Capitol Annex, Room 488A

Frankfort, KY 40601

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 02/1	4/14	Reporting Month:	January 2014
		Carrier Information	
Company Name:	Windstream Ker	tucky West, LLC; attn: Jamie Bourland	
Company Address			
	Little Rock, AR	72212	
Telephone/Fax:	501-748-5325/50	01-748-6583(f)	
Classification:	ILEC X CLE	C Cellular	PCS
		Monthly Access Line Data	
1. Total Access L			
2. Surcharge per			\$0.08
<ol><li>Amount of Sur</li></ol>			
4. Number of Acc			
5. Amount of Rei	mbursement Requeste	ed from KUSF	
		Signature Block	
I hereby attest that best of my knowle	,	rted herein is true and accurate to the	
Company Official:	Tim P. Loken	Director-Regulatory Compliance	
		A p. Alexander	Signature
Make check paya	ble to :	Send a copy of this report to:	
Kentucky State Tr		Kentucky Public Service Commission	on
Finance & Admini		ATTN: Jim Stevens	rı,
ATTN: KY USF	onanon oubmot	211 Sower Blvd.	
702 Capital Avenu	ı <b>c</b>	PO Box 615	
102 Capital Avent	4 <del>C</del>	F-O BOX 013	

Frankfort, KY 40602

Fax 502-564-3460

#### **COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND**

Date:	03/11/14	Reporting Month:	February 2014
		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	n Service	
2. Surcha	arge per Acce	ss Line	\$0.08
3. Amou	nt of Surcharg	e Remitted to KUSF	
4. Numb	er of Access	ines Receiving Lifeline Support	
5. Amou	nt of Reimbur	sement Requested from KUSF	
		Signature Block	
		information reported herein is true and accurate to the	
pest of m	y knowledge.		. 1
Company	Official: Tin	P. Loken Director-Regulatory Compliance	M
			Signature
Make che	eck payable 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

Kentucky Public Service Commission

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 04/11/	Reporting Month:	March 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	s in Service	
2. Surcharge per Ac	cess Line	\$0.08
3. Amount of Surcha	arge Remitted to KUSF	
4. Number of Acces	s Lines Receiving Lifeline Support	
	ursement Requested from KUSF	
	Signature Block	- Virginia
I hereby attest that the best of my knowledge	ne information reported herein is true and accurate to the e.	01
Company Official: 1	im P. Loken Director-Regulatory Compliance	Signature
Mala abada asabla	Cond a served by	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

Vendor	NO.	
--------	-----	--

Date:	05/08/1	<u>4</u>	Reporting Month:	April 2014
			Carrier Information	
Compon	y Name:	Mindatroom Ka	Carrier Information entucky West, LLC	
	-			
Compan	y Address:	4001 N Rodney		
		Little Rock, AR		<del></del>
Telephoi	ne/Fax:	501-748-5320/5	501-748-6583(f)	
Classific	ation:	ILEC X CLE	EC Cellular	PCS
		1 -12500 14	Monthly Access Line Data	
1. Total	Access Lines	in Service		
2. Surch	arge per Acc	ess Line		\$0.08
3. Amou	int of Surchai	ge Remitted to K	(USF	
4. Numb	er of Access	Lines Receiving	Lifeline Support	-
10000		rsement Request		
			Signature Block	
	attest that the		orted herein is true and accurate to the	e 0/
Compan	y Official: Ti	m P. Loken	Director-Regulatory Complian	
L		· · · · · · · · · · · · · · · · · · ·		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



Date: 06/11/14 Reporting Month: May 2014 Carrier Information Company Name: Windstream Kentucky West, LLC Company Address: 4001 N Rodney Parham Little Rock, AR 72212 501-748-5320/501-748-6583(f) Telephone/Fax: PCS Classification: ILEC X CLEC\_\_\_Cellular\_ 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.

