VERIZON’S RESPONSES TO STAFF’S FIRST REQUEST FOR INFORMATION TO ALL PARTIES OF RECORD

MCImetro Access Transmission Services LLC d/b/a Verizon Access Transmission Services (“Verizon Access”), Cellco Partnership and Cellco Partnership’s commercial mobile radio service provider subsidies operating in the state of Kentucky d/b/a Verizon Wireless (collectively, “Verizon”) submit this response to Staff’s First Request for Information to All Parties of Record.

RESPONSE TO DATA REQUESTS

REQUEST NO. 1. Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

RESPONSE:

Copies of the KUSF reimbursement forms from January 2014 to March 2016 are being produced with this Response, are hereby submitted as follows:

Exhibit 1: Alltel Communications, LLC;
Exhibit 2: Cellco Partnership;
Exhibit 3: New Par;
Exhibit 4: Rural Cellular Corporation; and
Exhibit 5: Verizon Access.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.
REQUEST NO. 2. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer receives service in the middle of a month.

RESPONSE:
When a Verizon Wireless postpaid customer signs up for service in the middle of a month, the number of subscriber lines for that customer for the KUSF reimbursement form is counted twice. That is because Verizon Wireless bills postpaid customers for monthly recurring services in advance, which includes the first full monthly billing cycle and the period between bill cycles. For example, if a customer’s bill period runs from March 15 to April 14 and one line is activated on April 10, the customer’s first bill will be for the periods April 10-14 and April 15 to May 14; the customer will be assessed two KUSF charges on the April 14 bill; and two lines will be counted for the KUSF reimbursement form.

Verizon is still verifying the accuracy of the information for this request with respect to Verizon Access and will provide that supplement when available. Verizon has been unable to obtain the requested information regarding Verizon Access because of a significant work stoppage.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

REQUEST NO. 3. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a customer leaves in the middle of a month.

RESPONSE:
When a Verizon Wireless postpaid customer terminates service in the middle of a month, the customer is not assessed a KUSF charge on the next bill and the customer’s line is not counted for the KUSF reimbursement. The reason is that Verizon Wireless bills postpaid customers for monthly recurring services in advance, so when the customer leaves in the middle of the month, there are no additional recurring charges to be billed. For example, if a customer’s bill period runs from March 15 to April 14 and the line is disconnected on April 10, then the customer will not be assessed any additional recurring charges or KUSF fee on the April 14 bill and the customer’s line will not be reported on the KUSF reimbursement form.

Verizon is still verifying the accuracy of the information for this request with respect to Verizon Access and will provide that supplement when available. Verizon has been unable to obtain the requested information regarding Verizon Access because of a significant work stoppage.
RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

REQUEST NO. 4. 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:
Verizon Access and Verizon Wireless remit KUSF surcharges after accounting for bad debt. When bad debt is written off, KUSF surcharges associated with the bad debt are deducted from KUSF surcharge remittances.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

REQUEST NO. 5. State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding, and explain the basis for your response.

RESPONSE:
Verizon has no position on whether the Commission should wait for the conclusion of the FCC’s investigation before rendering a decision in this proceeding.

RESPONSIBLE WITNESS: De O’Roark, General Counsel – South, Verizon.

REQUEST NO. 6. State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are or anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of access lines for each account type.

RESPONSE:
Verizon should be able to implement a change in the KUSF surcharge upon thirty days’ notice.

RESPONSIBLE WITNESSES: Radhika Poduri, Senior Manager, Tax, Verizon Communications; and, Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.
Dated this 27th day of April, 2016.

Respectfully submitted,

McBRAYER, McGINNIS, LESLIE & KIRKLAND, PLLC
201 East Main Street, Suite 900
Lexington, Kentucky 40507
(859) 231-8780

BY: s/ Luke Morgan
    W. BRENT RICE
    LUKE MORGAN
    ATTORNEYS FOR VERIZON and
    VERIZON ACCESS

AND

Jennifer L. McClellan
Assistant General Counsel
Verizon Access Transmission Services LLC
703 East Grace Street, 7th Floor
Richmond, VA 23219

CERTIFICATE OF SERVICE

I hereby certify that the foregoing is a true and accurate copy of the same document being filed in paper medium with the Commission (which includes a cover letter serving as the required Read First document) within two business days, that the electronic filing was transmitted to the Commission on April 27, 2016, and that there are currently no parties that the Commission has excused from participating by electronic means in this proceeding.

/s/ Luke Morgan
CERTIFICATION

The undersigned Radhika Poduri, being duly sworn, deposes and states that he is Senior Manager, Tax, Verizon Communications, that he has supervised the preparation of this response, and that the answers contained therein are true and correct to the best of his knowledge, information, and belief formed after a reasonable inquiry.

Radhika Poduri

COMMONWEALTH OF VIRGINIA
LOUDOUN COUNTY

The foregoing Verification was acknowledged before me on this 27th of April, 2016, by Radhika Poduri, Senior Manager, Tax, Verizon Communications.

AMRITPAL K. BAL
Notary Public
Commonwealth of Virginia
344057
My Commission Expires Jan 31, 2018

NOTARY PUBLIC, STATE AT LARGE
My Commission Expires: Jan 31st, 2018
CERTIFICATION

The undersigned Robert Mutzenback, being duly sworn, deposes and states that he is Director of Regulatory Compliance, Verizon Communications, that he has supervised the preparation of this response, and that the answers contained therein are true and correct to the best of his knowledge, information, and belief formed after a reasonable inquiry.

Robert Mutzenback

STATE OF NEW JERSEY

SOMERSET COUNTY

The foregoing Verification was acknowledged before me on this 28th of April, 2016, by Robert Mutzenback, Director of Regulatory Compliance, Verizon Communications.

NOTARY PUBLIC, STATE AT LARGE

My Commission Expires: August 6, 2018

LAUREL J RETAJCZYK
ID # 2376401
NOTARY PUBLIC
STATE OF NEW JERSEY
My Commission Expires Aug. 6, 2018
EXHIBIT 1
### Commonwealth of Kentucky
#### Universal Service Fund

**Date:** 02/11/14

**Reporting Month:** January 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td></td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax

(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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 03/12/14 Reporting Month February 2014

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

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........... 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback  Title: Director of Tax  Company Official [Signature]
(Printed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date:** 04/09/14  
**Reporting Month:** March  2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 955-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### 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: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenhake  
**Title:** Director of Tax  
**Company Official:** [Signature]

[Printed]

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

[Logo: An Equal Opportunity Employer M/F/D]
**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 05/09/14
Reporting Month: April 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

### 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: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER MSFD
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 955-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

## 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: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed) [Signature]
(Signed)

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

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

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
211 Sewer Blvd.
P.O. Box 615
Frankfort, KY 40602
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

## Classification
- Please Circle One: ILEC, CLEC, Cellular, PCS

## Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)

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

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

Send a copy of this report to:

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

KY_ST_USF-1 08/08/2014 13:56:00 TPOWELL
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

