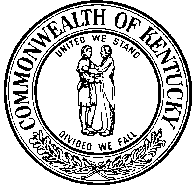
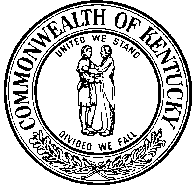
**COMMONWEALTH OF KENTUCKY**

**UNIVERSAL SERVICE FUND**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporting Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Send a copy of this report to:

Kentucky Public Service Commission

ATTN: Executive Director

211 Sower Blvd.

P.O. Box 615

Frankfort, KY 40602

Company Name

Company Address

Telephone / Fax

Vendor Number

Carrier Information

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)

1. Total Access Lines in Service…………………………………………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Surcharge Per Access Line.……………………………………………\_\_\_\_\_\_\_\_\_\_$0.18
3. Amount of Surcharge Remitted to Kentucky USF…………………….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of Access Lines Receiving Lifeline Support…………………\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Amount of Reimbursement Requested from Kentucky USF………….\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification

Please Circle One ILEC CLEC Cellular PCS

Signature Block

Monthly Access Line Data

Revised 6-24-2024

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

Finance and Administration Cabinet

ATTN: KY USF

200 Mero Street

5th Floor, NE 31

Frankfort, KY 40601