Make check payable to : Kentucky State Treasurer

Company Official: Tim P. Loken

Finance & Administration Cabinet ATTN: KY USF 702 Capital Avenue Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

Director-Regulatory Compliance

Kentucky Public Service Commission

Signature

ATTN: Jim Stevens 211 Sower Blvd. PO Box 615 Frankfort, KY 40602 Fax 502-564-3460



#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 07/10/14 Reporting Month: June 2014 Carrier Information Company Name: Windstream Kentucky West, LLC Company Address: 4001 N Rodney Parham Little Rock, AR 72212 501-748-5320/501-748-6583(f) Telephone/Fax: PCS Classification: ILEC X CLEC Cellular 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

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	08/12/14	Reporting Month:	July 2014
		Carrier Information	
Company N	lame:	Windstream Kentucky West, LLC	
Company A		4001 N Rodney Parham	
		Little Rock, AR 72212	<del></del>
Telephone/	Fax:	501-748-5320/501-748-6583(f)	
Classification	on:	ILEC X CLEC Cellular	PCS
		Monthly Access Line Data	
1. Total Ac	cess Lines	in Service	
2. Surchar	ge per Acce	ss Line	\$0.08
3. Amount	of Surcharg	e Remitted to KUSF	
4. Number	of Access	ines Receiving Lifeline Support	
5. Amount	of Reimbur	sement Requested from KUSF	
		Signature Block	
I hereby att best of my l		information reported herein is true and accurate to the	0
Company C	Official: Tin	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

Vendor	NO.	
--------	-----	--

Date: 0	9/09/14	R	eporting Month:	August 2014
	Variotic Value of	Carri	er Information	
Company Nam	e: Windstrea	m Kentucky W		
Company Addr		dney Parham		
		AR 72212	1. 31.111.	
Telephone/Fax	501-748-5	320/501-748-6	583(f)	_
Classification:	ILEC X	_CLECC	ellular	PCS
		Monthly	Access Line Data	
1. Total Acces	s Lines in Service			
2. Surcharge p	er Access Line			\$0.08
3. Amount of S				
4. Number of Access Lines Receiving Lifeline Support				
5. Amount of F	Reimbursement Re	quested from K	USF	
***		1 112	100 V	AMAL ACCIONAL
		Sig	nature Block	
best of my know			in is true and accurate to the irector-Regulatory Compliance	
Company Onic	iai. Tim P. Loken		rector-Regulatory Compliance	Cianoturo
				Signature
Make check pa	yable to :	Se	end a copy of this report to:	
Kentucky State			entucky Public Service Commission	

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: 10/07/14 Reporting Month: September 2014 Carrier Information Company Name: Windstream Kentucky West, LLC Company Address: 4001 N Rodney Parham Little Rock, AR 72212 501-748-5320/501-748-6583(f) Telephone/Fax: Classification: ILEC X 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 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

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

ATTN: KY USF

702 Capital Avenue

Capitol Annex, Room 488A Frankfort, KY 40601

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	11/14/1	<u>4</u>		Reporting Month:	October 2014
			C	Carrier Information	
Company	/ Name:	Windstream	Kentucky	/ West, LLC	
Company	/ Address:	4001 N Rodi	ney Parha	am	
		Little Rock, /	AR 7221	2	
Telephon	e/Fax:	501-748-532	0/501-74	8-6583(f)	
Classifica	ation:	ILEC X	CLEC	_Cellular	PCS
			Mont	thly Access Line Data	T TOTAL CONTRACTOR OF THE CONT
1. Total	Access Lines	s in Service			
2. Surch	arge per Acc	cess Line			\$0.08
3. Amou	nt of Surcha	rge Remitted to	KUSF		
4. Numb	er of Access	Lines Receivi	ng Lifeline	e Support	
5. Amou	nt of Reimbu	ırsement Requ	ested from	m KUSF	
		TOTAL STATE OF			7.0
				Signature Block	
	attest that the y knowledge		eported h	erein is true and accurate to the	. 0
Company	Official: Ti	im P. Loken		Director-Regulatory Compliance	Signature
Make abo	ack noveble	to :	·	Send a copy of this report to:	
	eck payable			Kentucky Public Service Commis	reion
	State Treas	tion Cabinet		ATTN: Jim Stevens	1011
THIANCE C	a Auministra	LION Cabinet		ATTIV. JIII SIEVENS	

