Salem 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.

(1) USAC Service Provider Ic	lentification Number	143001577		(2) Stud	dy Area Code <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Technology	Туре (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:	Salem Telephor	ne Company	a)	Submission Date	01/29/2014
Contact Name:	Jody Jewell		b)	Data Month	January 2014
Mailing Address:	525 Junction Road		c)	Type of Filing (check one)	
					Original 🕢
	Madison, WI 53	717	d)		KENTUCKY
Telephone Number:	608-664-4565				
Fax Number:	608-830-5580				
E-mail Address:	jody.jewell@tds	telecom.com			
Lifeline					
		(a) # Lifeline		(b) Lifeline Sup	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	
Receiving federal Li	feline Support	(8) 55		x \$ <u>9.2</u>	<u>5 = \$ 509</u>
Tribal Low-Income Subscrib		(9) <u>0</u>		x \$ <u>0.00</u>	= \$ 0
Receiving federal Li	ifeline Support		Total F	not to exce) ederal Lifeline Sup	eed \$34.25) oport Claimed (10) \$ 509
Toll Limitation Servic	es (TLS)				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.000(</u> in 2013)	000		
Number of TLS Sub	scribers	(12) <u>0</u>			
				Total TLS Supp	oort Claimed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	suppo		
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			Total		port Claimed (18) \$ <u>0</u>
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ETC Payment	-			-	
Total Lifeline \$ <u>509</u>	Total TLS \$ <u>0</u>		Tota	Tribal Link Up \$ <u>C</u>)
				Tota	I Dollars (19) \$ <u>509</u>

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(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

Sandy Gaylor

OFFICER SIGNATURE

Sandy Gaylor

OFFICER NAME

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.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

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- 1 - LIFELINE WORKSHEET

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

(3) Filer 499 ID 806622 (4) Technology Type (check one) Wireline ↓ Wireless ↓ (5) ETC Designation Type (Check one): Lifeline Only ↓ High Cost/Low Income ↓ (7) Filing Information (7) Filing Information (7) Filing Information Company Legal Name: Salem Telephone Company a) Submission Date (3)(04/2014 Contact Name: Jody Jewell b) Data Month February 2014 Mailing Address: 525 Junction Road (°) Type (Filing (check one) Original Period Madison, WI 53717 (a) State Reporting IKENTUCKY (c) Total Lifeline Madison, WI 53717 (a) State Reporting IKENTUCKY (c) Total Lifeline Madison, WI 53717 (a) State Reporting IKENTUCKY (c) Total Lifeline Madison, WI 53717 (a) State Reporting IKENTUCKY (c) Total Lifeline Madiress: jody.jewell@dtstelecom.com (c) Total Lifeline Subscriber (a) State Reporting Support (c) Total Lifeline Receiving federal Lifeline Support (a) State Report (a) State Report (a) State (c) Total Lifeline Number of TLS Subscriber (1) 0.000000	(1) USAC Service Provider Id	lentification Number	14300	01577		(2) Stu	dy Area Co	de <u>260417</u>
(b) ETC Designation Type (Check one): Lifeline Only □ High Cost/Low Income □ (c) Organization Information (7) Filing Information Company Legal Name: Salem Telephone Company a) Submission Date 03/04/2014 Contact Name: Jody Jewell b) Data Month February 2014 Mailing Address: 525 Junction Road c) Type of Filing (check one) Original Previous of the company of the control of the company of the control of the c	(3) Filer 499 ID 806622		(4) Te	chnoloav T	vpe (check one) Wireli	ne 🕢	Wireless 🗔
Company Legal Name: Salem Telephone Company a) Submission Date 03/04/2014 Contact Name: Jody Jewell b) Data Month February 2014 Mailing Address: 525 Junction Road 0 Type of Filing (check one) Original Development of Filing (check one) Telephone Number: 608-684-4565 Fax Number: 608-684-4565 Fax Number: 608-6830-5580 E-mail Address: jody.jewell@tdstelecom.com ixter Reporting (c) Total Lifeline Non-Tribal Low-Income Subscribers (a) # Lifeline Subscriber Support (c) Total Lifeline Non-Tribal Low-Income Subscribers (e) 55 × \$ <u>0.00</u> = \$ <u>0</u> Receiving federal Lifeline Support (f) <u>0.000000</u> (tot exceed \$34.25) = \$ 0 Tribal Low-Income Subscribers (f) <u>0.000000</u> (tot exceed \$34.25) = \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) Total TLS Support Claimed (10) \$ <u>509</u> Total TLS Support Claimed (13) \$ <u>0</u> Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connection Charges Waived (16) \$ <u>0.0</u> (for multiple rates, use an average amount) (multiple rates, use an average amount) Total Connection Charges Waived (16) \$ <u>0</u>	<u> </u>	heck one): Lifeline		_				
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Madison, WI 53717 d) State Reporting KENTUCKY Telephone Number: 608-664-4565 608-830-5580 E-mail Address: jody.jewell@tdstelecom.com Lifeline (a) # Lifeline (c) Total Lifeline Non-Tribal Low-Income Subscribers (a) $\frac{55}{5}$ x \$ $\frac{9.25}{9.25}$ = \$ $\frac{509}{0}$ Tribal Low-Income Subscribers (a) $\frac{55}{9}$ x \$ $\frac{9.25}{0.00}$ = \$ $\frac{0}{0}$ Receiving federal Lifeline Support (a) $\frac{55}{9}$ x \$ $\frac{9.25}{0.00}$ = \$ $\frac{0}{0}$ Tribal Low-Income Subscribers (a) $\frac{9}{0}$ x \$ $\frac{9.25}{0.00}$ = \$ $\frac{0}{0}$ Receiving federal Lifeline Support (b) $\frac{509}{0}$ Total Federal Lifeline Support Claimed (10) \$ $\frac{509}{0}$ Total Tribal Link Up (Available only to ETCs receiving High Cost support) Number of TLS Subscribers (12) 0 Number of Connections Waived (14) $\frac{0}{0}$ (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$ $\frac{0.0}{0.00}$ Total Connection Charges Waived (16) \$ $\frac{0.0}{0.00}$ (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$ $\frac{0.0}{0.00}$ To				******				
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E-mail Address: jody-3300 Lifeline (a) # Lifeline Non-Tribal Low-Income Subscribers (a) # Lifeline Receiving federal Lifeline Support (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Non-Tribal Low-Income Subscribers (a) # Lifeline Receiving federal Lifeline Support (a) # Lifeline (b) D (c) Total Lifeline Tribal Low-Income Subscribers (a) (b) D Receiving federal Lifeline Support (b) D (c) D (c) Total Lifeline Tribal Limitation Services (TLS) Total Federal Lifeline Support Claimed (10) \$ 509 Cost of Providing TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /52 in 2013) Total TLS Support Claimed (13) \$ 0 Number of TLS Subscribers (12) 0 Tribal Link Up (Available only to ETCs receiving High Cost support) Total TLS Support Claimed (13) \$ 0 Number of Connections Waived (14) 0 (not to exceed \$100) (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$ 0.0 Deferred Interest (17) \$ 0.00 Total Tribal Li	Telephone Number:						<u></u>	
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	Total Lifeline \$ <u>509</u>	Total TLS \$ <u>0</u>			Total	Tribal Link Up \$)	
						Tota	al Dollars (*	19) \$
		lf you have anv ques	tions. p	lease call U	SAC			

