

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 02/14/14

Reporting Month:

January 2014

Carrier Information	
Company Name:	Network Telephone Corporation d/b/a PAETEC Business Solutions
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5325/501-748-6583(f)

Classification: ILEC X 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 KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	
5. 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
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 03/11/14

Reporting Month:

February 2014

Carrier Information	
Company Name:	Network Telephone Corporation d/b/a PAETEC Business Solutions
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5320/501-748-6583(f)

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 KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	
5. 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
	 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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 04/11/14

Reporting Month:

March 2014

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

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

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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

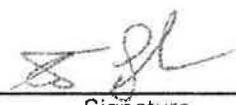
Date: 05/08/14

Reporting Month: April 2014

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	<u>Director-Regulatory Compliance</u>
	 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

Vendor NO. [REDACTED]

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 06/11/14

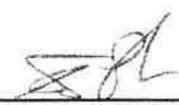
Reporting Month:

May 2014

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 07/10/14

Reporting Month: June 2014

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: I L E C C L E C X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 08/12/14

Reporting Month: July 2014

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

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

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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 09/09/14

Reporting Month:

August 2014

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	<u>Director-Regulatory Compliance</u>
	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

Vendor NO. [REDACTED]

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 10/07/14

Reporting Month: September 2014

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 11/14/14

Reporting Month:

October 2014

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines In Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 01/15/15

Reporting Month:

December 2015 ^{4 1/2}

Carrier Information	
Company Name:	Network Telephone Corporation d/b/a PAETEC Business Solutions
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5320/501-748-6583(f)

Classification: ILEC CLEC X 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 KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 02/13/15

Reporting Month: January 2015

Carrier Information	
Company Name:	Network Telephone Corporation d/b/a PAETEC Business Solutions
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5320/501-748-6583(f)

Classification: ILEC CLEC X 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 KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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
	 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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 03/13/15

Reporting Month:

February 2015

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance
	 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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 04/13/15

Reporting Month:

March 2015

Carrier Information	
Company Name:	Network Telephone Corporation d/b/a PAETEC Business Solutions
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5320/501-748-6583(f)

Classification: ILEC CLEC X 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 KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 05/14/15

Reporting Month: April 2015

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 06/15/15

Reporting Month:

May 2015

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 07/15/15

Reporting Month:

June 2015

Carrier Information	
Company Name:	Network Telephone Corporation d/b/a PAETEC Business Solutions
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5320/501-748-6583(f)

Classification: ILEC CLEC X 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 KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	
5. 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 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 09/15/15

Reporting Month: August 2015

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

Vendor NO. [REDACTED]

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 10/15/15

Reporting Month:

September 2015

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	[REDACTED]
2. Surcharge per Access Line	<u>\$0.08</u>
3. Amount of Surcharge Remitted to KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

Vendor NO. [REDACTED]

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 11/09/15

Reporting Month:

October 2015

Carrier Information	
Company Name:	Network Telephone Corporation d/b/a PAETEC Business Solutions
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5320/501-748-6583(f)

Classification: ILEC CLEC X 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 KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	
5. 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 
	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

Vendor NO. [REDACTED]

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 12/10/15

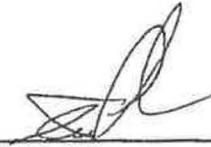
Reporting Month:

November 2015

Carrier Information	
Company Name:	Network Telephone Corporation d/b/a PAETEC Business Solutions
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5320/501-748-6583(f)

Classification: ILEC CLEC X 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 KUSF	[REDACTED]
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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
	
	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

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 01/15/15³³ Reporting Month: December 2015

Carrier Information	
Company Name:	<u>Network Telephone Corporation d/b/a PAETEC Business Solutions</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X 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 KUSF	_____
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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

**COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND**

Date: 02/12/16

Reporting Month:

January, 2016

Carrier Information	
Company Name:	<u>Network Telephone, LLC</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X Cellular _____ PCS _____

Monthly Access Line Data	
1. Total Access Lines in Service	<u> </u>
2. Surcharge per Access Line	<u> </u> \$0.08
3. Amount of Surcharge Remitted to KUSF	<u> </u>
4. Number of Access Lines Receiving Lifeline Support	<u> </u>
5. Amount of Reimbursement Requested from KUSF	<u> </u>

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

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 03/08/16

Reporting Month:

February, 2016

Carrier Information	
Company Name:	Network Telephone, LLC
Company Address:	4001 N Rodney Parham Little Rock, AR 72212
Telephone/Fax:	501-748-5320/501-748-6583(f)

Classification: ILEC CLEC X 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 KUSF	_____
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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 
	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

COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date: 04/08/16

Reporting Month: _____

March, 2016

Carrier Information	
Company Name:	<u>Network Telephone, LLC</u>
Company Address:	<u>4001 N Rodney Parham</u> <u>Little Rock, AR 72212</u>
Telephone/Fax:	<u>501-748-5320/501-748-6583(f)</u>

Classification: ILEC CLEC X 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 KUSF	_____
4. Number of Access Lines Receiving Lifeline Support	_____
5. 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: <u>Tim P. Loken</u>	Director-Regulatory Compliance 
	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