211 Sower Blvd.

Frankfort, KY 40602 Fax 502-564-3460

PO Box 615

	Vendor	NO.	
--	--------	-----	--

Date: 12/08/1	14	Reporting Month:	November 2014
		Carrier Information	
Company Name:	Windstream Kento	Charles to the State of the Control	
Company Address:	4001 N Rodney P		_
	Little Rock, AR 7		_
Telephone/Fax:	501-748-5320/501		<del>-</del>
Classification:	ILEC X CLEC	Cellular	PCS
	N	Monthly Access Line Data	10. 23.01
1. Total Access Line	s in Service		
2. Surcharge per Ac	cess Line		\$0.08
3. Amount of Surcha	rge Remitted to KUS	SF	
4. Number of Access	s Lines Receiving Lif	feline Support	
5. Amount of Reimb	ursement Requested	d from KUSF	
		WE V	
		Signature Block	
I hereby attest that the best of my knowledge		ed herein is true and accurate to the	
Company Official: T	im P. Loken	Director-Regulatory Compliance	
			Signature
Make check payable		Send a copy of this report to:	
Kentucky State Treas	surer	Kentucky Public Service Commission	

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

Date: December 2015 01/15/15 Reporting Month: 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) ILEC X CLEC Cellular PCS Classification: 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. Director-Regulatory Compliance Company Official: Tim P. Loken Signature

Make check payable to : Kentucky State Treasurer

Finance & Administration Cabinet

ATTN: KY USF 702 Capital Avenue Capitol Appex Room 48

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

Vendor NO.	
------------	--

Date: 02/13/15 Reporting Month:		January 2015
	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 Lin	es in Service	
2. Surcharge per A	ccess Line	\$0.08
3. Amount of Surch	narge Remitted to KUSF	
4. Number of Acces	ss Lines Receiving Lifeline Support	
	bursement Requested from KUSF	A CONTRACTOR OF THE PARTY OF TH
	Signature Block	
l hereby attest that the best of my knowledge	the information reported herein is true and accurate to the ge.	$\wedge$
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

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	03/13/15		Reporting Month:	February 2015
			Carrier Information	
Company Na	ame:	Windstream Ke	ntucky West, LLC	
Company Ac		4001 N Rodney		
, , , , , , , , , , , , , , , , , , , ,		Little Rock, AR		
Telephone/F	ax:	501-748-5320/5		
Classification	n:	ILEC X CLE	C Cellular	PCS
			Monthly Access Line Data	V- 11
1. Total Acc	ess Lines	in Service		
2. Surcharg	e per Acce	ess Line		\$0.08
3. Amount o	of Surchar	ge Remitted to K	USF	
4. Number of	of Access	Lines Receiving	Lifeline Support	
5. Amount o	of Reimbur	sement Request	ed from KUSF	
			Signature Block	
I hereby atte best of my k			orted herein is true and accurate to the	a
Company Of	fficial: Tin	n P. Loken	Director-Regulatory Compliance	Sept
				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

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 04/13/15 Reporting Month: March 2015 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) ILEC X CLEC\_\_\_ Cellular\_ PCS\_ Classification: 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

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 Lines in Service 2. Surcharge per Access Line 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	Date:	05/14	1/15	Repo	orting Month:	April 2015
Company Address:  4001 N Rodney Parham Little Rock, AR 72212  Telephone/Fax:  501-748-5320/501-748-6583(f)  Classification:    ILEC				Carrier	Information	181
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 Lines in Service 2. Surcharge per Access Line 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	Compan	y Name:	V	/indstream Kentucky West	, LLC	
Telephone/Fax: 501-748-5320/501-748-6583(f)  Classification: ILEC X CLEC Cellular PCS  Monthly Access Line Data  1. Total Access Lines in Service 2. Surcharge per Access Line 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	Compan	y Address:	4	001 N Rodney Parham		
Classification:    ILEC X   CLEC   Cellular   PCS			L	ittle Rock, AR 72212		
Monthly Access Line Data  1. Total Access Lines in Service  2. Surcharge per Access Line 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	Telepho	ne/Fax:	5	01-748-5320/501-748-658	3(f)	
1. Total Access Lines in Service 2. Surcharge per Access Line 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	Classific	ation:	<u>.II</u>	.EC X CLEC Cellu	ılar	PCS
2. Surcharge per Access Line \$0.0 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				Monthly Ac	cess Line Data	
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	1. Total	Access Lir	nes in	Service		
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	2. Surch	narge per A	cces	Line		\$0.08
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	3. Amou	unt of Surci	harge	Remitted to 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	4. Numb	ber of Acce	ess Lir	ies Receiving Lifeline Supp	oort	
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	5. Amou	unt of Reim	burse	ment Requested from KUS	SF	
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			-			
best of my knowledge.  Company Official: Tim P. Loken Director-Regulatory Compliance				Signa	ture Block	
				formation reported herein i	s true and accurate to the	D
Signature	Compan	y Official:	Tim I	. Loken Direc	ctor-Regulatory Compliance	XX.
						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