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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03/04/2014

Sandy Gaylor

OFFICER SIGNATURE

DATE

Assistant Treasurer

Sandy Gaylor

OFFICER TITLE

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Ava. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143001577 (2) Study Area Code <u>260417</u> (3) Filer 499 ID 806622 (4) Technology Type (check one) Wireline Wireless (5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (6) Organization Information (7) Filing Information **Company Legal Name:** Salem Telephone Company Submission Date 04/08/2014 a) Jody Jewell March 2014 Contact Name: b) Data Month Mailing Address: Type of Filing c) 525 Junction Road (check one) Original Revision Madison, WI 53717 d) State Reporting KENTUCKY **Telephone Number:** 608-664-4565 Fax Number: 608-830-5580 jody.jewell@tdstelecom.com E-mail Address: Lifeline (b) Lifeline Support/ (a) # Lifeline (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers 54 = \$ 500 9.25 Receiving federal Lifeline Support (8) \$ 0 = \$ 0 \$ 0.00 **Tribal Low-Income Subscribers** (9) **Receiving federal Lifeline Support** (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 500 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) 0 Number of TLS Subscribers (12) Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) 0 Number of Connections Waived (14) (15) \$ <u>0.00</u> **Charges Waived per Connection** (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ <u>0.0</u> **Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ <u>0</u> ETC Payment Total Tribal Link Up \$ 0 Total Lifeline \$ 500 Total TLS \$ 0

> Total Dollars (19) \$ 500 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.

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

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

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04/08/2014

Sandy Gaylor

DATE

Assistant Treasurer

OFFICER TITLE

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Sandy Gaylor

OFFICER SIGNATURE

OFFICER NAME

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	lentification Number	143001577		(2) Stu	dy Area Co	ode <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Technology 1	Гуре (check one) Wireli	ne 🕢	Wireless 🔲
(5) ETC Designation Type (C	heck one) lifeline	_		Cost/Low Income	_	
			•			
(6) Organization Information Company Legal Name:	Salem Telephor		$\frac{(\prime)}{a}$	Filing Information Submission Date	05/02/2	014
		le Company	a) 		1	
Contact Name: Mailing Address:	Jody Jewell		b) c)	Data Month Type of Filing	April 20	J14
maning Address.	525 Junction Ro	Dad	_ ("	(check one)	Original	
					Revision	
Telephone Number:	Madison, WI 53	717	d)	State Reporting	KENTU	JCKY
Fax Number:	608-664-4565 608-830-5580		_			
E-mail Address:	jody.jewell@tds	tolocom com	-			
E-mail Address:	jouy.jeweii@lus	leiecom.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) <u>54</u>				- ¢ 500
		0		x \$ <u>9.2</u>	.5	= \$ 500
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ <u>0.00</u>	eed \$34.25)	= \$
Receiving rederar L		r	lotal F	Federal Lifeline Sup		ned (10) \$ <u>500</u>
Toll Limitation Servic	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)	000			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppo	Total TLS Supp	oort Claime	ed (13)\$ <u>0</u>
Number of Connect	iono Moived	(14) 0				
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates	s, use an ave	erage 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 Sup	port Claim	red (18) \$ <u>0</u>
ETC Doumont					-	
ETC Payment	~				`	
Total Lifeline \$ <u>500</u>	Total TLS \$ <u>0</u>		Tota	I Tribal Link Up \$ <u>(</u>		
				Tota	al Dollars ('	19) \$ 500
	lf you have any ques	tions, please call	USAC	at (866) 873-4727 1	Toll Free	

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05/02/2014

Sandy L. Gaylor

DATE

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Assistant Treasurer

OFFICER SIGNATURE Sandy L. Gaylor

OFFICER NAME

OFFICER TITLE

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LIFELINE WORKSHEET

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

577 (2) Study Area Code 260417 nology Type (check one) Wireline ☑ Wireless ☑ High Cost/Low Income ☑ (7) Filing Information (7) Filing Information (7) Filing Information (7) Filing Information (2) Study Area Code 260417 (7) Filing Information (7) Filing Information (7) Filing Information (7) Data Month May 2014 (2) Type of Filing (check one) Original Revision (1) State Reporting KENTUCKY
High Cost/Low Income (7) Filing Information Dany a) Submission Date 05/30/2014 b) Data Month May 2014 c) Type of Filing (check one) Original Revision
(7) Filing Information (7) Fi
a) Submission Date 05/30/2014 b) Data Month May 2014 c) Type of Filing (check one) Original Revision
b) Data Month May 2014 c) Type of Filing (check one) Original Revision
C) Type of Filing (check one) Original Revision
Original Revision
.com
line (b) Lifeline Support/ (c) Total Lifeline
bers Subscriber Support
x \$ <u>9.25</u> = \$ <u>500</u>
x \$ <u>0.00</u> = \$ <u>0</u>
(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 500
······································
0.00000
)
Total TLS Support Claimed (13) \$ <u>0</u>
a Cost support)
)).00 (for multiple rates, use an average amount) ceed \$100)
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0.00
0.00

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

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05/30/2014

Sandy Gaylor

DATE

Assistant Treasurer

OFFICER TITLE

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OFFICER SIGNATURE Sandy Gaylor

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>143001577</u> (2) Study Area Code <u>260417</u>						
(3) Filer 499 ID <u>806622</u>		(4) Technology T	ype (check one) Wirel	ine 🗸	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄	High	Cost/Low Income		
(6) Organization Information			(7)	-iling Information		
Company Legal Name:	Salem Telephor	e Company	a)	Submission Date	07/08/20	014
Contact Name:	Jody Jewell		b)	Data Month	June 20	14
Mailing Address:	525 Junction Road		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@tdst	telecom.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su Subscriber Su	pport/ pport	(c) Total Lifeline
Non-Tribal Low-Income Sub						♠ 500
Receiving federal Li		(8) <u>54</u>		x \$ <u>9.3</u>	25	= \$ 500
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x \$ <u>0.00</u>	eed \$34.25)	= \$
		Т	otal F	ederal Lifeline Su		ed (10) \$ <u>500</u>
Toll Limitation Servic	ces (TLS)					
Cost of Providing TI (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.0000(</u> n 2013)	00			
Number of TLS Sub	scribers	(12) 0				
				Total TLS Sup	port Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sເ	ippor	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived per	r Connection	(15) \$ 0.00 (not to exceed \$100)	<u> </u>	(for multiple rate	s, use an avera	age amount)
			,			
Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		٦	Fotal [·]	Tribal Link Up Sup	oport Claime	ed (18) \$ <u>0</u>
ETC Payment						
-	Total TLS \$ <u>0</u>		Total	Tribal Link Lin ¢	0	
, σαι Εποίπε φ <u></u>	10tal 120 g		, Jtal		al Dollars (19	
	lf you have any quest	ions plasso coll !!	242			
•	n you nave any quest	ions, picase call U	JAC	at (000) 013-4121	i on i iee	

