Frankfort, KY 40601

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### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 02/14/14		1	Reporting Month:	January 2014		
			Carrier Information			
Company N	lame:	Windstream Ken	tucky West, LLC; attn: Jamie Bourland			
Company A		4001 N Rodney				
		Little Rock, AR	72212			
Telephone/	Fax:	501-748-5325/50	11-748-6583(f)			
Classificatio	on:	ILEC X CLEO	CCellular	PCS		
			Monthly Access Line Data			
1. Total Ac	cess Lines	in Service				
2. Surcharg	ge per Acc	ess Line		\$0.08		
3. Amount	of Surchar	ge Remitted to KU	SF			
4. Number	of Access	Lines Receiving Li	ifeline Support			
5. Amount	of Reimbu	rsement Requeste	d from KUSF			
			Signature Block			
				and a state of the state of the		
I hereby atte	est that the	information report	ted herein is true and accurate to the			
best of my k	knowledge					
Company O	official: Tir	m P. Loken	Director-Regulatory Compliance			
			and the second	Signature		
Make check	c payable t	o :	Send a copy of this report to:			
Kentucky St			Kentucky Public Service Commission			
Finance & A			ATTN: Jim Stevens			
ATTN: KY			211 Sower Blvd.			
702 Capital			PO Box 615			
Capitol Ann		488A	Frankfort, KY 40602			

Frankfort, KY 40602 Fax 502-564-3460

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 03/11/1	4 Reporting Month:	Reporting Month: February 2014				
	Carrier Information					
Company Name:	Windstream Kentucky West, LLC;					
Company Address:						
	Little Rock, AR 72212					
Telephone/Fax:	501-748-5320/501-748-6583(f)					
Classification:	ILEC X CLEC Cellular	PCS				
	Monthly Access Line Data					
1. Total Access Line	s in Service					
2. Surcharge per Ac	cess Line	\$0.08				
3. Amount of Surcha	arge Remitted to KUSF					
	s Lines Receiving Lifeline Support					
	ursement Requested from KUSF					
	Signature Block					
I hereby attest that th best of my knowledge	e information reported herein is true and accurate to the e.					
Company Official: T	im P. Loken Director-Regulatory Compliance	XV				
		Signature				
Maka chack payable	to : Sand a copy of this report to:					

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 04/11/	14	Reporting Month:	March 2014			
		Carrier Information	all all and a second second			
Company Name:	Windstream Kentu	ucky West, LLC				
Company Address:	4001 N Rodney Pa	arham				
	Little Rock, AR 72	2212				
Telephone/Fax:						
Classification:	ILEC X CLEC	Cellular	PCS			
	N	Ionthly Access Line Data				
1. Total Access Line	s in Service					
2. Surcharge per Ac	cess Line		\$0.08			
	arge Remitted to KUS	\$F				
4. Number of Acces	s Lines Receiving Life	eline Support				
5. Amount of Reimb	ursement Requested	from KUSF				
		Signature Block	and the second second second			
I hereby attest that the best of my knowledge	-	ed herein is true and accurate to the	2			
,,,			-01			
Company Official: T	ïm P. Loken	Director-Regulatory Compliance	Top			
			Signature			
Make check payable	to :	Send a copy of this report to:				
Kanta la Otata Tara		Kantuala: Dublia Consistentia	•			

Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460

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### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:05/08/14				Reporting Month:April 2014			
			(	Carrier Inform	nation		
Company	Name:	Windstream k	Kentuck	y West, LLC			
Company	Address:	4001 N Rodne	ey Parh	am			
		Little Rock, Al	722°	12			
Telephon	e/Fax:	501-748-5320	/501-74	l8-6583(f)			·····
Classifica	ition:	ILEC X C	_EC	Cellular			PCS
-			Mon	thly Access	Line Data		
1. Total	Access Lines	in Service					
2. Surcha	arge per Acce	ess Line					\$0.08
		ge Remitted to					
4. Numb	er of Access	Lines Receivin	g Lifelin	e Support			
5. Amou	nt of Reimbu	rsement Reque	sted fro	m KUSF			
l							
				Signature E	lock		
l hereby a	attest that the	information re	ported h	ierein is true	and accurate to t	he	
	y knowledge.						21
							- 0/
Company	Official: Tir	n P. Loken		Director-F	egulatory Complia	ance	SATU
						_	Signature
Make che	ck payable to	0:		Send a co	py of this report to	0:	
	State Treasu				Public Service Co		
	Administrati			ATTN: Jir		en er binntett i Stand	

ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 06/11/1	14 Reporting Month:	May 2014		
	Carrier Information			
Company Name:	Windstream Kentucky West, LLC			
Company Address:	4001 N Rodney Parham			
	Little Rock, AR 72212			
Telephone/Fax:	501-748-5320/501-748-6583(f)			
Classification:	ILEC X CLEC Cellular	PCS		
	Monthly Access Line Data			
1. Total Access Line	es in Service			
2. Surcharge per Ac	cess Line	\$0.08		
3. Amount of Surcha	3. Amount of Surcharge Remitted to KUSF			
4. Number of Acces				
5. Amount of Reimb				
	Cignatius Diask			

		Signature Block	
I hereby attest that the best of my knowledge		rted herein is true and accurate to the	d
Company Official: Til	m P. Loken	Director-Regulatory Compliance	Sall-
			Signature

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601



### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	07/10	/14	Reporting Month:	June 2014
			Carrier Information	
Company	Name:	Windstream Ke	ntucky West, LLC	
Company	Address:			
		Little Rock, AR	72212	
Telephon	e/Fax:	501-748-5320/5	501-748-6583(f)	
Classifica	tion:	ILEC X CLE	ECCellular	PCS
			Monthly Access Line Data	
1. Total A	Access Lin	ies in Service		
2. Surcha	arge per A	ccess Line		\$0.08
3. Amour	nt of Surch	narge Remitted to K	USF	
4. Numb	er of Acce	ss Lines Receiving	Lifeline Support	
5. Amour	nt of Reim	bursement Request	ted from KUSF	
				an ar an the
			Signature Block	
I hereby a best of m			orted herein is true and accurate to the	$\wedge$
Company	Official:	Tim P. Loken	Director-Regulatory Compliance	XXX
				Signature

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

Signature

Vendor NO.

### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	08/12/1	4 Reporting Month:	July 2014			
	en ante entre	Carrier Information				
Company	y Name:					
Company Name: Windstream Kentucky West, L Company Address: 4001 N Rodney Parham		4001 N Rodney Parham				
		Little Rock, AR 72212				
Telephor	ne/Fax:	501-748-5320/501-748-6583(f)				
Classifica	ation:	ILEC X CLEC Cellular Cellular Monthly Access Line Data	PCS			
1 Total	Access Line					
	arge per Aco	\$0.08				
	nt of Surcha					
	Mumber of Access Lines Receiving Lifeline Support       Amount of Reimbursement Requested from KUSF					

# Signature Block

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

Company Official: Tim P. Loken

Director-Regulatory Compliance

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	09/09/14	-	Reporting Month:	August 2014
		(	Carrier Information	
Compan	y Name:	Windstream Kentucky	y West, LLC	12
Compan	y Address:	am		
		Little Rock, AR 7221	2	
Telephor	ne/Fax:	501-748-5320/501-74	8-6583(f)	
Classific	ation:	ILEC X CLEC	_ Cellular	PCS
		Mon	thly Access Line Data	
1. Total	Access Lines			
2. Surch	narge per Acce	ess Line		\$0.08
3. Amou	unt of Surcharg	ge Remitted to KUSF		
4. Numb	per of Access	Lines Receiving Lifelin	e Support	
5. Amou	unt of Reimbur	rsement Requested fro	m KUSF	
			Signature Block	
•	attest that the ny knowledge.		erein is true and accurate to the	
Compan	y Official: Tin	n P. Loken	Director-Regulatory Compliance	
				Signature
Maka ah	ook noveble te		Sand a capy of this report to:	
	eck payable to		Send a copy of this report to:	
	y State Treasu & Administrati		Kentucky Public Service Commission ATTN: Jim Stevens	
NDC 202048- C 9288 182			211 Sower Blvd.	
ATTN: M	Sand Second S			
	ital Avenue	4004	PO Box 615	
•	Annex, Room 4	486A	Frankfort, KY 40602 Fax 502-564-3460	
Frankfor	t, KY 40601			