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	Reporting Month:	- May 2015
11	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	
<ol> <li>Total Access Line</li> </ol>	es in Service	
2. Surcharge per Ac	cess Line	\$0.08
3. Amount of Surcha	arge Remitted to KUSF	
4. Number of Acces	s Lines Receiving Lifeline Support	
5. Amount of Reimb	ursement Requested from KUSF	
	Signatura Plack	
	Signature Block	
I hereby attest that the best of my knowledg	ne information reported herein is true and accurate to the	
bost of my knowledg	o.	$\circ$
Company Official: 1	im P. Loken Director-Regulatory Compliance	XXV
		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

Finance & Administration Cabinet

ATTN: KY USF

702 Capital Avenue

Frankfort, KY 40601

Capitol Annex, Room 488A

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 07/15	15	Reporting Month:	June 2015		
		Carrier Information			
Company Name:	Windstream Ke	ntucky West, LLC			
Company Address:	Company Address: 4001 N Rodney Parham				
	Little Rock, AR	72212			
Telephone/Fax:	501-748-5320/5	501-748-6583(f)			
Classification:	ILEC X CLE	EC Cellular	PCS		
	Sold San Control of the Control of t	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 K	USF			
4. Number of Acces	ss Lines Receiving	Lifeline Support			
5. Amount of Reimt	oursement Request	red from KUSF			
		Signature Block			
		Signature Block			
	•	orted herein is true and accurate to the	ne ,		
best of my knowledg	je.		Ø		
Company Official:	Tim P. Loken	Director-Regulatory Complia			
		1970 The south of the south	Signature		
Make check payable	e to :	Send a copy of this report to:			
Kentucky State Trea		Kentucky Public Service Con			

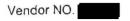
ATTN: Jim Stevens

Frankfort, KY 40602

Fax 502-564-3460

211 Sower Blvd.

PO Box 615



Date:08/14/1	<u>5</u>	Reporting Month:	July 2015
		Carrier Information	
Company Name:	Windstream Ke	entucky West, LLC	
Company Address:	4001 N Rodney		
	Little Rock, AR		
Telephone/Fax:	501-748-5320/	501-748-6583(f)	
Classification:	ILEC X CLE	ECCellular	PCS
Aini		Monthly Access Line Data	
1. Total Access Line	s in Service		
2. Surcharge per Acc	cess Line		\$0.08
3. Amount of Surcha	rge Remitted to K	CUSF	
4. Number of Access	Lines Receiving	Lifeline Support	
5. Amount of Reimbi	ursement Reques	ted from KUSF	
		Cignotura Plank	
		Signature Block	and the second second
I hereby attest that th best of my knowledge	•	orted herein is true and accurate to the	- Ø
Company Official: T	im P. Loken	Director-Regulatory Compliance	Sh
			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

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)	
Company Address: 4001 N Rodney Parham Little Rock, AR 72212	
Little Rock, AR 72212	
Telephone/Fax: 501-748-5320/501-748-6583(f)	
Classification: LEC X CLEC Cellular	PCS
Monthly Access Line Data	
Total Access Lines in Service	
2. Surcharge per Access Line	\$0.08
Amount of Surcharge Remitted to KUSF	
Number of Access Lines Receiving Lifeline Support	
5. Amount of Reimbursement Requested from KUSF	
Signature Block	7.0
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	a
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

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 10/1	5/15	Reporting Month:	September 2015
		Carrier Information	
Company Name:	Windstream Ker	ntucky West, LLC	
Company Address	s: 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 L	ines in Service		
2. Surcharge per	Access Line		\$0.08
3. Amount of Sur	charge Remitted to Kl	USF	
4. Number of Acc	ess Lines Receiving L	Lifeline Support	
5. Amount of Rei	mbursement Request	ed from KUSF	
		0	
		Signature Block	
I hereby attest that best of my knowle		nted herein is true and accurate to the	
Company Official:	Tim 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 Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. PO Box 615