**Classification**

| Please Circle One | ILEC | CLEC | Cellular | PCS |

**Monthly Access Line Data**

1. Total Access Lines in Service: 
   
2. Surcharge Per Access Line: 0.08

3. Amount of Surcharge Remitted to Kentucky USF: 
   
4. Number of Access Lines Receiving Lifeline Support: 0

5. Amount of Reimbursement Requested from Kentucky USF: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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
<table>
<thead>
<tr>
<th><strong>Carrier Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
<tr>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
<tr>
<td>71-0781563</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
<tr>
<td>ILEC</td>
</tr>
<tr>
<td>CLEC</td>
</tr>
<tr>
<td>Cellular</td>
</tr>
<tr>
<td>PCS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Monthly Access Line Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Total Access Lines in Service</strong></td>
</tr>
<tr>
<td><strong>2. Surcharge Per Access Line</strong> 0.08</td>
</tr>
<tr>
<td><strong>3. Amount of Surcharge Remitted to Kentucky USF</strong></td>
</tr>
<tr>
<td><strong>4. Number of Access Lines Receiving Lifeline Support</strong> 0</td>
</tr>
<tr>
<td><strong>5. Amount of Reimbursement Requested from Kentucky USF</strong> 0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signature Block</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td><strong>Company Official</strong> Robert Mutzenback</td>
</tr>
<tr>
<td><strong>Title</strong> Director of Tax</td>
</tr>
<tr>
<td><strong>Company Official</strong></td>
</tr>
<tr>
<td><strong>(Signed)</strong></td>
</tr>
</tbody>
</table>

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781583</td>
</tr>
</tbody>
</table>

## Classification

| Please Circle One | ILEC | CLEC | Cellular | PCS |

## Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line: 0.00
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

AN EQUAL OPPORTUNITY EMPLOYER MOND  
KY_ST_USF-1 11/12/2014 11:32:38 EPREST
Date: 12/09/14

Reporting Month: November 2014

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

**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: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER 10/10/2015

KY_ST_USF-1 12/09/2014 15:41:21 TPowell
<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Company Official: Robert Mutzenback</td>
</tr>
<tr>
<td>Title: Director of Tax</td>
</tr>
<tr>
<td>(Printed)</td>
</tr>
<tr>
<td>Company Official</td>
</tr>
<tr>
<td>(Signed)</td>
</tr>
</tbody>
</table>

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

Finance and Administration Cabinet
ATTN: Donna Smith
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:** 02/10/15  
**Reporting Month:** January 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Dunna Smith  
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

AN EQUAL OPPORTUNITY EMPLOYER

KY_ST_USF-1 02/10/2015 08:59:28 CANDREOLI
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

Date: 03/10/15
Reporting Month: February 2015

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0703</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

## 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: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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

KY_ST_USF-1 03/10/2015 11:40:36 XNING
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 04/09/15
Reporting Month March 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td></td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

Classification
Please Circle One
ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support 0
5. Amount of Reimbursement Requested from Kentucky USF 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback
Title Director of Tax
(Printed)

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

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
Capitol Annex, Room 488A
Frankfort, KY 40601

AN EQUAL OPPORTUNITY EMPLOYER M/F/D/H
**COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND**

**Date:** 05/09/15  
**Reporting Month:** April  
**Year:** 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
<tr>
<td>Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One  
- ILEC  
- CLEC  
- Cellular  
- PCS

### Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Robert Mutzenback**  
Title: Director of Tax  
(Printed)

(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
<tr>
<td>ILEC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Company Official</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>(Printed)</td>
</tr>
<tr>
<td>Company Official</td>
</tr>
</tbody>
</table>

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

Finance and Administration Cabinet
ATTN: Donna Smith
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 07/11/15

Reporting Month June 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

Classification

Please Circle One

ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support 0
5. Amount of Reimbursement Requested from Kentucky USF 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback Title Director of Tax
(Printed) Company Official
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER MEED

KY_ST_USF-1 07/11/2015 09:52:54 LINO
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date:** 08/11/15  
**Reporting Month:** July  
**2015**

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
</tbody>
</table>
| 3100 Cumberland Boulevard, Suite 700  
Atlanta, GA 30339 |
| Telephone / Fax  | (770) 240-8748  
/ (770) 956-0700 |
| Vendor Number    | 71-0781563                 |

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### 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:**
   - 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
**Title:** Director of Tax  
**(Signed):**

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td></td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

## 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: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official**: Robert Mutzenback  **Title**: Director of Tax  **Company Official**  
(Printed)  (Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td></td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

### Classification

- [ ] 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 .......................... 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax

(Signed)  

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

AN EQUAL OPPORTUNITY EMPLOYER M/F/D
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 11/10/15

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td></td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

Classification

Please Circle One

ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service:  
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF:  
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)

(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

KY_ST_USF-1 11/10/2015 16:26:29 TPOWELL
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>(770) 240-8748 / (770) 956-0703</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## 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: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER
Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

Classification

Please Circle One

ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line
   0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support
   0
5. Amount of Reimbursement Requested from Kentucky USF
   0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: Danna Smith
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**: 02/10/16
**Reporting Month**: January 2016

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>ALLTEL COMMUNICATIONS, LLC</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td></td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

### 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: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax

(Printed)

(Signed)

---

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

---

AN EQUAL OPPORTUNITY EMPLOYER M/F/D
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date:** 03/10/16  
**Reporting Month:** February 2016

### Carrier Information

<table>
<thead>
<tr>
<th><strong>Company Name</strong></th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Address</strong></td>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

### 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:** 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

- **Company Official:** Robert Mutzenbach  
- **Title:** Director of Tax  
- **(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

Revised 02-15-2016
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 04/12/16
Reporting Month March 2016

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>ALLTEL COMMUNICATIONS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>71-0781563</td>
</tr>
</tbody>
</table>

Classification

Please Circle One

ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service .................................................. [Redacted]
2. Surcharge Per Access Line .......................................................... 0.14
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 ............... 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback  Title: Director of Tax
(Printed)  Company Official [Signature]

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

KY_ST_USF-1 04/12/2016 11:52:33 CGAUDIOSO
Revised 02-15-2016
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellico Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLDC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## 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: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

- Company Official: Robert Mutzenback
- Title: Director of Tax
- [Signature]

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

KY_ET_USF-1 02/11/2014 09:17:09 TTDAVIS
## COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**Date:** 03/12/14  
**Reporting Month:** February 2014

### Carrier Information

| Company Name           | Celico Partnership.  
|------------------------|----------------------|
| Company Address        | 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339  
| Telephone / Fax        | (770) 240-8748 / (770) 956-0700  
| Vendor Number          | 223372889            

### Classification

| Please Circle One | JLEC | 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:** 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenback  
**Title:** Director of Tax  
**Company Official:** [Signature]

---

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

AN EQUAL OPPORTUNITY EMPLOYER M/F/D
# Commonwealth of Kentucky Universal Service Fund

**Date:** 04/09/14  
**Reporting Month:** March 2014

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellico Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Cellico Partnership</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (773) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification Please Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILEC</td>
</tr>
<tr>
<td>CLEC</td>
</tr>
<tr>
<td>Cellular</td>
</tr>
<tr>
<td>PCS</td>
</tr>
</tbody>
</table>

## 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:** 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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:_________ Reporting Month: April 2014

