction Ro	ad	c)	Type of Filing (check one)		
					Original Revision	
Talanhana Numban	Madison, WI 53	717	d)	State Reporting	KENTU	CKY
Telephone Number:	608-664-4253		4			
Fax Number:	608-830-5580		4			
E-mail Address:	tracy.heidemann@	tdstelecom.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup		100
Receiving federal Lifeline Support		(8) <u>14</u>		× \$ <u>9.2</u>	= \$ <u>130</u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ <u>0.00</u> (not to exce	ad \$34.25)	= \$ 0
		Тс	tal F	ederal Lifeline Sup		ed (10) \$ <u>130</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of increment	L <b>S per Subscriber</b> al cost or \$3 in 2012 /\$2 ii	(11) <u>0.00000</u> n 2013)	0			
Number of TLS Sub	scribers	(12) <u> </u>				
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	<i>t)</i>		
Number of Connect	ions Waived	(14) 0				
Charges Waived per	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avei	age amount)
		(not to exceed \$100)				
Total Connection Cl	harges Waived	(16) \$ 0.0		_		
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment						
-	Total TLS \$_0	-	<b>r</b> _+-'	Tribal Link Up \$ _	n	
iotal Lifeline \$_100	IOTAI ILS \$_0		otal	• •		 130
				Tota	l Dollars (1	9) \$
	lf you have any quest	ions, please call U	SAC	at (866) 873-4727 1	o <i>ll Fr</i> ee	

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10/08/2015

Amanda Moore

OFFICER SIGNATURE

DATE

### Assistant Treasurer

#### OFFICER TITLE

OFFICER NAME

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#### LIFELINE WORKSHEET

(3) Filer 499 ID 806625	<u>.</u>	(4) T	echnology	Type (	check one) Wire	line 🔽	Wireless 🕻
(5) ETC Designation Typ	e (Check one): Lifeline	e Only		High	Cost/Low Income		
(6) Organization Informa	tion			(7)	Filing Information	1	
Company Legal Name:	Lewisport Telep	hone	Compar	ny a)	Submission Date	11/06/	2015
Contact Name:	Tracy Heidema	nn		b)	Data Month	Octobe	er 2015
Mailing Address:	525 Junction Ro	bad		c)	Type of Filing (check one)		
						Original Revision	A
	Madison, WI 53	717	,	d)	State Reporting	KENT	UCKY
Telephone Number:	608-664-4253						
Fax Number:	608-830-5580						
E-mail Address:	tracy.heidemann(	@tdste	elecom.cc	m			
Lifeline							
Lineinne			Lifeline		(b) Lifeline Su	ipport/	(c) Total Lifeliı
Non-Tribal Low-Income	Subscribers		<u>scribers</u>		Subscriber Su	<u>ipport</u>	100
Receiving feder	al Lifeline Support	(8)	14		· · · · · · · · · · · · · · · · · · ·	25	= \$ <u>130</u>
Tribal Low-Income Subs		(9)	0		x <u>\$0.00</u>		= \$
Receiving feder	al Lifeline Support			Total F	not to ex ederal Lifeline Su	ceed \$34.25) Ipport Clai	
Toll Limitation Se	rvices (TLS)						
<b>Cost of Providi</b> r (the lesser of incre	ng TLS per Subscriber mental cost or \$3 in 2012 /\$2	<b>(11)</b> in 2013)	0.000	000			
Number of TLS	Subscribers	(12)	0				
					Total TLS Sup	port Claim	ed (13) \$ <u>0</u>
Tribal Link Up (Ava	ilable only to ETCs rece	eiving l	High Cost	suppor	rt)		
Number of Con	nections Waived	(14)	0				
	d per Connection	(15)	\$ <u>0.00</u>	20)	(for multiple rate	es, use an av	verage amount)
		(not t	o exceed \$10	00)			
Total Connectio	on Charges Waived	(16)	<u>\$ 0.0</u>				
Deferred Interes	st	(17)	\$ 0.00				
		. ,	<u> </u>	Total	 Tribal Link Up Su	nnort Clair	ned (18) ¢ ()
				TUTAL	TIDAI LINK UP SU	PPOIL CIAI	neu (10) ⊅ <u>~</u>
ETC Payment							
<i>ETC Payment</i> Total Lifeline \$ <u>130</u>	Total TLS \$_0			Tota	Tribal Link Up \$	0	