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

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Sandy Gaylor

OFFICER SIGNATURE

DATE

Assistant Treasurer

Sandy Gaylor

OFFICER NAME

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Ic	dentification Number	143001577		(2) Stu	dy Area Co	ode <u>260417</u>
(3) Filer 499 ID <u>806622</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:	Salem Telephor	e Company	a)	Submission Date	07/29/2	2014
Contact Name:	Jody Jewell		b)	Data Month	July 20	14
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		1			
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 49		x \$ 9.2		=\$ <u>453</u>
-				0.00		
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>	·		eed \$34.25)	= \$ 0
Ũ		т	otal F	ederal Lifeline Sup	pport Clain	ned (10) \$ <u>453</u>
Toll Limitation Servic	ces (TLS)					
Cost of Providing T (the lesser of increment	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> n 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>	·····			
				Total TLS Supp	port Claime	ed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost s	uppoi	t)		
Number of Connect	tions Waived	(14) 0			N.	
Charges Waived pe	er Connection	(15) \$ 0.00		(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) \$ 0.00				
				— Tribal Link Up Sup	oport Claim	ned (18) \$ 0
ETC Payment					-	
-	0				י. ר	
Total Lifeline \$_453	Total TLS \$ <u>_</u>		Tota			
				Tota	al Dollars (19) \$ <u>453</u>
				((000) 070 (707)		

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.

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.

07/29/2014

Sandy Gaylor

DATE

Assistant Treasurer

OFFICER TITLE

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Sandy Gaylor

OFFICER SIGNATURE

OFFICER NAME

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- 12. - LIFELINE WORKSHEET

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

(1) USAC Service Provider lo	lentification Number	143001577		(2) Stud	dy Area Code <u>260417</u>	
(3) Filer 499 ID <u>806622</u>		(4) Technology T	ype (check one) Wirelii	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:	Salem Telephor	ne Company	a)	Submission Date	09/05/2014	
Contact Name:	Jody Jewell		b)	Data Month	August 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		(b) Lifeline Sup		eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport	
Receiving federal Lifeline Support		(8) <u>39</u>		x \$ <u>9.2</u>	<u>5</u> = \$ <u>361</u>	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		x <u>\$</u> 0.00	= \$ _0	
		т	otal F	not to exce) ederal Lifeline Sur	ed \$34.25) oport Claimed (10) \$ 361	
Toll Limitation Servio	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			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost st	uppor		oort Claimed (13) \$ <u>0</u>	
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates	s, use an average amount)	
onargeo traitea pe		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total	— Tribal Link Up Sup	port Claimed (18) \$ <u>0</u>	
ETC Payment						
Total Lifeline \$ <u>361</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ _)	
					I Dollars (19) \$ <u>361</u>	
	lf you have any ques	tions, please call U	ISAC			

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

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09/05/2014

Sandy Gaylor

Sandy Gaylor

OFFICER NAME

OFFICER SIGNATURE

DATE

Assistant Treasurer

OFFICER TITLE

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	143001577		(2) Stu	dy Area Co	de <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Technology T	ype (check one) Wireli	ne 🗹	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄 🛛 I	High	Cost/Low Income		
(6) Organization Information	l <u>.</u>		(7)	Filing Information		
Company Legal Name:	Salem Telephon	e Company	a)	Submission Date	09/29/2	2014
Contact Name:	Jody Jewell		b)	Data Month	Septem	nber 2014
Mailing Address:	525 Junction Ro	ad	c)	Type of Filing (check one)	•	
			- -		Original Revision	
	Madison, WI 537	717	d)	State Reporting	KENTL	JCKY
Telephone Number:	608-664-4565				•	
Fax Number:	608-830-5580		1			
E-mail Address:	jody.jewell@tdst	telecom.com				
Lifeline						
LIIGHING		(a) # Lifeline		(b) Lifeline Sup	oport/	(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribore	Subscribers		Subscriber Su	<u>pport</u>	
Receiving federal Li		(8) 42		x \$ <u>9.2</u>	25	= \$ 389
Tribal Low-Income Subscrib	ers	(9) 0		× \$ 0.00		= \$_0
Receiving federal L	ifeline Support	• •		(not to exce ederal Lifeline Sup	ed \$34.25)	
Toll Limitation Servic	ces (TLS)	·				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012/\$2 ir	(11) <u>0.0000(</u> 1 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claime	d (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	Ippor			
	in an a late in a d	(14) 0				
Number of Connect Charges Waived pe				(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				
			[otal	 Tribal Link Up Sup	nort Claim	ed (18) \$ 0
		•	Julai			
ETC Payment						
Total Lifeline \$ <u>389</u>	Total TLS \$_0	·	Total	Tribal Link Up \$ _)	
				Tota	al Dollars ('	19) \$ <u>389</u>

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

(20) CERTIFICATIONS AND SIGNATURES

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09/29/2014

Sandy Gaylor

OFFICER SIGNATURE

DATE

Assistant Treasurer

OFFICER TITLE

Sandy Gaylor

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LIFELINE WORKSHEET

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

(1) USAC Service Provider	Identification Number	143001577		(2) Stud	dy Area Co	ode <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Technology 1	Гуре (check one) Wirelii	ne 🗹	Wireless 🛄
(5) ETC Designation Type (Check one): Lifeling	e Only 🛄	High	Cost/Low Income		
(6) Organization Informatio	<u>n,</u>		(7)	Filing Information	·····	
Company Legal Name:	Salem Telepho	ne Company	a)	Submission Date	11/06/2	2014
Contact Name:	Jody Jewell		b)	Data Month	Octobe	r 2014
Mailing Address:	525 Junction R	oad	c)	Type of Filing (check one)	-	
					Original Revision	
	Madison, WI 53	717	d)		KENTU	JCKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline	·					
Liieiiie		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u> j		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 41		x \$ 9.2	5	= \$ 379
Tribal Low-Income Subscribers		(9) 0		× \$ 0.00		= \$ 0
Receiving federal l		、, <u> </u>		(not to exce Federal Lifeline Sup		
	ices (TLS) TLS per Subscriber ntal cost or \$3 in 2012/\$2	(11) <u>0.0000</u>	00			
Number of TLS Su		(12) 0				
Tribal Link Up (Availa		()	uppo	Total TLS Supp <i>rt)</i>	oort Claime	ed (13) \$ <u>0</u>
Number of Connec Charges Waived p		(14) 0 (15) \$ 0.00 (not to exceed \$100		(for multiple rates	s, use an ave	erage amount)
Total Connection (Charges 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 \$ <u>379</u>	Total TLS \$_0		Tota	l Tribal Link Up \$ <u>(</u>)	
				Tota	al Dollars (19) \$
	If you have any ques	tions, please call l	USAC	at (866) 873-4727 1	oll Free	