Carrier Information

Company Name: Cellico Partnership.
Company Address: Cellico Partnership
3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax: (770) 240-8748 / (770) 956-0700
Vendor Number: 223372889

Classification
Please Circle One: ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service: ________________
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: ________________
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenbach
Title: Director of Tax
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: Dona Smith
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 6/5
Frankfort, KY 40602
### Commonwealth of Kentucky Universal Service Fund

**Date:** 06/10/14  
**Reporting Month:** May 2014

#### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Celico Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Celico Partnership</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223732889</td>
</tr>
</tbody>
</table>

#### 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:** 0.00

#### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax

(Signed)

---

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

---

**AN EQUAL OPPORTUNITY EMPLOYER.**
<table>
<thead>
<tr>
<th><strong>Carrier Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td>Cellco Partnership</td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td>Cellco Partnership</td>
</tr>
<tr>
<td><strong>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</strong></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
<tr>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
<tr>
<td>223372889</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
<tr>
<td>ILEC</td>
</tr>
<tr>
<td>CLEC</td>
</tr>
<tr>
<td>Cellular</td>
</tr>
<tr>
<td>PCS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Monthly Access Line Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Signature Block</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Company Official</td>
</tr>
<tr>
<td>Title</td>
</tr>
<tr>
<td>(Printed)</td>
</tr>
</tbody>
</table>

Make check payable to: “Kentucky State Treasurer” and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Celico Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Celico Partnership</td>
</tr>
<tr>
<td></td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

### 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
   - 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed) [Signature]

Company Official: [Signature]
(Signed)
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date_09/10/14
Reporting Month_August_2014

Carrier Information

Company Name: Cellco Partnership
Company Address: Cellco Partnership
            3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax: (770) 240-8748 / (770) 956-0700
Vendor Number: 223372889

Classification
Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service.................................................................
2. Surcharge Per Access Line................................................................. 0.08
3. Amount of Surcharge Remitted to Kentucky USF......................................
4. Number of Access Lines Receiving Lifeline Support................................... 0
5. Amount of Reimbursement Requested from Kentucky USF........................... 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback Title Director of Tax Company Official
(Printed) (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

KY_ST_USF-1 09/10/2014 12:20:31 TTDAVIS
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date:** 10/09/14  
**Reporting Month:** September 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellico Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### 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: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
Company Official: [Signature]  
(Printed)  
(Signed)

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

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

Send a copy of this report to:

Kentucky Public Service Commission  
ATTN: Jim Stovens  
211 Sower Blvd.  
P.O. Box 615  
Frankfort, KY  40602
**COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND**

**Date:** 11/12/14  
**Reporting Month:** October 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Celco Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Celco Partnership</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

### Classification

| Please Circle One | ILEC | CLEC | Cellular | PCS |

### Monthly Access Line Data

1. **Total Access Lines in Service**

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**
   - 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

AN EQUAL OPPORTUNITY EMPLOYER M/F/D
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellico Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Cellico Partnership</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td></td>
<td>223372889</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th></th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>Erased</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>Erased</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)

(Signed)
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date:** 01/10/15  
**Reporting Month:** December 2014

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Celco Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Celco Partnership</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>(770) 240-8744 / (770) 956-0700</td>
</tr>
<tr>
<td></td>
<td>223372889</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## 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:** 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Deputy Director of Tax  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellco Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Cellco Partnership</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
<tr>
<td>ILEC</td>
</tr>
</tbody>
</table>

**Monthly Access Line Data**

1. Total Access Lines in Service: [Blacked out]
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: [Blacked out]
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)

(Signed)

---

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

Finance and Administration Cabinet  
ATTN: Dona Smith  
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
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellico Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Cellico Partnership</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

## Classification

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

## Monthly Access Line Data

| 1. Total Access Lines in Service |     |
| 2. Surcharge Per Access Line    | 0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF |     |
| 4. Number of Access Lines Receiving Lifeline Support | 0   |
| 5. Amount of Reimbursement Requested from Kentucky USF | 0.00 |

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Collico Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Collico Partnership</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

### 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**
   - 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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
**Carrier Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Colico Partnership</td>
</tr>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

**Classification**

- **Please Circle One:** ILEC  | CLEC  | Cellular  | PCS  

**Monthly Access Line Data**

1. Total Access Lines in Service: 

2. Surcharge Per Access Line: 0.08

3. Amount of Surcharge Remitted to Kentucky USF: 

4. Number of Access Lines Receiving Lifeline Support: 0

5. Amount of Reimbursement Requested from Kentucky USF: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

- **Company Official:** Robert Mutzenback
- **Title:** Director of Tax
- **(Printed):**
- **(Signed):**

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

- **Finance and Administration Cabinet**
- **ATTN: Donna Smith**
- **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**: 06/09/15

**Reporting Month**: May 2015

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Celco Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Celco Partnership</td>
</tr>
<tr>
<td></td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

## Classification

Please Circle One: ILEC, CLEC, Cellular, PCS

## Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official**: Robert Mutzenback  
**Title**: Director of Tax  
**Company**: (Printed)  
**Signature**: [Redacted]

---

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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**: 07/11/15

**Reporting Month**: June 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellico Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Cellico Partnership</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

### 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: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed) [Signature]

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

**KY_ST_USF-1 07/11/2015 09:52:48 UNING**
**COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND**

**Date** 08/11/15

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Celco Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

**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**: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official** Robert Mutzenback
**Title** Director of Tax
**Company Official**

**(Signed)**

---

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

KY_ST_USF-1 08/11/2015 14:39:58 LNING
Date: 09/10/15
Reporting Month: August 2015

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Celico Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Celico Partnership</td>
</tr>
<tr>
<td></td>
<td>3100 Cumberland Blvd, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
<tr>
<td>Classification</td>
<td>ILEC, CLEC, Cellular, PCS</td>
</tr>
</tbody>
</table>

## Monthly Access Line Data

1. Total Access Lines in Service: 0
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: 0
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  Title: Director of Tax  Company Official:  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Danna Smith  
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
Date: 10/12/15
Reporting Month: September 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Collico Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Collico Partnership</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

Monthly Access Line Data

1. Total Access Lines in Service

2. Surcharge Per Access Line

3. Amount of Surcharge Remitted to Kentucky USF

4. Number of Access Lines Receiving Lifeline Support

5. Amount of Reimbursement Requested from Kentucky USF

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)

(Signed)

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

Finance and Administration Cabinet
ATTN: Dona Smith
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

AN EQUAL OPPORTUNITY EMPLOYER M/F/D
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date:** 11/10/15
**Reporting Month:** October 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Celico Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Celico Partnership</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>3100 Cumberland Blvd, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td></td>
<td>223372889</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One

<table>
<thead>
<tr>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback

Title: Director of Tax

(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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 12/09/15
Reporting Month November 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellco Partnership, Cellco Partnership</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

Classification
Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service................................................. [
2. Surcharge Per Access Line...................................................... 0.08
3. Amount of Surcharge Remitted to Kentucky USF............................ [
4. Number of Access Lines Receiving Lifeline Support........................ 0
5. Amount of Reimbursement Requested from Kentucky USF................... 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenbach Title Director of Tax Company Official
(Printed) (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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 65
Frankfort, KY 40602