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	Date: 10/07/14		Reporting Month:	September 2014
		Galler - Contractor Contractor	Carrier Information	
Compan	y Name:	Windstream Ke	ntucky West, LLC	
Compan	y Address:			
		4001 N Rodney Little Rock, AR		
Telephor	ne/Fax:	501-748-5320/5	01-748-6583(f)	
Classific	ation:	ILEC X CLE	C Cellular	PCS
			Monthly Access Line Data	
1. Total	Access Line	s in Service		
2. Surch	harge per Ac	cess Line		\$0.08
3. Amou	int of Surcha	arge Remitted to KI	USF	
4. Numb	per of Acces	s Lines Receiving I	Lifeline Support	
5. Amou	int of Reimb	ursement Request	ed from KUSF	-
			Signature Block	
			rted herein is true and accurate to the	
best of m	iy knowledg	е.		
Company	y Official: T	im P. Loken	Director-Regulatory Compliance	ce contra

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue

Capitol Annex, Room 488A Frankfort, KY 40601

Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460

Signature

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 11/14/	14	Reporting Month:	October 2014			
		Carrier Information				
Company Name:	Windstream Ker	ntucky West, LLC				
Company Address:						
	4001 N Rodney Little Rock, AR					
Telephone/Fax:	501-748-5320/5	01-748-6583(f)				
Classification:	ILEC X CLE	CCellular	PCS			
		Monthly Access Line Data				
1. Total Access Line	es in Service					
2. Surcharge per Ac	cess Line		\$0.08			
3. Amount of Surcha	arge Remitted to KI	USF				
4. Number of Acces						
5. Amount of Reimb						
			Mark and a second secon			
		Signature Block				
I hereby attest that the the st of my knowledg		rted herein is true and accurate to the	Ø			
Company Official:	ſim P. Loken	Director-Regulatory Compliance	Signature			
		Cond a conv of this report to:				
Make check payable		Send a copy of this report to:	lan			
Kentucky State Trea		Kentucky Public Service Commiss	sion			
Finance & Administration Cabinet ATTN: Jim Stevens						

ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commissi ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460

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## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	12/08/14	<u>4</u>	Reporting Month:					N	ovember 2014
				Car	rier Infor	nation			
Company N	Company Name: Windstream Kentucky West, LLC								
Company Address: 4001 N Rodney Parham							1		
	Little Rock, AR 72212								
Telephone/	Telephone/Fax: 501-748-5320/501-748-6583(f)								
Classification	on:	ILEC >	CLEC_	(	Cellular_		-	PC	S
			M	Ionthi	y Access	Line Da	ata		
1. Total Ac	cess Lines	in Service	;					-	
2. Surchar									\$0.08
3. Amount								2007 Vienne	
4. Number								1000 A	
5. Amount	of Reimbu	irsement R	equested	from	KUSF				
<u> </u>				Si	gnature E	Block	A.M.		
			on reporte	ed here	ein is true	and a	ccurate to the		
best of my	knowledge								
Company C	Official: Ti	m Pioke	n	г	Director-F	Regulat	ory Compliance		
Company C					51100101 1	logular	ory compliance	Sig	nature
Make chec	k payable t	to :					his report to:		
Kentucky State Treasurer Kentucky Public Service Commission					on				
Finance & Administration Cabinet				1	ATTN: Jim Stevens				
ATTN: KY USF				2	211 Sower Blvd.				
702 Capital	Avenue				PO Box 6				
Capitol Ann	nex, Room	488A			Frankfort,				
Frankfort, H	(Y 40601			F	Fax 502-5	564-346	50		

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### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	01/15/15		Reporting Month:	ل بل December 2015
		1	Carrier Information	
Compan	y Name:	Windstream Kentuck	ky West, LLC	
Compan	y Address:	4001 N Rodney Parh		
		Little Rock, AR 722		
Telepho	ne/Fax:	501-748-5320/501-74	48-6583(f)	
Classific	ation:	ILEC X CLEC	Cellular	PCS
		Mor	nthly Access Line Data	
1. Total	Access Lines			
2. Surch	narge per Acce	ess Line		\$0.08
		ge Remitted to KUSF		
		Lines Receiving Lifelir		
5. Amou	unt of Reimbur	sement Requested fro	om KUSF	le=+
·				
			Signature Block	
	attest that the ny knowledge.		herein is true and accurate to the	đ
Compan	y Official: Tir	n P. Loken	Director-Regulatory Compliance	Xh
				Signature
Make ch	eck payable to	л. <sup>.</sup>	Send a copy of this report to:	
	y State Treasu		Kentucky Public Service Commission	
	& Administrati		ATTN: Jim Stevens	

Finance & Administration Cabir ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

Signature

Vendor NO.