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

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11/06/2014

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DATE

Assistant Treasurer

OFFICER TITLE

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Sandy Gaylor

OFFICER SIGNATURE

OFFICER NAME

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LIFELINE WORKSHEET

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

(1) USAC Service Provider I	dentification Number	143001577		(2) Stu	dy Area Coc	le <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Technology	Гуре (check one) Wireli	ine 🗾	Wireless 🔲
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔲	High	Cost/Low Income	\checkmark	
(6) Organization Information	n	······································	(7)	Filing Information		
Company Legal Name:	Salem Telepho	ne Company	a)	Submission Date	12/03/20	014
Contact Name:	Jody Jewell		b)	Data Month	Novemb	er 2014
Mailing Address:	525 Junction R	oad	C)	Type of Filing (check one)	Original Revision	ß
	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 Non-Tribal Low-Income Sub Receiving federal L		(a) # Lifeline <u>Subscribers</u> (8) <u>41</u>		(b) Lifeline Suj <u>Subscriber Su</u> x \$ <u>9.2</u>	pport	(c) Total Lifeline = \$ <u>379</u>
Tribal Low-Income Subscri Receiving federal L		(9) <u>(</u> 9)	Fotal F	x \$ 0.00 (not to exc Federal Lifeline Su	eed \$34.25) pport Claime	= \$ <u>0</u> ed (10) \$ <u>379</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing T (the lesser of increment	FLS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	000			
Number of TLS Sul	bscribers	(12) <u>0</u>				
Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost s	suppo	Total TLS Supp nt)	port Claimeo	1 (13) \$ <u>0</u>
Number of Connec Charges Waived po	tions Waived er Connection	(14) 0 (15) \$ 0.00 (not to exceed \$10	0)	(for multiple rate	s, use an aver	age amount)
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	oport Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_379	Total TLS \$ <u>0</u>		Tota	I Tribal Link Up \$ _	0	
				Tota	al Dollars (1	9) \$ <u>379</u>

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12/03/2014

Sandy Gaylor

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Assistant Treasurer

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Sandy Gaylor

OFFICER SIGNATURE

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	lentification Number	14300	1577		(2) Stu	dy Area Coo	le <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Tec	hnology 1:	'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:	Salem Telephor	ne Con	npany	a)	Submission Date	01/08/20	015
Contact Name:	Jody Jewell			b)	Data Month	Decemb	oer 2014
Mailing Address:	525 Junction Ro	bad		c)	Type of Filing (check one)	-	
						Original	
	Madison, WI 53	717		d)	State Reporting	Revision KENTU	CKY
Telephone Number:	608-664-4565					•	
Fax Number:	608-830-5580			7			
E-mail Address:	jody.jewell@tds	telecor	n.com				
1.18-11				 			
Lifeline		(a) # Li	ifeline		(b) Lifeline Sup	pport/	(c) Total Lifeline
	•	Subsc			Subscriber Su		(0) 10000 - 1100000
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 42	2		x \$9.2	25	= \$ <u>389</u>
Tribal Low-Income Subscribers		(9) <u>0</u>		•••	x \$ <u>0.00</u>		= \$ _0
Receiving federal L	ifeline Support		т	'otal F	not to exce) ederal Lifeline Sup	eed \$34.25) oport Claime	ed (10) \$ 389
Toll Limitation Servic	es (TLS)					•	
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	<u>0.0000</u>	00			
Number of TLS Sub	scribers	(12)	0	•••			
Tribal Link Up (Availab	le onlv to ETCs rece	ivina Hi	ah Cost s	וסממע	Total TLS Supp	oort Claimeo	1 (13) \$ <u>0</u>
······································	···· ·		•		7		
Number of Connect		(14) (15) ¢	$\frac{0}{0.00}$		(for multiple rates		
Charges Waived pe	r Connection		exceed \$100		(for multiple rates	s, use an aver	age amount)
Total Connection C	harges Waived	(16) \$	0.0		·		
Deferred Interest		(17) \$	0.00				
		() ¢					
				rotal	Tribal Link Up Sup	port Claime	ed (18) \$ <u></u>
ETC Payment							
Total Lifeline \$ <u>389</u>	Total TLS \$ <u>0</u>			Tota	Tribal Link Up \$)	
						al Dollars (1	
	If you have any ques	tions, ple	ease call L	JSAC	at (866) 873-4727 1	oll 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.

01/08/2015

Sandy Gaylor

Sandy Gaylor

OFFICER NAME

OFFICER SIGNATURE

DATE

Assistant Treasury

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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If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.

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LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2,5 Hrs.

(1) USAC Service Provider I	dentification Number	143001577		(2) Stu	dy Area Co	ode <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Technology T	ype (check one) Wirel	ine 🗹	Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifeling	e Only	High	Cost/Low Income		
(6) Organization Information	<u>1</u>		(7)	Filing Information	····	
Company Legal Name:	Salem Telephor	ne Company	a)	Submission Date	02/06/2	2015
Contact Name:	Jody Jewell		b)	Data Month	Januar	y 2015
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					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline			_			
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 41		x \$ 9.2	25	= \$ 379
Tribal Low-Income Subscril		(9) <u>0</u> × \$ <u>0</u>				= \$ _0
Receiving federal L		(-)	- 4 - 1 6		eed \$34.25)	•
Toll Limitation Servi	ces (TLS)			· · · · · · · · · · · · · · · · · · ·		
Cost of Providing 1 (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	bscribers	(12) <u>0</u>				
Tribal Link Up (Availat	ble only to ETCs rece	eiving High Cost su	Ippol	Total TLS Supp t)	port Claime	ed (13)\$ <u>0</u>
Number of Connections Waived Charges Waived per Connection		(14) 0 (15) \$ 0.00 (not to exceed \$100))	(for multiple rate	s, use an ave	erage amount)
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		٦	Fotal	Tribal Link Up Sup	oport Claim	red (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>379</u>	Total TLS \$_0	-	Tota	Tribal Link Up \$	0	<u></u>
						19) \$
	If you have any ques	tions, please call U	SAC	at (866) 873-4727	Toll Free	