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

KY_ST_USF-1 12/09/2015 17:03:24 EPRAET
<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
<tr>
<td>ILEC</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Total Access Lines in Service</strong></td>
</tr>
<tr>
<td><strong>2. Surcharge Per Access Line</strong></td>
</tr>
<tr>
<td><strong>3. Amount of Surcharge Remitted to Kentucky USF</strong></td>
</tr>
<tr>
<td><strong>4. Number of Access Lines Receiving Lifeline Support</strong></td>
</tr>
<tr>
<td><strong>5. Amount of Reimbursement Requested from Kentucky USF</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Company Official: Robert Mutzenback</td>
</tr>
</tbody>
</table>

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER

KY_ST_USF-1 01/12/2016 10:59:35 TPOWELL
**COMMONWEALTH OF KENTUCKY**
**UNIVERSAL SERVICE FUND**

**Date**: 02/10/16  
**Reporting Month**: January  2016

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellico Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Cellico Partnership</td>
</tr>
<tr>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

### Monthly Access Line Data

1. Total Access Lines in Service...........................................  
2. Surcharge Per Access Line................................................ 0.08  
3. Amount of Surcharge Remitted to Kentucky USF......................  
4. Number of Access Lines Receiving Lifeline Support............... 0  
5. Amount of Reimbursement Requested from Kentucky USF............. 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official [Redacted]  
Title: [Redacted]  
Company Official [Redacted]  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
Date: 03/10/16

Commonwealth of Kentucky
Universal Service Fund

Carrier Information

Company Name: Cellco Partnership
Company Address: 1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338
Telephone / Fax: (770) 240-8748 / (770) 955-0700
Vendor Number: 223372889

Classification
Please Circle One
ILEC   CLEC   Cellular   PCS

Monthly Access Line Data

1. Total Access Lines in Service: 

2. Surcharge Per Access Line: 0.08

3. Amount of Surcharge Remitted to Kentucky USF: 

4. Number of Access Lines Receiving Lifeline Support: 0

5. Amount of Reimbursement Requested from Kentucky USF: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(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

Revised 02-15-2016
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Cellco Partnership.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Cellco Partnership</td>
</tr>
<tr>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>223372889</td>
</tr>
</tbody>
</table>

**Classification**

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

**Monthly Access Line Data**

| 1. Total Access Lines in Service | [Redacted] |
| 2. Surcharge Per Access Line     | 0.14 |
| 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 | 0.00 |

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax
(Printed)

Company Official: [Signature]
(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

REVISED 02-15-2016
EXHIBIT 3
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date:** 02/11/14  
**Reporting Month:** January 2014

---

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td></td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>(770) 240-8748 / (770) 966-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331621</td>
</tr>
</tbody>
</table>

3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339

---

**Classification**  
Please Circle One: ILEC, CLEC, Cellular, PCS

---

**Monthly Access Line Data**

1. Total Access Lines in Service ..................................  
2. Surcharge Per Access Line ...................................... 0.06  
3. Amount of Surcharge Remitted to Kentucky USF ..................  
4. Number of Access Lines Receiving Lifeline Support .............. 0  
5. Amount of Reimbursement Requested from Kentucky USF .......... 0.00

---

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Matzenback  
Title: Director of Tax  
(Printed)

(Signed)

---

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

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

Send a copy of this report to:

Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Suwer Blvd.  
P.O. Box 615  
Frankfort, KY 40602
Date: 03/12/14

Commonwealth of Kentucky
Universal Service Fund

Carrier Information

Company Name: New Par
New Par

Company Address: 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339

Telephone / Fax: (770) 240-8748 / (770) 956-0700

Vendor Number: 311331821

Classification
Please Circle One
ILEC
CLEC
Cellular
PCS

Monthly Access Line Data

1. Total Access Lines in Service

2. Surcharge Per Access Line: 0.08

3. Amount of Surcharge Remitted to Kentucky USF

4. Number of Access Lines Receiving Lifeline Support: 0

5. Amount of Reimbursement Requested from Kentucky USF: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)

Company Official
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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:** 04/09/14  
**Reporting Month:** March  
**Year:** 2014

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>New Par</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
</tbody>
</table>

**Classification**

| Please Circle One | ILEC | CLEC | Cellular | PCS |

**Monthly Access Line Data**

1. Total Access Lines in Service: 
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: 
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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: 05/09/14
Reporting Month: April 2014

Carrier Information

| Company Name   | New Par
| Company Address | New Par
| Telephone / Fax | (770) 240-8746 / (770) 956-0700
| Vendor Number  | 311331821

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support 0
5. Amount of Reimbursement Requested from Kentucky USF 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Nutzenback (Printed)
Title Director of Tax
Company Official (Signed)

Make check payable to: “Kentucky State Treasurer” and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER REAID
KY_ST_USF-1 05/09/2014 12:46:51 EPRAET
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

## Classification

Please Circle One: **ILEC**  **CLEC**  **Cellular**  **PCS**

## Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Access Lines in Service</td>
</tr>
<tr>
<td>2</td>
<td>Surcharge Per Access Line</td>
</tr>
<tr>
<td>3</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  Title: Director of Tax  (Signed)

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

Finance and Administration Cabinet  ATTN: Donna Smith  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
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## Monthly Access Line Data

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
Company Official:  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
### Monthly Access Line Data

1. Total Access Lines in Service: 0
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: 0
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)

(Signed)
Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

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: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax

(Printed) (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

**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: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

---

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

---

KY_ST_USF-1 10/09/2014 08:59:53 TPOWELL
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 11/12/14

Reporting Month October 2014

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

Classification
Please Circle One
ILEC  CLEC  Cellular  PCS

Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support 0
5. Amount of Reimbursement Requested from Kentucky USF 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback
Title Director of Tax
(Psigned)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER

KY_ST_USF-1 11/12/2014 11:32:35 EPRAET
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 12/09/14
Reporting Month November 2014

Carrier Information

| Company Name | New Par
| Company Address | New Par
| Telephone / Fax | 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
| Vendor Number | (770) 240-8748 / (770) 956-0700
| Vendor Number | 311331821

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.................... 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback Title Director of Tax Company Official
(Printed) [Redacted] (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER MD/FD
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date** 01/10/15  
**Reporting Month** December 2014

---

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Now Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

---

**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....................... 0.00

---

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)  
(Signed)

---

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

---

AN EQUAL OPPORTUNITY EMPLOYER  
KYZ_ST_USF-1 01/10/2015 13:43:45 TPOWELL
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>New Par</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One: FLEC, CLEC, Cellular, PCS

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2</td>
<td>Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback (Printed)
Title: Director of Tax (Printed)
Company Official: [Signature]

---

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

---

KY_ST_USF-1 02/10/2015 08:59:25 CANDREOLI
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 03/10/15
Reporting Month February 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

Classification
Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support 0
5. Amount of Reimbursement Requested from Kentucky USF 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback Title Director of Tax (Printed)
Company Official (Signed)

Make check payable to: “Kentucky State Treasurer” and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER M/F/D
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-070</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331021</td>
</tr>
</tbody>
</table>