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 02/13/15		Reporting Month:	January 2015
		Carrier Information	
Compan	y Name:		
Compan	y Address:	4001 N Rodney Parham	
	-	Little Rock, AR 72212	
Telepho	ne/Fax:	501-748-5320/501-748-6583(f)	
Classific	ation:	ILEC X CLEC Cellular	PCS
		Monthly Access Line Data	
1. Total	Access Lines	in Service	
2. Surch	narge per Acco	ess Line	\$0.08
3. Amou	int of Surchar	ge Remitted to KUSF	
4. Numb	per of Access	Lines Receiving Lifeline Support	
	int of Reimbu		
		Signature Block	

I hereby attest that the information reported herein is true and accurate to the best of my knowledge.
Company Official: Tim P. Loken Director-Regulatory Compliance

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

Capitol Annex, Room 488A

Frankfort, KY 40601

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	03/13/15	i 	Reporting Month:	February 2015
[			Carrier Information	1
Compan	y Name:	Windstream Ker	tucky West, LLC	
Compan	y Address:	4001 N Rodney	Parham	
		Little Rock, AR	72212	
Telepho	ne/Fax:	501-748-5320/5	1-748-6583(f)	
Classific	ation:	ILEC X CLE	C Cellular	PCS
			Monthly Access Line Data	
111221 1 1 1 1 1	Access Lines			
	harge per Acci			\$0.08
		ge Remitted to Kl		
		Lines Receiving I		
5. Amou	unt of Reimbu	rsement Request	d from KUSF	
r		· · ·		
			Signature Block	
	attest that the ny knowledge.		ted herein is true and accurate	e to the
Compan	y Official: Tir	n P. Loken	Director-Regulatory Co	mpliance
				Signature
Make ch	eck payable to	o :	Send a copy of this rep	ort to:
	y State Treasu		Kentucky Public Service	
	& Administrat		ATTN: Jim Stevens	
ATTN:			211 Sower Blvd.	
	ital Avenue		PO Box 615	

Frankfort, KY 40602

Fax 502-564-3460

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### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	04/13/15	Reporting Month:	March 2015
		Carrier Information	
Company	y Name:	Windstream Kentucky West, LLC	
Company	Address:	4001 N Rodney Parham	
0		Little Rock, AR 72212	
Telephor	ne/Fax:	501-748-5320/501-748-6583(f)	
Classifica	ation:	ILEC X CLEC Cellular	PCS
		Monthly Access Line Data	······································
1. Total	Access Lines	in Service	
	arge per Acc		\$0.08
3. Amou	nt of Surchar	ge Remitted to KUSF	
4. Numb	er of Access	Lines Receiving Lifeline Support	
5. Amou	nt of Reimbu	sement Requested from KUSF	
		Signature Block	
	attest that the by knowledge	information reported herein is true and accurate to the	d
Company	Official: Ti	n P. Loken Director-Regulatory Complian	
		the second se	Signature
Make ch	eck payable t	Send a copy of this report to:	
	Otata Tara	Kastudiu Bublic Ossica Ossi	1

Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

702 Capital Avenue

Frankfort, KY 40601

Capitol Annex, Room 488A

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	te: 05/14/15 Reporting Month:			Reporting Month:	April 2015
				Carrier Information	
Company Na	ame:	Windstrea	m Kentuck	ky West, LLC	
Company Ac	dress:	4001 N R	odney Park	nam	
		Little Rock	, AR 722	:12	
Telephone/F	ax:	501-748-5	320/501-7	48-6583(f)	
Classification	n:	ILEC X	_CLEC	Cellular	PCS
			Mor	nthly Access Line Data	
1. Total Acc	ess Lines	in Service			
2. Surcharge	e per Acce	ess Line			\$0.08
3. Amount o	of Surcharg	e Remitted	to KUSF		
4. Number c	of Access I	ines Rece	iving Lifelir	ne Support	
5. Amount o	of Reimbur	sement Re	quested fr	om KUSF	
				Signature Block	
				Signature block	a finite sector and the sector of the
I hereby atte	st that the	informatior	reported	herein is true and accurate to the	
best of my kr			·		D
	Ũ				S A
Company Of	ficial: Tin	P. Loken		Director-Regulatory Compliance	ST
				× · · · ·	Signature
Make check	pavable to	t.		Send a copy of this report to:	
Kentucky Sta				Kentucky Public Service Commis	sion
Finance & Ac				ATTN: Jim Stevens	
ATTN: KY U				211 Sower Blvd.	

PO Box 615

Frankfort, KY 40602

Fax 502-564-3460

Frankfort, KY 40601

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	06/15/18	5	Reporting Month:	May 2015
<b></b>	· · · · ·		Carrier Information	11
Compan	y Name:	Windstream Kentuck	ky West, LLC	
	y Address:	4001 N Rodney Parh		
	<ul> <li>The Association of Second Secon</li></ul>	Little Rock, AR 722		
Telepho	ne/Fax:	501-748-5320/501-7	48-6583(f)	
Classific	ation:	ILEC X CLEC	Cellular	PCS
	-	Mor	nthly Access Line Data	1 (Inc
1. Total	Access Lines	s in Service		
	narge per Acc			\$0.08
		rge Remitted to KUSF		
4. Numl	ber of Access	Lines Receiving Lifelin	ne Support	
5. Amou	unt of Reimbu	rsement Requested fro	om KUSF	
			45.	
		105	Signature Block	
	attest that the	,	herein is true and accurate to the	,
Compan	y Official: Ti	m P. Loken	Director-Regulatory Compliance	Signature
			We shall be a state of the stat	
Make ch	eck payable t	:0 :	Send a copy of this report to:	
	y State Treas		Kentucky Public Service Commission	
Finance	& Administrat	tion Cabinet	ATTN: Jim Stevens	
ATTN: H	KY USF	2	211 Sower Blvd.	
702 Cap	ital Avenue		PO Box 615	
Capitol A	Annex, Room	488A	Frankfort, KY 40602	

Fax 502-564-3460

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Frankfort, KY 40601

### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	07/15/1	5	Reporting Month:	June 2015
			Carrier Information	
Compan	y Name:	Windstream Kent	ucky West, LLC	
Compan	y Address:	4001 N Rodney P	arham	
		Little Rock, AR 7	2212	
Telephor	ne/Fax:	501-748-5320/501	-748-6583(f)	
Classific	ation:	ILEC X CLEC	Cellular	PCS
		N	Ionthly Access Line Data	
1. Total	Access Lines			
2. Surch	narge per Acc	ess Line		\$0.08
3. Amou	int of Surchar	ge Remitted to KUS	\$F	
4. Numb	per of Access	Lines Receiving Lif	eline Support	
5. Amou	int of Reimbu	rsement Requested	from KUSF	
		and the second		·····
			Signature Block	1) · · · · · · · · · · · · · · · · · · ·
	attest that the ny knowledge	•	ed herein is true and accurate to the	ne Ø
Compan	y Official: Ti	m P. Loken	Director-Regulatory Complia	ance Signature
				Signature
Make ch	eck payable t	o :	Send a copy of this report to	:
	/ State Treasu		Kentucky Public Service Cor	
	& Administrat		ATTN: Jim Stevens	
ATTN: K	KY USF		211 Sower Blvd.	
702 Capi	ital Avenue		PO Box 615	
	nnex, Room	488A	Frankfort, KY 40602	

Frankfort, KY 40602 Fax 502-564-3460

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### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 08/14/1	5	Reporting Month:	July 2015
[		Carrier Information	
Company Name:	Windstream Ke	ntucky West, LLC	
Company Address:	4001 N Rodney	Parham	
	Little Rock, AR	72212	
Telephone/Fax:	501-748-5320/5	01-748-6583(f)	
Classification:	ILEC X CLE	CCellular	PCS
		Monthly Access Line Data	
1. Total Access Line	s in Service		
2. Surcharge per Acc	cess Line		\$0.08
3. Amount of Surcha		USF	
4. Number of Access	Lines Receiving I	Lifeline Support	
5. Amount of Reimbu	ursement Request	ed from KUSF	
		Signature Block	
I hereby attest that th best of my knowledge		rted herein is true and accurate to the	
Company Official: T	im P. Loken	Director-Regulatory Complianc	e Signature
Make check payable	to :	Send a copy of this report to:	
Kentucky State Treas		Kentucky Public Service Comm	ission
Finance & Advantation		ATTAL I'm Offenservice Comm	nooion

Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460

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Capitol Annex, Room 488A Frankfort, KY 40601

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:09/1	5/15	Reporting Month:	August 2015
		Carrier Information	
Company Name:	Windstream Ken	tucky West, LLC	
Company Addres		Construction of the constr	
	Little Rock, AR		
Telephone/Fax:	501-748-5320/50		
Classification:		CCellular	PCS
		Monthly Access Line Data	2) +1 <
	ines in Service		
2. Surcharge per	Access Line		\$0.08
3. Amount of Sur	charge Remitted to KU	SF	
4. Number of Acc	cess Lines Receiving L	ifeline Support	
5. Amount of Rei	mbursement Requeste	d from KUSF	
	1417		
	- ( <b>1</b>	Signature Block	
I hereby attest that best of my knowle		ted herein is true and accurate to the	
Company Official:	Tim P. Loken	Director-Regulatory Compliance	
			'Signature
Make check paya	ble to :	Send a copy of this report to:	
Kentucky State Tr		Kentucky Public Service Comr	nission
Finance & Admini		ATTN: Jim Stevens	
ATTN: KY USF		211 Sower Blvd.	
702 Capital Avenu	le	PO Box 615	

Frankfort, KY 40602

Fax 502-564-3460

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### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	10/15/15	5		Reporting Month:	September 2015
				Carrier Information	
Compan	ny Name:	Windstream	m Kentucl	ky West, LLC	
Compar	ny Address:	4001 N Ro			
		Little Rock	, AR 722	212	
Telepho	ne/Fax:	501-748-5	320/501-7	'48-6583(f)	
Classific	cation:	ILEC X	CLEC	Cellular	PCS
			Mo	nthly Access Line Data	
1. Total	Access Lines	in Service			
2. Surch	harge per Acc	ess Line			\$0.08
3. Amoi	unt of Surchar	ge Remitted	to KUSF		
4. Numi	ber of Access	Lines Recei	ving Lifeli	ne Support	
5. Amou	unt of Reimbu	rsement Red	quested fr	om KUSF	
	* * * *			Signature Block	3 2 9 9
			reported	herein is true and accurate to the	a
best of h	ny knowledge.				
Compan				Director-Regulatory Compliance	Th
Compan	ny Official: Tir	IT F. LOKEII		Director-Regulatory Compliance	Signature
	neck payable to			Send a copy of this report to:	
Kentuck	y State Treasu	urer		Kentucky Public Service Commission	n
Finance	& Administrat	ion Cabinet		ATTN: Jim Stevens	
ATTN: I	KY USF			211 Sower Blvd.	
702 Cap	ital Avenue			PO Box 615	
Capitol A	Annex, Room	488 <b>A</b>		Frankfort, KY 40602	
Frankfor	rt, KY 40601			Fax 502-564-3460	

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#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:11/	09/15 Reporting Month:	October 2015
	Carrier Information	
Company Name:	Windstream Kentucky West, LLC	
Company Addres	ss: 4001 N Rodney Parham	
	Little Rock, AR 72212	
Telephone/Fax:	501-748-5320/501-748-6583(f)	
Classification:	ILEC X CLEC Cellular	PCS
1. Total Access	Monthly Access Line Data	
2. Surcharge pe		\$0.08
3. Amount of Su	ICharge Remitted to KUSP	
<ol> <li>Amount of Su</li> <li>Number of Ac</li> </ol>	cess Lines Receiving Lifeline Support	

		Signature Block	
I hereby attest that best of my knowled		ted herein is true and accurate to the	
Company Official:	Tim P. Loken	Director-Regulatory Compliance	X
			Signature