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

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

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-02/06/2015

Sandy Gaylor

OFFICER SIGNATURE

Sandy Gaylor

OFFICER NAME

DATE

Assistant Treasurer

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	dentification Number	143001577		(2) Stu	dy Area Co	de <u>260417</u>
(3) Filer 499 ID <u>806622</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:	Salem Telephor	ne Company	a)	Submission Date	02/25/2	015
Contact Name:	Jody Jewell		b)	Data Month	Februar	y 2015
Mailing Address:	525 Junction Ro	ad	_ c)	Type of Filing (check one)		
					Original Revision	E I
	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 <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 42		x \$ 9.2	05	= \$ 389
-				0.00		······
Tribal Low-Income Subscrib Receiving federal L		(9)	.		eed \$34.25)	= \$ 0
Toll Limitation Servic	. ,	0.0000		ederal Lifeline Su		
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	· (''') ·	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost s	uppoi	Total TLS Supp t)	oort Claime	d (13) \$ <u>0</u>
Number of Connections Waived Charges Waived per Connection		(14) 0 (15) \$ 0.00 (not to exceed \$100		(for multiple rates	s, use an aver	age amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		4		
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	oport Claimo	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>389</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Un \$ (C	
· · · · · · · · · · · · · · · · · · ·					al Dollars (1	
	If you have any quest	tions, please call L	JSAC	at (866) 873-4727 1	Toll Free	

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02/25/2015

Sandy Gaylor

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Assistant Treasurer

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Sandy Gaylor

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	lentification Number	143001577		(2) Stud	dy Area Code	260417
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	-				Original Revision	
	Madison, WI 53	717	d)	State Reporting	KENTUC	KY
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Lifeline						
Luenne		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 41		x \$ 9.2		= \$ 379
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00		= \$ _0
Receiving federal Li				(not to exce		
-		Тс	otal F	ederal Lifeline Sup	oport Claimed	(10) \$ <u>379</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u> n 2013)	00			,
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippo i			. , .
Number of Connections Waived Charges Waived per Connection		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an averag	e amount)
Total Connection Cl	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		Г	otal	Tribal Link Up Sup	port Claimed	(18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>379</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ <u>C</u>)	
					l Dollars (19)	

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LIFELINE WORKSHEET

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04/	/02/	20	15

Sandy Gaylor

DATE

Assistant Treasurer

OFFICER TITLE

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Sandy Gaylor

OFFICER SIGNATURE

OFFICER NAME

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Id	lantification Number	14300	1577		(2) 64	du Aron Co	de <u>260417</u>
						-	
(3) Filer 499 I D <u>806622</u>		(4) Tec	hnology Ty	ype (o	check one) Wireli	ne 🗹	Wireless 🛄
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Company Legal Name:	Salem Telephor	ne Com	npany	a)	Submission Date	04/30/2	015
Contact Name:	Jody Jewell			b)	Data Month	April 20	15
Mailing Address:	525 Junction Ro	ad		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@tdst	telecor	n.com				
Lifeline				- 			
Lifeline		(a) # Li	ifeline		(b) Lifeline Sup	oport/	(c) Total Lifeline
Non-Tribal Low-Income Sub	oorihoro	Subsc	<u>ribers</u>		Subscriber Su	pport	
Receiving federal Li		(8) 41			x \$ <u>9.2</u>	5	= \$ 379
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0	
Receiving federal L				-tol E	(not to exceed \$34.25 I Federal Lifeline Support Cla		
				JLAI F			ied (10) \$ <u>57.9</u>
Toll Limitation Service	es (TLS)						
			0.00000	0			
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	<u> </u>			
Number of TLS Sub	ecrihore	(12)	0				
	130110013	(12)	<u> </u>				0
Tribal Link Up (Availab	le only to ETCs rece	ivina Hi	ah Cost su	innor	Total TLS Supp	oort Claime	d (13)\$ <u>U</u>
		aving r n	911 0031 30	ιρροι	<i>l</i>)		
Number of Connect		(14)	0				
Charges Waived pe	r Connection	(15) \$ (not to e	0.00 exceed \$100))	(for multiple rates	s, use an ave	rage amount)
		(¹ 11111111111111111111111111111111111	,				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
		× / *			 Tribal Link Up Sup		
			I	σται	Tribal Link Up Sup	port Claim	eu (16) ֆ 🦲
ETC Payment							
Total Lifeline \$ <u>379</u>	Total TLS \$ <u>0</u>			Total	Tribal Link Up \$ _)	
						al Dollars (1	
					1012	ai Dollais (1	ι <i>σ</i> /ψ

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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04/30/2015

Sandy Gaylor

OFFICER SIGNATURE

Sandy Gaylor

OFFICER NAME

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.

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LIFELINE WORKSHEET

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

(1) USAC Service Provider I	dontification Number	14300	1577		_		de <u>260417</u>	
. ,						-		
(3) Filer 499 ID <u>806622</u>					check one) Wirel		Wireless 🛄	
(5) ETC Designation Type (C	Check one): Lifeline	e Only [High	Cost/Low Income			
(6) Organization Information	1			(7)	Filing Information			
Company Legal Name:	Salem Telephor	ne Cor	npany	a)	Submission Date	06/05/2	015	
Contact Name:	Jody Jewell			b)	Data Month	May 20	15	
Mailing Address:	525 Junction Ro	bad		c)	Type of Filing (check one)			
					(,	Original Revision	Ϋ́	
	Madison, WI 53	717		d)	State Reporting	KENTU	ĊŔŶ	
Telephone Number:	608-664-4565							
Fax Number:	608-830-5580							
E-mail Address:	jody.jewell@tds	teleco	m.com					
Lifeline								
Liteinie			ifeline		(b) Lifeline Su		(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecrihere		ribers.		<u>Subscriber Su</u>	<u>ipport</u>		
Receiving federal L		(8) 4	0		× \$ <u>9.</u> 2	25	= \$ 370	
Tribal Low-Income Subscrib	Ders	(9) 0			× \$ <u>0.00</u>		= \$ _0	
Receiving federal L	ifeline Support	Tot			(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 370			
			•	oturi				
Toll Limitation Servio	ces (TLS)							
Cost of Providing T	1 S per Subscriber	(11)	0.0000	00				
	tal cost or \$3 in 2012/\$2							
Number of TLS Sub	oscribers	(12)	0					
					Total TLS Sup	port Claime	d (13)\$ <u>0</u>	
Tribal Link Up (Availat	ole only to ETCs rece	eiving H	igh Cost รเ	Ippol				
Number of Connec	tions Waived	(14)	0					
Charges Waived pe		(14)	0.00		(for multiple rates, use an average amount)			
•		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17)\$	0.00				0	
				Fotal	Tribal Link Up Suj	pport Claim	ed (18) \$ <u>U</u>	
ETC Payment								
Total Lifeline \$_370	Total TLS \$ <u>0</u>			Total	Tribal Link Up \$	0		
· • •						al Dollars (1	a) ¢ 370	
					101	ai Dollars (1	J) 4	

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

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06/05/2015

Sandy Gaylor

DATE

Assistant Treasurer

OFFICER TITLE

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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.