### 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: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)

(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

An Equal Opportunity Employer M/F/D
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date:** 05/09/15  
**Reporting Month:** April 2015

### Carrier Information

| Company Name | New Par  
|--------------|---------|
| Company Address | 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339  
| Telephone / Fax | (770) 240-8748 / (770) 956-0700  
| Vendor Number | 311331821

### Classification

| Please Circle One | ILEC  
|-------------------|-------|
| CLAC | Cellular  
| PCS |

### Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
Company Official:  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. Total Access Lines in Service: [Redacted]
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Reimbursed to Kentucky USF: [Redacted]
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

AN EQUAL OPPORTUNITY EMPLOYER
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

**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: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed) [Signature]
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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
<table>
<thead>
<tr>
<th>Date</th>
<th>Reporting Month</th>
<th>Reporting Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/11/15</td>
<td>July</td>
<td>2015</td>
</tr>
</tbody>
</table>

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>Please Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILEC</td>
</tr>
<tr>
<td>CLEC</td>
</tr>
<tr>
<td>Cellular</td>
</tr>
<tr>
<td>PCS</td>
</tr>
</tbody>
</table>

**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 | 0.00 |

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback
Title Director of Tax
(Printed) [Signature]
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

**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: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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
Date 10/12/15

Commonwealth of Kentucky
Universal Service Fund

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

Classification
Please Circle One
ILEC    CLEC    Cellular    PCS

Monthly Access Line Data

1. Total Access Lines in Service.................................................................

2. Surcharge Per Access Line........................................................................... 0.08

3. Amount of Surcharge Remitted to Kentucky USF...........................................

4. Number of Access Lines Receiving Lifeline Support...................................... 0

5. Amount of Reimbursement Requested from Kentucky USF.................................. 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback
Title Director of Tax
(Printed)

Company Official
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

An EQUAL OPPORTUNITY EMPLOYER MS/ID

KY_ST_USF-1 10/12/2015 11:24:31 LNING
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

## Classification

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax

(Signed)
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 966-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2.</td>
<td>Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3.</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4.</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5.</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)

(Signed)
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date** 01/12/16  
**Reporting Month** December 2015

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Address</strong></td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
<td>311331821</td>
</tr>
</tbody>
</table>

## Classification

Please Circle One:  
- [ ] ILEC  
- [ ] CLEC  
- [ ] Cellular  
- [ ] PCS

## Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenback  
**Title:** Director of Tax  
**Company Official:** [Signature]  
(Printed)

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

Finance and Administration Cabinet  
ATTN: Donza Smith  
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

AN EQUAL OPPORTUNITY EMPLOYER SDPD

KY_ST_USF-1  01/12/2016 10:59:26 TPOWERL
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 02/10/16 Reporting Month January 2016

<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
</tr>
<tr>
<td>Company Address</td>
</tr>
<tr>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
</tr>
<tr>
<td>Telephone / Fax</td>
</tr>
<tr>
<td>Vendor Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Company Official Robert Mutzenback (Printed) Title Director of Tax</td>
</tr>
<tr>
<td>Company Official (Signed)</td>
</tr>
</tbody>
</table>

Make check payable to: “Kentucky State Treasurer” and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

KY_ST_USF-1 02/10/2016 22:31:08 EPRAE
** Carrier Information **

<table>
<thead>
<tr>
<th>Company Name</th>
<th>New Par</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>311331821</td>
</tr>
</tbody>
</table>

** Classification **

| Please Circle One | ILEC | CLEC | Cellular | PCS |

** Monthly Access Line Data **

1. Total Access Lines in Service: [Redacted]
2. Surecharge Per Access Line: 0.08
3. Amount of Surecharge Remitted to Kentucky USF: [Redacted]
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

** Signature Block **

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback
Title Director of Tax

(Signed)

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

Finance and Administration Cabinet
ATTN: KY USF
702 Capitol 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

Revised 02-15-2016
<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
<tr>
<td><strong>Classification</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service...............................</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line..................................</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF............</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support.....</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF...</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Company Official Robert Mutzenback (Printed) Title Director of Tax</td>
</tr>
<tr>
<td>Company Official (Signed)</td>
</tr>
</tbody>
</table>

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

Revised 02-15-2016
EXHIBIT 4
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date:** 02/11/14  
**Reporting Month:** January 2014

| Company Name | Rural Cellular Corporation. |
| Company Address | Rural Cellular Corporation.  
3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339 |
| Telephone / Fax | (770) 240-8748 / (770) 956-0700 |
| Vendor Number | 411663285 |

<table>
<thead>
<tr>
<th>Classification</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Colhiser</th>
<th>PCS</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenbach  
**Title:** Director of Tax  
**Company Official:** [Signature]

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

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

Send a copy of this report to:

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

---

AS AN EQUAL OPPORTUNITY EMPLOYER W-2  
KY_ST_USF-1 02/11/2014 08:17:12 TTDAWS
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date:** 03/12/14

---

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

---

### 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 | 0.00 |

---

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Robert Mutzenback**

Title: Director of Tax

(Printed)

Company Official: [Signature]

(Signed)

---

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

---

AN EQUAL OPPORTUNITY EMPLOYER EEOC

KY_ST_USF-1 03/12/2014 18:21:58 JLCOLE
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

Date: 04/09/14  Reporting Month: March  2014

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

## 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: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  Title: Director of Tax  (Printed)

(Signed)

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

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

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stuven
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602
# Commonweath of Kentucky Universal Service Fund

**Date:** 05/09/14

**Reporting Month:** April 2014

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## 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:** 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Robert Mutzenback**  
Title: Director of Tax  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### 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: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed: [Signature])
## Carrier Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Rural Cellular Corporation.</td>
</tr>
<tr>
<td>Company Address</td>
<td>Rural Cellular Corporation.</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

## Classification

- **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: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

*AN EQUAL OPPORTUNITY EMPLOYER*
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 08/08/14

Reporting Month July 2014

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Rural Cellular Corporation.</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>441893295</td>
</tr>
</tbody>
</table>

Classification
Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support 0
5. Amount of Reimbursement Requested from Kentucky USF 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback
Title Director of Tax
(Printed)

(Signed)

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

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

Finance and Administration Cabinet
ATTN: Donna Smith
Capitol Annex, Room 488A
Frankfort, KY 40601
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date**: 09/10/14
**Reporting Month**: August 2014

## Carrier Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name</td>
<td>Rural Cellular Corporation.</td>
</tr>
<tr>
<td>Company Address</td>
<td>Rural Cellular Corporation. 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 856-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Option</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILEC</td>
<td></td>
</tr>
<tr>
<td>CLEC</td>
<td></td>
</tr>
<tr>
<td>Cellular</td>
<td></td>
</tr>
<tr>
<td>PCS</td>
<td></td>
</tr>
</tbody>
</table>

## 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**: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official**: Robert Mutzenback  
**Title**: Director of Tax  
**(Printed)**:  
**(Signed)**: 

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

AN EQUAL OPPORTUNITY EMPLOYERSince 1963

**KY_ST_USF-1 09/10/2014 12:20:35 TTDAVIS**
### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)  
(Printed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Rural Cellular Corporation.</td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th></th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