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460

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Vendor NO,

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 12/10/	15 Reporting Month:	November 2015
	Carrier Information	
Company Name:	Windstream Kentucky West, LLC	The second s
Company Address:	4001 N Rodney Parham	
	Little Rock, AR 72212	Service and Ser
Telephone/Fax:	501-748-5320/501-748-6583(f)	
Classification:	ILEC X CLEC Cellular	PCS
	Monthly Access Line Data	
1. Total Access Lin	es in Service	
2. Surcharge per A	ccess Line	\$0.08
3. Amount of Surch	arge Remitted to KUSF	
4. Number of Acces	ss Lines Receiving Lifeline Support	
5. Amount of Reiml	pursement Requested from KUSF	8
		in a state of the second s
	Signature Block	
I hereby attest that t best of my knowled	he information reported herein is true and accurate to the ge.	A
Company Official:	Tim P. Loken Director-Regulatory Compliance	XI
		Signature

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	01/15/1	Reporting Month:	December 2015
		Carrier Information	
Company	Name:	Windstream Kentucky West, LLC	
Company	Address:	4001 N Rodney Parham	
		Little Rock, AR 72212	
Telephon	e/Fax:	501-748-5320/501-748-6583(f)	
Classifica	ation:	ILEC X CLEC Cellular	PCS
		Monthly Access Line Data	
1. Total	Access Lines	in Service	
2. Surcha	arge per Acc	ess Line	\$0.08
3. Amou	nt of Surchar	ge Remitted to KUSF	
4. Numb	er of Access	Lines Receiving Lifeline Support	
5. Amou	nt of Reimbu	sement Requested from KUSF	
		Signature Block	
	attest that the y knowledge	information reported herein is true and accurate to the	ß
Company	Official: Tir	n P. Loken Director-Regulatory Compliance	Signature
Make che	eck payable to	Send a copy of this report to:	

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460

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# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 02/12/	16 Reporting Month:	January, 2016
	Carrier Information	
Company Name:	Windstream Kentucky West, LLC	
Company Address:	4001 N Rodney Parham	
	Little Rock, AR 72212	
Telephone/Fax:	501-748-5320/501-748-6583(f)	
Classification:	ILEC X CLEC Cellular	PCS
	Monthly Access Line Data	
1. Total Access Line	es in Service	
2. Surcharge per Ac	cess Line	\$0.08
3. Amount of Surch	arge Remitted to KUSF	
4. Number of Acces	s Lines Receiving Lifeline Support	
5. Amount of Reimb	oursement Requested from KUSF	
	Signature Block	
I hereby attest that the the the the the the the the the th	ne information reported herein is true and accurate to the le.	e
Company Official:	Fim P. Loken Director-Regulatory Complian	
		Signature

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

Signature

Vendor NO.

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 03/08/1	6 Reporting Month:	February, 2016
	Carrier Information	
Company Name:	Windstream Kentucky West, LLC	
Company Address:	4001 N Rodney Parham	
	Little Rock, AR 72212	
Telephone/Fax:	501-748-5320/501-748-6583(f)	
Classification:	ILEC X CLEC Cellular	PCS
	Monthly Access Line Data	
1. Total Access Line	s in Service	
2. Surcharge per Access Line		\$0.08
3. Amount of Surcha		
4. Number of Access	Lines Receiving Lifeline Support	
	ursement Requested from KUSF	
	Signature Block	

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

Company Official: Tim P. Loken

**Director-Regulatory Compliance** 

Make check payable to : Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460

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## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 04/08	Reporting Month:	March, 2016
	Carrier Information	
Company Name:	Windstream Kentucky West, LLC	
Company Address:	4001 N Rodney Parham	
	Little Rock, AR 72212	
Telephone/Fax:	501-748-5320/501-748-6583(f)	
Classification:	ILEC X CLEC Cellular	PCS
	Monthly Access Line Data	
1. Total Access Lir	es in Service	
2. Surcharge per A	ccess Line	\$0.08
3. Amount of Surcl	narge Remitted to KUSF	
	ss Lines Receiving Lifeline Support	
	bursement Requested from KUSF	
	Signature Block	
	the information reported herein is true and accurate to the	/
best of my knowled	ge.	Ø
Company Official:	Tim P. Loken Director-Regulatory Compliance	SA
		Signature
Make check payab	e to : Send a copy of this report to:	

Kentucky State Treasurer Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601

y.

Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460

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