Sandy Gaylor

OFFICER SIGNATURE

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	lentification Number	143001577		(2) Stu	dy Area Code <u>260417</u>	
(3) Filer 499 ID <u>806622</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		·	(7)	Filing Information		
Company Legal Name:	Salem Telephor	ne Company	a)	Submission Date	07/08/2015	
Contact Name:	Jody Jewell		b)	Data Month	June 2015	
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)		
					Original 7 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	1			
Lifeline	•		. .			
Litellite		(a) # Lifeline		(b) Lifeline Sup		
Non-Tribal Low-Income Sub	aarihara	Subscribers		Subscriber Su	pport	
Receiving federal L		(8) <u>33</u>		x \$ <u>9.2</u>	<u> </u>	
Tribal Low-Income Subscrib	ers	(9) <u>0</u>		× \$ <u>0.00</u>	= \$ 0	
Receiving federal L	ifeline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ <u>305</u>				
Toll Limitation Servic	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> n 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost s	uppo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	es, use an average amount)	
		(not to exceed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			-	 Tribel Link Un Sum	oport Claimed (18) \$ <u>0</u>	
			rotal	ппрагентк ор эпр		
ETC Payment						
Total Lifeline \$ <u>305</u>	Total TLS \$_0	<u>, , , , , , , , , , , , , , , , , , , </u>	Tota	Tribal Link Up \$ _)	
				Tota	al Dollars (19) \$ <u>305</u>	
		tiono nlossa!! !	10 4 0			

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07/08/2015

Amanda Moore

OFFICER SIGNATURE

Amanda Moore

OFFICER NAME

DATE

Assistant Treasurer

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LIFELINE WORKSHEET

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

		142001577				. 260447
(1) USAC Service Provider lo	dentification Number	143001577		(2) Sti	udy Area Co	ode <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Technology T	ype (check one) Wire	line 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	only 🔲	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	I	
Company Legal Name:	Salem Telephor	ne Company	a)	Submission Date	08/07/2	2015
Contact Name:	Jody Jewell		b)	Data Month	July 20	15
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:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline						
Luenne		(a) # Lifeline		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su	upport	
Receiving federal L		(8) <u>34</u>		× \$9.	25	= \$ <u>315</u>
Tribal Low-Income Subscrib		(9) 0		× \$ <u>0.00</u>		= \$ _0
Receiving federal L	ifeline Support	т	'otal F	not to exe) ederal Lifeline Su	ceed \$34.25) Joport Clain	ned (10) \$ 315
Tall Lingidadian Canain						
Toll Limitation Servio	:es (1L3)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012/\$2 i	(11) <u>0.0000</u> n 2013)	00			
Number of TLS Sub		(12) 0				
Number of TES Sub		(12)				0
Tribal Link Up (Availab	le onlv to ETCs rece	ivina Hiah Cost s	וסממו	Total TLS Sup t)	port Claime	ed (13)\$ <u>U</u>
	,			7		
Number of Connect		(14) $\frac{0}{0.00}$ (15) \$ 0.00				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100))	(for multiple rate	es, use an ave	rage amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		,	Total	Tribal Link Up Su	pport Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>315</u>	Total TLS \$ 0		Total	Tribal Link Un \$	0	
Υ	······································				tal Dollars (
				101	ai Dollars (19) \$ - <u></u>

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08/07/2015

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LIFELINE WORKSHEET

OMB Approval 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	143001577	(2) Study Area Code <u>260417</u>				
(3) Filer 499 ID <u>806622</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:	Salem Telephor	ne Company	a)	Submission Date	09/08/2	2015
Contact Name:	Jody Jewell		b)	Data Month	August	2015
Mailing Address:	525 Junction Ro	bad	C)	Type of Filing (check one)	•	
					Original	
	Madison, WI 53	717	d)	State Reporting	Revision	JCKY
Telephone Number:	608-664-4565					
Fax Number:	608-830-5580					
E-mail Address:	jody.jewell@tds	telecom.com				
Lifeline	·					
Liteime		(a) # Lifeline		(b) Lifeline Su	oport/	(c) Total Lifeline
Non-Tribal Low-Income Sub	aarihara	Subscribers		Subscriber Su	pport	
Receiving federal L		(8) 36		x \$ <u>9.2</u>	25	= \$ 333
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal L		(-)	- 4 - 1 -		eed \$34.25)	
Toll Limitation Servic	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> in 2013)	00			
Number of TLS Sub	oscribers	(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	uppoi			
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100))	(for multiple rates	s, use an ave	erage amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>	-4			
Deferred Interest		(17) \$ 0.00				
			Total	Tribal Link Up Sup	oport Claim	ned (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>333</u>	Total TIS \$ 0		Total	Tribal Link Un \$ (C	
				Tota	al Dollars ("	19) \$ <u>333</u>

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09/08/2015

Amanda Moore

OFFICER SIGNATURE

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Assistant Treasurer

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LIFELINE WORKSHEET

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

				Avg.			
(1) USAC Service Provider lo	dentification Number	143001577		(2) Stu	ıdy Area Coo	<u>le 260417</u>	
(3) Filer 499 ID <u>806622</u>		(4) Technology	Type(check one) Wirel	ine 🗹	Wireless 🔲	
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🛄	High	Cost/Low Income			
(6) Organization Information	l		(7)	Filing Information			
Company Legal Name:	Salem Telephor	ne Company	a)	Submission Date	10/08/20	015	
Contact Name:	Tracy Heidemai	nn	b)	Data Month	Septem	ber 2015	
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)			
					Original Revision		
	Madison, WI 53	717	d)	State Reporting	KENTU	CKY	
Telephone Number:	608-664-4253						
Fax Number:	608-830-5580						
E-mail Address:	tracy.heidemann@	@tdstelecom.co	om				
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su <u>Subscriber Su</u>		(c) Total Lifeline	
Non-Tribal Low-Income Sub Receiving federal L		(8) <u>38</u>		x \$ 9.2	25	= \$ <u>352</u>	
Tribal Low-Income Subscrib	pers	(9) 0		× \$ 0.00		= \$ 0	
Receiving federal L		(-)	Total	(not to exc	eed \$34.25)		
			Iotal I	Federal Lifeline Su	pport Claime	a (10)\$ <u>552</u>	
Toll Limitation Servio	ces (TLS)						
Cost of Providing T	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.000</u>	000				
Number of TLS Sub		(12) <u>0</u>					
		(12)				0	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost	suppo	Total TLS Supp nt)	port Claimeo	1 (13) \$ <u> </u>	
Number of Connect	tions Waived	(14) 0					
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rate	s, use an aver	age amount)	
		(not to exceed \$1	00)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
			Total	Tribal Link Up Su	pport Claime	ed (18) \$ <u>0</u>	
ETC Payment							
•	0		_		0		
Total Lifeline \$ <u>352</u>	Total TLS \$ <u>_</u>		Tota				
				Tot	al Dollars (1	9) \$ 352	