**Monthly Access Line Data**

1. Total Access Lines in Service:  
2. Surcharge Per Access Line: 0.08  
3. Amount of Surcharge Remitted to Kentucky USF:  
4. Number of Access Lines Receiving Lifeline Support: 0  
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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:** 12/09/14  
**Reporting Month:** November 2014

### Carrier Information

| Company Name         | Rural Cellular Corporation.  
| Company Address      | 3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339  
| Telephone / Fax      | (770) 240-8748 / (770) 956-0700  
| Vendor Number        | 411693295

### Classification

- 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: $0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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: 01/10/15**
**Reporting Month: December 2014**

<table>
<thead>
<tr>
<th><strong>Carrier Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Name</strong></td>
</tr>
<tr>
<td><strong>Company Address</strong></td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Classification</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
<tr>
<td>ILEC</td>
</tr>
<tr>
<td>CLEC</td>
</tr>
<tr>
<td>Cellular</td>
</tr>
<tr>
<td>PCS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Monthly Access Line Data</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenbach  
Title: Director of Tax  
(Printed)

(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

**An Equal Opportunity Employer M/F/D**

_KY_ST_USF-1 01/10/2015 13:43:46 TPOWELL_
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 02/10/15
Reporting Month January 2015

Carrier Information

Company Name Rural Cellular Corporation.
Company Address Rural Cellular Corporation.
3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax (770) 240-8748 / (770) 956-0700
Vendor Number 411893295

Classification
Please Circle One ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service

2. Surcharge Per Access Line 0.08

3. Amount of Surcharge Remitted to Kentucky USF

4. Number of Access Lines Receiving Lifeline Support 0

5. Amount of Reimbursement Requested from Kentucky USF 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback Title Director of Tax Company Official
(Printed) (Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER 3/01/10
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date:** 03/10/15

**Reporting Month:** February 2015

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693285</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## 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:** 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Robert Mutzenback**
Title: Director of Tax

(Printed) ____________________________
(Signed) ____________________________

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

Finance and Administration Cabinet
ATTN: Dunna Smith
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

**KY_ST_USF-1 03/10/2015 11:40:34 XNING**
Carrier Information

**Company Name:** Rural Cellular Corporation.

**Company Address:** 3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339

**Telephone / Fax:**
- (770) 240-8748
- (770) 956-0700

**Vendor Number:** 411693295

Classification

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

Monthly Access Line Data

1. Total Access Lines in Service: _____________________________

2. Surcharge Per Access Line: 0.08

3. Amount of Surcharge Remitted to Kentucky USF: ________________

4. Number of Access Lines Receiving Lifeline Support: 0

5. Amount of Reimbursement Requested from Kentucky USF: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenback

**Title:** Director of Tax

**Company Official:**

(Printed)

(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

## 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 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed)
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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
**Carry Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

**Monthly Access Line Data**

1. Total Access Lines in Service: 
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: 
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax

(Signed)
# COMMONWEALTH OF KENTUCKY
## UNIVERSAL SERVICE FUND

**Date:** 07/11/15  
**Reporting Month:** June 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td></td>
</tr>
<tr>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
<td></td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

### 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** : 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official**: Robert Mutzenback  
**Title**: Director of Tax  
**Company Official** (Signed)

---

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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:** 09/11/15  
**Reporting Month:** July  
**Year:** 2015

#### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

#### Classification

Please Circle One: ILEC, CLEC, Cellular, PCS

#### Monthly Access Line Data

1. Total Access Lines in Service: [Blacked Out]
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: [Blacked Out]
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

#### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)

(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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: 09/10/15

Reporting Month: August 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Rural Cellular Corporation.</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One

- ILEC
- CLEC
- Cellular
- PCS

### Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official** Robert Mutzenback (Printed)

**Title** Director of Tax

**Company Official** (Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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:** 10/12/15  
**Reporting Month:** September 2015

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>Rural Cellular Corporation.</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

## Classification

Please Circle One  
ILEC  
CLEC  
Cellular  
PCS

## Monthly Access Line Data

1. **Total Access Lines in Service**: [Redacted]
2. **Surcharge Per Access Line**: 0.00
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**: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenback  
**Title:** Director of Tax  
**Company Official:** [Signature]

---

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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
**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

**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: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Signed)

---

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

Finance and Administration Cabinet
ATTN: Donna Smith
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:** 12/09/15  
**Reporting Month:** November 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. **Total Access Lines in Service**: [Blacked Out]
2. **Surcharge Per Access Line**: 0.08
3. **Amount of Surcharge Remitted to Kentucky USF**: [Blacked Out]
4. **Number of Access Lines Receiving Lifeline Support**: 0
5. **Amount of Reimbursement Requested from Kentucky USF**: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Robert Mutzenback**  
Title: Director of Tax  
(Signed)

发送报告副本至:

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

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

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

**An Equal Opportunity Employer M/F/D**
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 01/12/16

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

Classification

| Please Circle One | ILEC | CLEC | Cellular | PCS |

Monthly Access Line Data

1. Total Access Lines in Service:

2. Surcharge Per Access Line: 0.08

3. Amount of Surcharge Remitted to Kentucky USF:

4. Number of Access Lines Receiving Lifeline Support: 0

5. Amount of Reimbursement Requested from Kentucky USF: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback, Title: Director of Tax, (Printed)

(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

## Carrier Information

| Company Name | Rural Cellular Corporation. |
| Company Address | 1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338 |
| Telephone / Fax | (770) 240-8748 / (770) 956-0700 |
| Vendor Number | 411693295 |

## Classification

Please Circle One
- ILEC
- CLEC
- Cellular
- PCS

## Monthly Access Line Data

1. Total Access Lines in Service..............................
2. Surcharge Per Access Line................................
   - 0.08
3. Amount of Surcharge Remitted to Kentucky USF...........
4. Number of Access Lines Receiving Lifeline Support....
   - 0
5. Amount of Reimbursement Requested from Kentucky USF..
   - 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

AN EQUAL OPPORTUNITY EMPLOYER 1970
**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

**Date:** 03/10/16  
**Reporting Month:** February 2016

### Carrier Information

<table>
<thead>
<tr>
<th><strong>Company Name</strong></th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Company Address</strong></td>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
</tr>
<tr>
<td><strong>Telephone / Fax</strong></td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td><strong>Vendor Number</strong></td>
<td>411693295</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. Total Access Lines in Service: [Blank]
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: [Blank]
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(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

KY_ST_USF-1 03/10/2016 20:33:40 ALCIAJAMES  
Revised 02-15-2016
Carri er Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Rural Cellular Corporation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>411693295</td>
</tr>
</tbody>
</table>

Classification
Please Circle One
ILEC  CLBC  Cellular  PCS

Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td></td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.14</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official Robert Mutzenback Title Director of Tax Company Official [Signature]
(Printed)