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#### LIFELINE WORKSHEET

(1) USAC Service Provider Id	dentification Number	143001573		(2) Stud	dy Area Co	de <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	pe (	check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifeling	e Only 🛄 🛛 I	High	Cost/Low Income		
(6) Organization Information	·	• ¥22002	-	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	T	Submission Date	12/08/2	015
Contact Name:	Tracy Heidemai		b)	Data Month	Novem	per 2015
Mailing Address:	525 Junction Ro		c)	Type of Filing	1	
					Original Revision	
	Madison, WI 53	717	d)	State Reporting		1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Telephone Number:	608-664-4253					
Fax Number:	608-830-5580		1			
E-mail Address:	tracy.heidemann@	tdstelecom.com				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	oport/	(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribore	Subscribers		Subscriber Su	pport	
Receiving federal L		(8) <u>14</u>		x \$9.2	25	= \$ _130
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u>		= \$ _0
Receiving federal L	ifeline Support	Т	otal F	not to exce) ederal Lifeline Sup	eed \$34.25) oport Claim	ed (10) \$ 130
Toll Limitation Servic	ces (TLS)					
Cost of Providing T (the lesser of increment	<b>'LS per Subscriber</b> tal cost or \$3 in 2012 /\$2 i	( <b>11)</b> <u>0.0000(</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippoi	Total TLS Supp (t)	oort Claime	d (13) \$ <u>0</u>
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an ave	rage amount)
Total Connection C	harges Waived	(16) \$ 0.0				
<b>Deferred Interest</b>		(17) \$ 0.00				
		٢	otal	Tribal Link Up Sup	oport Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>130</u>	Total TLS \$_0		Tota	Tribal Link Up \$ _	)	
				Tota	al Dollars (1	19) \$ <u>130</u>
	lf you have any ques	tions, please call U	SAC	at (866) 873-4727 1	Toll Free	

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OFFICER SIGNATURE

# Amanda Moore

#### OFFICER NAME

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(1) USAC Service Provider Id	dentification Number	143001573		(2) Study Area Code <u>260412</u>		
(3) Filer 499 ID <u>806625</u>				(check one) Wireline 🗾 🛛 Wireless 🔲		
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🛄 🛛 H	ligh	i Cost/Low Income 🖸		
(6) Organization Information	l		(7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date 01/05/2016		
Contact Name:	Tracy Heidema	nn	b)	Data Month December 2015		
Mailing Address:	525 Junction R	oad	c)	Type of Filing (check one)		
				Original Revision		
	Madison, WI 53	3717	d)			
Telephone Number:	608-664-4253					
Fax Number:	608-830-5580					
E-mail Address:	tracy.heidemann	@tdstelecom.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Lifeline <u>Subscriber Support</u>		
Non-Tribal Low-Income Sub		(8) <u>13</u>				
Receiving federal L		•				
Tribal Low-Income Subscrib Receiving federal L				(not to exceed \$34.25)		
Toll Limitation Servio	ces (TLS)	Τα	otal F	Federal Lifeline Support Claimed (10)\$ <u>120</u>		
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
<b>Tribal Link Up</b> (Availab	ble only to ETCs rec	eiving High Cost su	рро	Total TLS Support Claimed (13) \$ <u>0</u> ort)		
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates, use an average amount)		
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17)\$ <u>0.00</u>				
		т	otal	l Tribal Link Up Support Claimed (18) \$ <u>0</u>		
ETC Payment						
Total Lifeline \$ <u>120</u>	Total TLS \$ <u>0</u>		Tota	al Tribal Link Up \$ _0		
				Total Dollars (19) \$ <u>120</u>		
	If you have any questions, please call USAC at (866) 873-4727 Toll Free					