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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10/08/2015

Amanda Moore

OFFICER SIGNATURE

Amanda Moore

OFFICER NAME

DATE

Assistant Treasurer

OFFICER TITLE

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LIFELINE WORKSHEET

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

		14200	1677		Ū		
(1) USAC Service Provider l	dentification Number	14300	1577		(2) Stu	idy Area Co	ode <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Te	chnology	Type (check one) Wirel	ine 🗹	Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifeline	only [High	Cost/Low Income		
(6) Organization Information	ı			(7)	Filing Information	-	1
Company Legal Name:	Salem Telephor	ne Cor	mpany	a)	Submission Date	11/06/2	2015
Contact Name:	Tracy Heidemai	าท		b)	Data Month	Octobe	r 2015
Mailing Address:	525 Junction Ro	ad		c)	Type of Filing (check one)		
						Original Revision	H
Talankana Numban	Madison, WI 53	717		d)	State Reporting	KENTL	JCKY
Telephone Number: Fax Number:	608-664-4253						
	608-830-5580						
E-mail Address:	tracy.heidemann@	@tdstel	ecom.co	m			
Lifeline							
			ifeline. Sribers		(b) Lifeline Su Subscrib <u>er S</u> u		(c) Total Lifeline
Non-Tribal Low-Income Sub		<u>Subscribers</u> (8) 38					_{= \$} 352
Receiving federal L					× \$ <u>9.2</u> × \$ 0.00	25	
Tribal Low-Income Subscrit Receiving federal L		(9) _)		. ΛΨ <u></u>	eed \$34.25)	= \$ _0
-				Total F	ederal Lifeline Su	pport Clain	ned (10) \$ <u>352</u>
Toll Limitation Servi	ces (TLS)						
			0.000	000			
	FLS per Subscriber ital cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.000	000			
Number of TLS Sul		(12)	0				
		()			Total TLS Sup	nort Claime	A (13) ¢ ()
Tribal Link Up (Availal	ble only to ETCs rece	iving H	igh Cost	suppor		port Claime	su (15) ⊅ <u>⊸</u>
			0				
Number of Connec Charges Waived pe		(14) (15) \$	0.00		(for multiple rate		arade amount)
Unarges Walveu pe			exceed \$10	00)		.s, use an ave	and a mounty
		(10) 0	0.0				
Total Connection C	charges waived				_		
Deferred Interest		(17) \$	0.00				
				Total	Tribal Link Up Su	pport Claim	ned (18) \$
ETC Payment							
-	Total TLS \$_0			Total	Tribal Link Up \$	0	
τοται Εποπιο ψ <u></u>					• • -	al Dollars (
					fot	ai Dollars (IA) \$

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11/06/2015

Amanda Moore

OFFICER SIGNATURE

Amanda Moore

OFFICER NAME

DATE

Assistant Treasurer

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LIFELINE WORKSHEET

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

		142001577				. 260417
(1) USAC Service Provider le	dentification Number				•	ode <u>260417</u>
(3) Filer 499 ID <u>806622</u>		(4) Technology T	ype (check one) Wire	line 🗹	Wireless 🛄
(5) ETC Designation Type (C	Check one): Lifeline	Only 🔲 🛛	High	Cost/Low Income		
(6) Organization Information)	····	(7)	Filing Information	<u> </u>	
Company Legal Name:	Salem Telephor	ne Company	a)	Submission Date	12/08/2	2015
Contact Name:	Tracy Heidemar	าท	b)	Data Month	Novem	ber 2015
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)		
				. ,	Original Revision	
	Madison, WI 53	717	d)	State Reporting	KENTI	JCKY
Telephone Number:	608-664-4253					
Fax Number:	608-830-5580					
E-mail Address:	tracy.heidemann@	tdstelecom.com	۱			
Lifeline						
		(a) # Lifeline		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		Subscribers		Subscriber S	upport	050
Receiving federal L	ifeline Support	(8) <u>38</u>			.25	= \$ 352
Tribal Low-Income Subscrit		(9) <u>0</u>		x \$ <u>0.00</u>		= \$ _0
Receiving federal L	ineline Support	т	otal F	ederal Lifeline Su	ceed \$34.25) J pport Clai r	ned (10)\$3 <u>52</u>
Toll Limitation Servio	ces (TLS)					
	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u> n 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Sup	port Claim	ed (13)\$ <u>0</u>
Tribal Link Up (Availat	ble only to ETCs rece	iving High Cost รเ	uppo	-	•	
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100))	(for multiple rate	es, use an av	erage amount)
		(,			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		I	Total	Tribal Link Up Su	ipport Clain	ned (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>352</u>	Total TLS \$_0		Tota	l Tribal Link Up \$	0	
						(19) \$ 352
		4ama mla 11	10 4 0			

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

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	21	U	0	2	υ		J

Amanda Moore

DATE

Assistant Treasurer

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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>143001577</u>				(2) Study Area Code <u>260417</u>				
(3) Filer 499 ID <u>806622</u>		(4) Technology T	ype (check one) Wireline 🔽 Wireless [
(5) ETC Designation Type (0	Check one): Lifeline	Only	Hiah	Cost/Low Income				
(6) Organization Information	·		•	Filing Information	- <u> </u>			
Company Legal Name:	Salem Telephor	ne Company	(/) a)	Submission Date	01/05/2	2016		
Contact Name:	Tracy Heidemai) b)	Data Month		ber 2015		
Mailing Address:	525 Junction Ro		c)	Type of Filing	Decem			
		<u>au</u>	-	(check one)	Original			
	Madiaan MI 52	747	d)	State Reporting	Revision			
Telephone Number:	Madison, WI 53 608-664-4253	/1/		State Reporting	KENTU	JCKY		
Fax Number:	608-830-5580		_					
E-mail Address:	tracy.heidemann@	ylastelecom.com	n					
Lifeline								
		(a) # Lifeline		(b) Lifeline Su		(c) Total Lifeline		
Non-Tribal Low-Income Sul	bscribers	<u>Subscribers</u>		<u>Subscriber Su</u>	pport			
Receiving federal L	ifeline Support	(8) <u>38</u>		x \$9.2	25	= \$ <u>352</u>		
Tribal Low-Income Subscribers		(9) _0		x <u>\$</u> 0.00		= \$ _0		
Receiving federal L	ifeline Support			(not to exco Federal Lifeline Su	eed \$34.25)			
	Ces (TLS) TLS per Subscriber ntal cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u>	00					
-		0						
Number of TLS Sul	bscribers	(12) <u>U</u>		·				
Tribal Link Up (Availal	ble only to ETCs rece	iving High Cost s	uppoi	Total TLS Supp	oort Claime	ed (13) \$ <u>0</u>		
		(14) 0						
Number of Connec Charges Waived po		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates		erace amount)		
Charges Walved p		(not to exceed \$100))		s, use an ave	age amounty		
		0.0						
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>						
Deferred Interest		(17) \$ 0.00						
			Total	Tribal Link Up Sup	port Claim	ned (18) \$ 0		
570 D								
ETC Payment								
Total Lifeline \$ <u>352</u>	Total TLS \$ <u>0</u>		Tota	I Tribal Link Up \$ <u>(</u>	<u> </u>			
				Tota	al Dollars (19) \$ 352		
						-,-		
	If you have any ques	tions, please call L	JSAC	at (866) 873-4727 1	Toll Free			