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

KY_ST_USF-1 04/12/2016 11:52:32 CGAUDIOSO
Revised 02-15-2016
# COMMONWEALTH OF KENTUCKY
## UNIVERSAL SERVICE FUND

**Date**: 02/10/16  
**Reporting Month**: January 2016

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svcs, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1050 Crown Pointe Parkway, STE 1500 Atlanta, GA 30338</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 955-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### 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**
   - 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official**: Robert Mutzenback  
**Title**: Director of Tax  
**Company Official**: (Signed)

---

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

AN EQUAL OPPORTUNITY EMPLOYER
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCI Metro Access Transmission Svs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1060 Crown Pointe Parkway, STE 1500</td>
</tr>
<tr>
<td></td>
<td>Atlanta, GA 30338</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 959-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## Monthly Access Line Data

1. Total Access Lines in Service
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
Title: Director of Tax  
(Printed)

Company Official: (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

Revised 02-15-2016
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date 04/11/16 Reporting Month March 2016

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCITS Metro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>1060 Crown Pointe Parkway, STE 1800 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 986-9700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

Classification

Please Circle One: ILEC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service: [redacted]
2. Surcharge Per Access Line: 0.14
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: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback, Title: Director of Tax, Company Official: [signature]

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

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

Revised 02-15-2016
2015
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-3748 / (770) 985-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

## 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 .................... 0.00

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
(Printed) [Redacted]
(Signed) [Redacted]

Make check payable to: “Kentucky State Treasurer” and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCI Metro Access Transmission Svs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 988-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td></td>
</tr>
</tbody>
</table>

## Classification

| Please Circle One | ILEC | CLEC | Cellular | PCS |

## Monthly Access Line Data

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total Access Lines in Service</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3</td>
<td>Amount of Surcharge Remitted to Kentucky USF</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

## Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Robert Mutzenback**  
Title: Director of Tax  
Printed:  
Signed:  

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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: 04/11/15
Reporting Month: March 2015

Carrier Information

Company Name: Metro Access Transmission Svs., LLC
Company Address: 3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30338
Telephone / Fax: (770) 889-9748 / (770) 889-0800
Vendor Number:

Classification
Please Circle One: ILDC CLEC Cellular PCS

Monthly Access Line Data

1. Total Access Lines in Service: 0
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: 0
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Matzenback
Title: Director of Tax
(Printed)
Company Official: [Signature]
(Signed)

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

Finance and Administration Cabinet
ATTN: Donnie Smith
Capitol Annex, Room 486A
Frankfort, KY 40601

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

<table>
<thead>
<tr>
<th>Company Name</th>
<th>INCiMetro Access Transmission Svcs, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 866-3700</td>
</tr>
</tbody>
</table>

Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>IL / LC</th>
<th>CL / LC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>0000</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>0000</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0000</td>
</tr>
</tbody>
</table>

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax

(Signed)
Carrier Information

Company Name: MC Metro Access Transmission Svs. LLC
Company Address: 3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339
Telephone / Fax: (770) 240-8748 / (770) 958-0700
Vendor Number:

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: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
Company Official: [Redacted]
(Printed) (Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
Capital Annex, Room 488-A
Frankfort, KY 40601

Send a copy of this report to:

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

KY_ST_USF-1 06/10/2015 17:06:35 TPowell
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 07/12/15
Reporting Month: June 2015

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

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: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax
Company Official: [Signature]
(Printed)                           (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
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**

**Data 08/12/15**

**Reporting Month:** July 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 966-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### 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:** 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Muizenback  
(Printed)  
Title: Director of Tax  
Company Official: [Signature]

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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:** 09/11/15  
**Reporting Month:** August 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCI Metro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 958-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One:  
- ILEC  
- CLEC  
- Cellular  
- PCS

### Monthly Access Line Data

1. **Total Access Lines in Service:** [Redacted]
2. **Surcharge Per Access Line:** $0.00
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:** $0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Robert Nutzenback**  
Title: Director of Tax  
Company Official: **[Signature]**

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
Capital 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

KY_ST_USF-1 09/11/2015 09:50:46 MPENDER
**Carrier Information**

- **Company Name**: MCI Metro Access Transmission Svcs. LLC
- **Company Address**: 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
- **Telephone / Fax**: (770) 240-8748 / (770) 988-0700
- **Vendor Number**: [Redacted]

**Classification**

- Please Circle One: II LC

**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**: 9
5. **Amount of Reimbursement Requested from Kentucky USF**: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

- **Company Official**: Robert Mutzenbach
- **Title**: Director of Tax
- **(Printed)**
- **(Signed)**

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

Finance and Administration Cabinet
ATTN: Dona Smith
Capitol Annex, Room 450A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stovall
211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602
**COMMONWEALTH OF KENTUCKY**  
UNIVERSAL SERVICE FUND

**Date**: 11/12/16  
**Reporting Month**: October 2015

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-6700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### 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**: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback  
(Printed)  
Title: Director of Tax  
Company Official: [Signature]

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

An Equal Opportunity Employer
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date:** 12/11/16  
**Reporting Month:** November 2016

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCI Metro Access Transmission Svs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-6748 / (770) 955-6700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One  
- [ILFC]  
- [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.** 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenbacher  
**Title:** Director of Tax  
**Company Official:** [Signature]

**Make check payable to:** "Kentucky State Treasurer" and send with this report to:  
Finance and Administration Cabinet  
ATTN: Donnie Smith  
Capitol Annex, Room 188A  
Frankfort, KY 40601

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

KY_ST_USF-1 12/11/2016 12:17:12 TPOWELL
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date 01/12/16**  
**Reporting Month December 2015**

**Carrier Information**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>*****</td>
</tr>
</tbody>
</table>

**Classification**

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILEC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

**Monthly Access Line Data**

1. Total Access Lines in Service:  
2. Surcharge Per Access Line: 0.08  
3. Amount of Surcharge Remitted to Kentucky USF:  
4. Number of Access Lines Receiving Lifeline Support: 0  
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

**Signature Block**

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official **Robert Mutzenback**  
*Title: Director of Tax*  
(Printed)

(Signed)

---

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
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

KY_ST_USF-1 01/12/2016 18:20:19 DACARTER
### COMMONWEALTH OF KENTUCKY
### UNIVERSAL SERVICE FUND

**Date:** 02/12/14

**Company Name:** MCMetro Access Transmission Svcs. LLC

**Company Address:**

3100 Cumberland Boulevard, Suite 700
Atlanta, GA 30339

**Telephone / Fax:**

(770) 246-6748 / (770) 986-6780

**Vendor Number:**

[Redacted]

### Classification

**Please Circle One:**

ILEC  CLEC  Cellular  PCS

### Monthly Access Line Data

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenbach

**Title:** Director of Tax

**Company Official:**

(Printed) [Signature]

Send a copy of this report to:

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

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

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

**Send:** KY_ST_USF-1 02/12/2014 15:26:56 BARRAWALKER
# COMMONWEALTH OF KENTUCKY
# UNIVERSAL SERVICE FUND

**Date:** 03/12/14  
**Reporting Month:** February 2014

## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCI Metro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 969-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[redacted]</td>
</tr>
</tbody>
</table>

## Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILEC</td>
</tr>
<tr>
<td>CLEC</td>
</tr>
<tr>
<td>Cellular</td>
</tr>
<tr>
<td>PCS</td>
</tr>
</tbody>
</table>

## 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**
   - 0.00

## Signature Block

I hereby attest that the information reported herein is true and correct to the best of my knowledge.

