



**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date 4/1/2014

Reporting Month Jan-Mar 2014

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	550 Hills Drive Ste 110, 1 st Fl, Bedminster NJ 07921
Telephone / Fax	908-470-4700 / 908-470-4707
Vendor Number	T65-0556

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>[REDACTED]</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>[REDACTED]</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>0</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>[REDACTED]</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 7/1/2014

Reporting Month April-June 2014

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	550 Hills Drive Ste 110, 1 st Fl, Bedminster NJ 07921
Telephone / Fax	908-470-4700 / 908-470-4707
Vendor Number	T65-0556

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>[REDACTED]</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>[REDACTED]</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>0</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>[REDACTED]</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 10/2/2014

Reporting Month Jul - Sept 2014

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	550 Hills Drive Ste 110, 1 st Fl, Bedminster NJ 07921
Telephone / Fax	908-470-4700 / 908-470-4707
Vendor Number	T65-0556

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>[REDACTED]</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>[REDACTED]</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>0</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>[REDACTED]</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 1/7/2015

Reporting Month Oct - Dec 2014

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	1200 Mt. Kemble Ave, 3 rd Fl, Harding Township, NJ 07960
Telephone / Fax	800-768-2852
Vendor Number	T65-0556

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	--------------------------------	---------------------------

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>[REDACTED]</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>[REDACTED]</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>0</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>[REDACTED]</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 4/1/15

Reporting Month Jan – March 2015

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	1200 Mt. Kemble Ave, 3 rd Fl, Harding Township, NJ 07960
Telephone / Fax	800-768-2852
Vendor Number	T65-0556

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>[REDACTED]</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>[REDACTED]</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>0</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>[REDACTED]</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 7/2/15

Reporting Month April – June 2015

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	1200 Mt. Kemble Ave, 3 rd Fl, Harding Township, NJ 07960
Telephone / Fax	800-768-2852
Vendor Number	T65-0556

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>[REDACTED]</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>[REDACTED]</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>0</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>[REDACTED]</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 10/01/15

Reporting Month July - Sep 2015

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	1200 Mt. Kemble Ave, 3rd Fl, Harding Township, NJ 07960
Telephone / Fax	800-768-2852
Vendor Number	T65-0556

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	[REDACTED]
2. Surcharge Per Access Line.....	\$0.08
3. Amount of Surcharge Remitted to Kentucky USF.....	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support.....	0
5. Amount of Reimbursement Requested from Kentucky USF.....	[REDACTED]

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____	Title _____	Company Official _____
(Printed)		(Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 1/01/16

Reporting Month Oct - Dec 2015

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	1200 Mt. Kemble Ave, 3rd Fl, Harding Township, NJ 07960
Telephone / Fax	800-768-2852
Vendor Number	T65-0556

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
-------------------------------------	----------------------------	----------------------------	--------------------------------	---------------------------

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>[REDACTED]</u>
2. Surcharge Per Access Line.....	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>[REDACTED]</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>0</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>[REDACTED]</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____ (Printed)	Title _____	Company Official _____ (Signed)

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

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

Send a copy of this report to:

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 4/8/16

Reporting Month January - March 2016

Carrier Information table with columns for Company Name, Company Address, Telephone / Fax, and Vendor Number.

Classification table with columns for ILEC, CLEC, Cellular, and PCS.

Monthly Access Line Data table with 5 rows of financial and service data.

Signature Block section containing a declaration of accuracy and fields for Company Official name and title.

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

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



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 7/6/16

Reporting Month April - June 2016

Carrier Information	
Company Name	BCN Telecom, Inc.
Company Address	107 W Michigan Ave, 4th FL, Kalamazoo, MI 49007
Telephone / Fax	269-381-8888 Fax: 269-381-4855
Vendor Number	T65-0556

Classification				
Please Circle One	ILEC	CLEC	Cellular	PCS

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u> </u>
2. Surcharge Per Access Line.....	<u> \$0.14</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u> </u>
4. Number of Access Lines Receiving Lifeline Support.....	<u> 0</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u> </u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official _____	Title _____	Company Official _____
(Printed)		(Signed)

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

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

Send a copy of this report to:

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