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

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01/05/2016

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LIFELINE WORKSHEET

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

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(3) Filer 499 ID <u>806622</u>		(4) Technology T	ype (check one) Wireli	ine 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲	High	Cost/Low Income		
(6) Organization Information	<u>]</u>		(7)	Filing Information	··· p ·································	
Company Legal Name:	Salem Telephor	ne Company	a)	Submission Date	02/08/2	016
Contact Name:	Tracy Heideman	าท	b)	Data Month	January	/ 2016
Mailing Address:	525 Junction Ro	oad	- C)	Type of Filing (check one)		
					Original Revision	
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Telephone Number:	608-664-4253					
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Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>38</u>				= \$ 352
Receiving federal L	ireline Support			x \$ <u>9.2</u>	25	
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>		x \$ <u>0.00</u>	eed \$34.25)	= \$ 0
		Т	otal I	ederal Lifeline Su		ed (10)\$ <u>352</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of incremen	"LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	oscribers	(12) <u>0</u>				
				Total TLS Sup	port Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availat	ble only to ETCs rece	eiving High Cost su	uppo	rt)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)	<u>``</u>	(for multiple rates	s, use an ave	rage amount)
)			
Total Connection C	harges Waived	(16) \$ 0.0	· · · ·			
Deferred Interest		(17) \$ 0.00				
		-	Total	Tribal Link Up Sup	pport Claim	ed (18) \$ <u>0</u>
ETC Payment				-		
Total Lifeline \$ <u>352</u>			Tota	l Tribal Link Up \$ _	0	
	ΙΟΙΔΕΙΈΟ Φ <u>_</u>		IUId			
				Tot	al Dollars (1	19) \$

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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.

02/08/2016

Amanda Moore

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Assistant Treasurer

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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LIFELINE WORKSHEET

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

(1) USAC Service Provider Ic	Iontification Number	143001577		-		de 260417
					•	
(3) Filer 499 ID <u>806622</u>		(4) Technology 1	Гуре (check one) Wireli	ine 🔽	Wireless 🔲
(5) ETC Designation Type (C	,	Only 🛄	Ŭ	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	1	
Company Legal Name:	Salem Telephon	e Company	a)	Submission Date	03/08/2	.016
Contact Name:	Tracy Heidemar	าท	b)	Data Month	Februa	ry 2016
Mailing Address:	Mailing Address: 525 Junction Ro		c)	Type of Filing (check one)		
				(,	Original Revision	A
	Madison, WI 537	717	d)	State Reporting	KENTU	
Telephone Number:	608-664-4253				-	
Fax Number:	608-830-5580					
E-mail Address:	tracy.heidemann@	tdstelecom.com	n			
Lifeline		(a) # Lifeline		(b) Lifeline Su	pport/	(c) Total Lifeline
Non-Tribal Low-Income Sub	o o riboro	Subscribers		Subscriber Su		
Receiving federal Li		(8) 39		× \$9.2	25	= \$ <u>361</u>
Tribal Low-Income Subscribers		(9) 0		x \$ 0.00		= \$ _0
Receiving federal Li				(not to exc Federal Lifeline Su	eed \$34.25)	
Toll Limitation Servic Cost of Providing T (the lesser of increment	. ,	(11) <u>0.0000</u> n 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>		_		
				Total TLS Sup	port Claime	ed (13) \$ ⁰
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost s	uppo			
Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100))	(for multiple rate	s, use an ave	rage amount)
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
			Total	Tribal Link Up Su	oport Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>361</u>	Total TLS \$ <u>0</u>		Tota	l Tribal Link Up \$ _	0	
				Tot	al Dollars ('	19) s 361
		(· • ; • •

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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Amanda Moore

OFFICER SIGNATURE

Amanda Moore

OFFICER NAME

DATE

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(1) USAC Service Provider Ic	lentification Number	143001577		(2) Stud	dy Area Coc	le <u>260417</u>
(3) Filer 499 ID 806622 (4) Technology				check one) Wirelin	ne 🗸	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🛄 🛛 I	ligh	Cost/Low Income	\checkmark	
(6) Organization Information	•		(7)	Filing Information		
Company Legal Name:	Salem Telephor	ne Company	a)	Submission Date	04/08/20	016
Contact Name:	Tracy Heidema	nn	b)	Data Month	March 2	016
Mailing Address:	525 Junction Ro	bad	c)	Type of Filing (check one)		
		<u> </u>			Original	
	Madison, WI 53	717	d)	State Reporting	Revision	
Telephone Number:	608-664-4253				11121110	
Fax Number:	608-830-5580		1			
E-mail Address:	tracy.heidemann(@tdstelecom.com				
	1		4			
Lifeline		(a) # Lifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline
		Subscribers		Subscriber Sup		
Non-Tribal Low-Income Sub Receiving federal Li		(8) _40		x \$ 9.2	5	= \$ 370
Tribal Low-Income Subscrib	are	(9) 0		x \$ 0.00		= \$ 0
Receiving federal L		.,		(not to exce		
Toll Limitation Servio	ces (TLS)			Federal Lifeline Sup		a (10) \$ <u>370</u>
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012/\$2	(11) <u>0.0000(</u> in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippoi	Total TLS Supp	oort Claimed	1 (13) \$ <u>0</u>
Number of Connect Charges Waived pe	tions Waived r Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an avera	age amount)
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ <u>0.00</u>				
		1	otal	Tribal Link Uṗ Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 370	Total TLS \$ 0		Tota	I Tribal Link Up \$)	
					l Dollars (1	9) \$ <u>370</u>
	lf you have any ques	tions, please call U	SAC			

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OFFICER SIGNATURE

Amanda Moore

OFFICER NAME

TDS TELECOM ON BEHALF OF SALEM TELEPHONE COMPANY

APPENDIX C

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

TDS TELECOM ON BEHALF OF SALEM TELEPHONE COMPANY

APPENDIX C

Requests for Information to All Parties

ين. بو 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.

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

TDS TELECOM ON BEHALF OF SALEM 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> 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.

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

TDS TELECOM ON BEHALF OF SALEM 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.