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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01/05/201	6
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Amanda Moore

**OFFICER SIGNATURE** 

#### DATE

# Assistant Treasurer

#### OFFICER TITLE

### OFFICER NAME

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#### LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Number	143001573		(2) Stu	idy Area Co	ode <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	/pe(	check one) Wireli	ine 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeling	e Only 🛄 🛛 H	ligh	Cost/Low Income		
(6) Organization Information	I		(7)	Filing Information		
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	02/08/2	2016
Contact Name:	Tracy Heidema	nn	b)	Data Month	Januar	y 2016
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)		
					Original Revision	
	Madison, WI 53	717	d)	State Reporting	KENTU	JCKY
Telephone Number:	608-664-4253					
Fax Number:	608-830-5580					
E-mail Address:	tracy.heidemann(	@tdstelecom.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers			Subscriber Su		400
Receiving federal L	ifeline Support	(8) <u>13</u>		x \$9.2	25	= \$ <u>120</u>
Tribal Low-Income Subscrib		(9) <u>0</u>		x <u>\$_0.00</u>		= \$ _0
Receiving federal L	nenne Support	То	otal F	ederal Lifeline Su	eed \$34.25) <b>pport Clain</b>	ned (10) \$ <u>120</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	( <b>11)</b> <u>0.00000</u> in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
<b>Total TLS Support Claimed (13) \$</b> <b>Tribal Link Up</b> (Available only to ETCs receiving High Cost support)						
Number of Connec Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rate	s, use an ave	erage amount)
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest	-	(17) \$ 0.00				
		т	otal	Tribal Link Up Sup	oport Clain	nea (18) \$ <u></u>
ETC Payment						
Total Lifeline \$ <u>120</u>	Total TLS \$_0		Tota	I Tribal Link Up \$	0	
				-		19) \$
	lf you have any ques	tions, please call US	SAC			

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

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02/08/2016

Amanda Moore

OFFICER SIGNATURE

Amanda Moore

#### DATE

#### Assistant Treasurer

#### OFFICER TITLE

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#### LIFELINE WORKSHEET

(1) USAC Service Provider I	dentification Number	143001573		(2) Stu	dy Area Co	de <u>260412</u>
(3) Filer 499 ID <u>806625</u>		(4) Technology Ty	/pe (	check one) Wirelii	ne 🗹	Wireless 🛄
(5) ETC Designation Type (C	Check one): Lifelin	e Only 🔲 🛛 I	ligh	Cost/Low Income		
(6) Organization Information	۱ <u> </u>		(7)	Filing Information	-	
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	03/08/2	016
Contact Name:	Tracy Heidema	nn	b)	Data Month	Februa	ry 2016
Mailing Address:	525 Junction R	oad	c)	Type of Filing (check one)		
					Original Revision	
	Madison, WI 53	3717	d)	State Reporting	KENTU	ICKY
Telephone Number:	608-664-4253					
Fax Number:	608-830-5580		1			
E-mail Address:	tracy.heidemann	@tdstelecom.com				
Lifeline						
Litenine		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su	<u>pport</u>	
Receiving federal L		(8) <u>14</u>		x \$ <u>9.2</u>	5	= \$ 130
Tribal Low-Income Subscrib		(9) 0		. x \$ <u>0.00</u>		= \$ _0
Receiving federal L	ifeline Support	т	otal F	not to exce) ederal Lifeline Sup	eed \$34.25)	ned (10) \$ 130
Toll Limitation Servio	ces (TLS)			·		
Cost of Providing T (the lesser of increment	<b>"LS per Subscriber</b> tal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>		te è cui faite at		
<b>Tribal Link Up</b> (Availab	ble only to ETCs rec	eiving High Cost su	ppol	Total TLS Supp	oort Claime	ed (13) \$ <u>0</u>
Number of Connect Charges Waived pe	tions Waived er Connection	(14) (15) $\frac{0}{0.00}$ (not to exceed \$100)		(for multiple rates	s, use an ave	rage amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		٦	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_130	Total TLS \$_0		Total	Tribal Link Up \$ _	)	
	<u> </u>		· ord			19) \$ <u>130</u>
	lf you have any ques	tions, please call U	SAC	at (866) 873-4727 1	Toll Free	