<table>
<thead>
<tr>
<th>Company Official</th>
<th>Robert Nutzenbach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>Director of Tax</td>
</tr>
<tr>
<td>(Printed)</td>
<td>Company Official</td>
</tr>
</tbody>
</table>

Send a copy of this report to:

Kentucky Public Service Commission  
ATTN: Jim Stevens  
211 Sower Blvd.  
P.O. Box 015  
Frankfort, KY 40602

Finance and Administration Cabinet  
ATTN: Donnie Smith  
Capitol Annex, Room 488A  
Frankfort, KY 40601
**COMMONWEALTH OF KENTUCKY**  
**UNIVERSAL SERVICE FUND**

**Date:** 04/10/14  
**Reporting Month:** March 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 966-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Classification

<table>
<thead>
<tr>
<th>Please Circle One</th>
<th>ILPC</th>
<th>CLEC</th>
<th>Cellular</th>
<th>PCS</th>
</tr>
</thead>
</table>

### Monthly Access Line Data

1. **Total Access Lines in Service:** [Redacted]
2. **Surcharge Per Access Line:** 0.88
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:** 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official:** Robert Mutzenback  
**Title:** Director of Tax  
**Company Official:** [Redacted]  
(Printed)  
(Signed)

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

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

Send a copy of this report to:

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

KY_ST_USF-1 04/10/2014 09:50:53 JDCOLE
Carrie Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 966-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>0</td>
</tr>
</tbody>
</table>

Classification

Please Circle One: ILFC, CLFC, Cellular, PCS

Monthly Access Line Data

1. Total Access Lines in Service: 0
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF: 0
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax

(Signed)

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

Finance and Administration Cabinet
ATTN: Dennis Smith
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 40601
### Carry Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 966-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Monthly Access Line Data

<table>
<thead>
<tr>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
<td>0.08</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
<td>[Redacted]</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
<td>0</td>
</tr>
<tr>
<td>5. Amount of Reimbursement Requested from Kentucky USF</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

**Company Official**: Robert Mutzenbac<br>**Title**: Director of Tax<br>**Company Official**: [Signature]

**Send a copy of this report to:**

Kentucky Public Service Commission<br>ATTN: Jim Stovens<br>211 Sower Blvd.<br>P.O. Box 615<br>Frankfort, KY 40602
COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 07/10/14
Reporting Month: June 2014

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 856-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

Classification

Please Circle One: IL/BC 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: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Muttenback
Title: Director of Tax
(Prinio)

Company Official: [Signature]
(Signed)

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

Finance and Administration Cabinet
ATTN: Donnie Smith
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

KY_ST_USF-1 07/10/2014 12:15:53 Not Signed
<table>
<thead>
<tr>
<th>Carrier Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
</tr>
<tr>
<td>Company Address</td>
</tr>
<tr>
<td>Telephone / Fax</td>
</tr>
<tr>
<td>Vendor Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please Circle One</td>
</tr>
<tr>
<td>LEP</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monthly Access Line Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Total Access Lines in Service</td>
</tr>
<tr>
<td>2. Surcharge Per Access Line</td>
</tr>
<tr>
<td>3. Amount of Surcharge Remitted to Kentucky USF</td>
</tr>
<tr>
<td>4. Number of Access Lines Receiving Lifeline Support</td>
</tr>
<tr>
<td>5. Amount of Subsidy Requested from Kentucky USF</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature Block</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby attest that the information reported herein is true and accurate to the best of my knowledge.</td>
</tr>
<tr>
<td>Company Official: Robert Mutzenbach (Printed)</td>
</tr>
</tbody>
</table>

Make check payable to "Kentucky State Treasurer" and send with this report to:
Finance and Administration Cabinet
ATTN: Donna Smith
Capitol Annex, Room 682A
Frankfort, KY 40601

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

KY_ST_USF-1 08/12/2014 17:28:51 NDUHAME
Carrie Information

Company Name: MCI Metro Access Transmission Svcs. LLC
Company Address: 3100 Cumberland Boulevard, Suite 700 Atlanta, GA 30339
Telephone / Fax: (770) 240-8748 / (770) 966-0700
Vendor Number: [Redacted]

Classification
Please Check One... ILPC 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.............. 0.00

Signature Block

I hereby certify that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenbeck  Title: Director of Tax  Company Official: [Redacted]
(Printed) (Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
Capitol Annex, Room 46A
Frankfort, KY 40601

Send a copy of this report to:

Kentucky Public Service Commission
ATTN: Jim Stevens
511 Severn Blvd.
P.O. Box 615
Frankfort, KY 40602
**COMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND**

**Date:** 10/09/14  
**Reporting Month:** September 2014

### Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MC Metro Access Transmission Svs., LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>5100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 249-8749 / (770) 959-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

### Classification

Please Circle One:  
- [ ILFC ]  
- [ CLEC ]  
- [ Cellular ]  
- [ PCS ]

### Monthly Access Line Data

1. Total Access Lines in Service:  
2. Surcharge Per Access Line: 0.08
3. Amount of Surcharge Remitted to Kentucky USF:  
4. Number of Access Lines Receiving Lifeline Support: 0
5. Amount of Reimbursement Requested from Kentucky USF: 0.00

### Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: **Robert Mutzenback**  
Title: Director of Tax  
Company Official:  
(Printed)  
(Signed)

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

Finance and Administration Cabinet  
ATTN: Donna Smith  
Capitol Annex, Room 488  
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: 11/12/14
Reporting Month: October 2014

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCI Metro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone/Fax</td>
<td>(770) 240-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

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: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
(Printed) Title: Director of Tax

Company Official: [Redacted]
(Signed)

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

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

Send a copy of this report to:

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

AN EQUAL OPPORTUNITY EMPLOYER
Commonwealth of Kentucky
Universal Service Fund

Date: 12/10/14

Reporting Month: November 2014

Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCIMetro Access Transmission Svcs. LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 249-8748 / (770) 956-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

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: 0.00

Signature Block

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: Robert Mutzenback
Title: Director of Tax

Company Official: [Signature]
(Printed)  (Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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

An Equal Opportunity Employer M/F/D

KY_ST_USF-1 12/10/2014 17:22:28 TPowell
## Carrier Information

<table>
<thead>
<tr>
<th>Company Name</th>
<th>MCI Metro Access Transmission Svc, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address</td>
<td>3100 Cumberland Boulevard, Suite 700, Atlanta, GA 30339</td>
</tr>
<tr>
<td>Telephone / Fax</td>
<td>(770) 240-8748 / (770) 966-0700</td>
</tr>
<tr>
<td>Vendor Number</td>
<td>[Redacted]</td>
</tr>
</tbody>
</table>

## 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 Reinbursement Requested from Kentucky USF**: 0.00

## Signature Block

I, [Name], [Title], hereby attest that the information reported herein is true and accurate to the best of my knowledge.

Company Official: [Name]

(Printed)

Company Official: [Name]

(Signed)

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

Finance and Administration Cabinet
ATTN: Donna Smith
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