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

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Amanda Moore

DATE

#### Assistant Treasurer

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The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER SIGNATURE

#### Amanda Moore

#### OFFICER NAME

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Identification Number <u>143001573</u>				(2) Study Area Code <u>260412</u>			
(3) Filer 499 ID 806625			/pe((	check one) Wireli		Wireless	
(5) ETC Designation Type (	Check one): Lifelin			Cost/Low Income	_		
	·	e Only 🛄 👘	Ū				
(6) Organization Informatio			1	Filing Information			
Company Legal Name:	Lewisport Telep	hone Company	a)	Submission Date	04/08/2		
Contact Name:	Tracy Heidema	Tracy Heidemann		Data Month			
Mailing Address:	525 Junction Road		( c)	Type of Filing (check one)			
					Original Revision	$\checkmark$	
	Madison, WI 53	Madison, WI 53717			KENTU	ICKY	
Telephone Number:	608-664-4253						
Fax Number:	608-830-5580						
E-mail Address:	tracy.heidemann(	tracy.heidemann@tdstelecom.com					
Lifeline			-				
Litenne		(a) # Lifeline		(b) Lifeline Sup	oport/	(c) Total Lifeline	
Non Tribel I and Income Cul		Subscribers		Subscriber Su			
Non-Tribal Low-Income Sul Receiving federal L		(8) 14		x \$9.2	25	= \$ 130	
Tribal Low-Income Subscri	hers	(9) 0	•		x \$ 0.00 = \$ 0		
Receiving federal Lifeline Support		(-)		(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 130			
		Тс	otal F	ederal Lifeline Su	pport Claim	ned (10) \$ <u>130</u>	
<b>Toll Limitation Servi</b>	ces (TLS)						
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 i		(11) <u>0.00000</u>	00				
Number of TLS Subscribers		(12) <u>0</u>					
				Total TLS Supp	oort Claime	ed (13) \$ <u>0</u>	
Tribal Link Up (Availa	ble only to ETCs rece	eiving High Cost su	ppor	rt)			
Number of Connections Waived		(14) 0					
Charges Waived per Connection		(15) \$ 0.00		(for multiple rates	s, use an ave	rage amount)	
		(not to exceed \$100)					
Total Connection (	Charges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
				<u> </u>			
		Ť	otal	Tribal Link Up Sup	oport Claim	ea (18) \$ <u>~</u>	
ETC Payment							
Total Lifeline \$_130 Total TLS \$_0 Total Tribal Link Up \$_0							
Total Dollars (19) \$ <u>130</u>							
				Tota	al Dollars ('	19) \$	

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Amanda Moore

**OFFICER SIGNATURE** 

Amanda Moore

**OFFICER NAME** 

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# TDS TELECOM ON BEHALF OF LEWISPORT TELEPHONE COMPANY

**APPENDIX C** 

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

# TDS TELECOM ON BEHALF OF LEWISPORT 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 "<u>Requests for information to</u> <u>Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")"</u> 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 "<u>Requests for information to</u> <u>All Parties</u>" 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 "<u>Requests for information to</u> <u>All Parties</u>"\_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 "<u>Requests for information to</u> <u>All Parties</u>" 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 LEWISPORT 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 <u>Requests for information to</u> <u>Parties that Received Payment from the Kentucky Universal Service Fund ("KUSF")</u>

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 LEWISPORT 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.