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

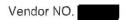
Date:	11/09/15	_		Reporting	Month:	October 2015
				Carrier Inform	nation	
Company Na	ame:	Windstrea	m Kentuck	y West, LLC		
Company Ad	ddress:	4001 N Rd	odney Parh	am		
1		Little Rock	, AR 722	12		
Telephone/F	ax:	501-748-5	320/501-74	48-6583(f)		
Classification	n:	ILEC X	_CLEC	_ Cellular_		PCS
			Mor	nthly Access	Line Data	
1. Total Acc						
2. Surcharge						\$0.08
3. Amount o	of Surchar	ge Remitted	d to KUSF			
4. Number of	of Access	Lines Rece	iving Lifelir	ne Support		
5. Amount o	of Reimbu	rsement Re	equested fro	om KUSF		
				Signature E	Block	
I hereby atte best of my ki			n reported	herein is true	and accurate to the	
Company Of	fficial: Ti	n P. Loken		Director-F	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



Finance & Administration Cabinet

ATTN: KY USF

702 Capital Avenue

Frankfort, KY 40601

Capitol Annex, Room 488A

#### COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 12/10	0/15	Reporting Month:		November 2015
		Carrier Information		no cilia de la proposición dela proposición de la proposición de la proposición dela proposición de la proposición de la proposición dela proposición dela proposición de la p
Company Name:	Windstream Ker	ntucky West, LLC		1)
Company Address	4001 N Rodney	Parham		<del>11 -</del> 6
	Little Rock, AR	72212		
Telephone/Fax:	501-748-5320/50	01-748-6583(f)		
Classification:	ILEC X CLE	C Cellular		PCS
		Monthly Access Line Data		
1. Total Access Li	nes in Service			
2. Surcharge per A	Access Line			\$0.08
3. Amount of Surc	harge Remitted to Kl	USF		
4. Number of Acce	ess Lines Receiving L	Lifeline Support		
5. Amount of Rein	nbursement Requesto	ed from KUSF		
		Signature Block		
I hereby attest that best of my knowled		orted herein is true and accur	rate to the	
Company Official:	Tim P. Loken	Director-Regulatory	Compliance	Signature
Make check payab	le to :	Send a copy of this r	report to:	
Kentucky State Tre		Kentucky Public Ser	5	
Northacky Oldie The	AGGIGI	Remucky Fublic der	VICE CONTINUESION	

ATTN: Jim Stevens

Frankfort, KY 40602

Fax 502-564-3460

211 Sower Blvd.

PO Box 615

Kentucky State Treasurer

Capitol Annex, Room 488A

ATTN: KY USF

702 Capital Avenue

Frankfort, KY 40601

Finance & Administration Cabinet

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date: 01/	15/15	Reporting Month:	December 2015
		Carrier Information	
Company Name:	Windstream Ke	ntucky West, LLC	
Company Addres	s: 4001 N Rodney	Parham	
	Little Rock, AR	72212	
Telephone/Fax:	501-748-5320/5	01-748-6583(f)	<del></del>
Classification:	ILEC X CLE	CCellular	PCS
		Monthly Access Line Data	
1. Total Access	Lines in Service		
2. Surcharge per	Access Line		\$0.08
3. Amount of Su	rcharge Remitted to K	USF	
4. Number of Ac	cess Lines Receiving	Lifeline Support	
5. Amount of Re	imbursement Request	ed from KUSF	
			1
		Signature Block	
I hereby attest the best of my knowle	•	orted herein is true and accurate to the	_
Company Official	: Tim P. Loken	Director-Regulatory Compliance	Signature
Make check paya	able to :	Send a copy of this report to:	Olginataro

Kentucky Public Service Commission

ATTN: Jim Stevens

Frankfort, KY 40602

Fax 502-564-3460

211 Sower Blvd.

PO Box 615

702 Capital Avenue

Frankfort, KY 40601

Capitol Annex, Room 488A

# COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Classification:    ILEC X   CLEC   Cellular   PCS	Date: 02/12/16		Reporting Month:	January, 2016	
Company Address:  4001 N Rodney Parham  Little Rock, AR 72212  501-748-5320/501-748-6583(f)  Classification:    LEC			Carrier Information		
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 Lines in Service 2. Surcharge per Access Line 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					
Telephone/Fax: 501-748-5320/501-748-6583(f)  Classification: ILEC X CLEC Cellular PCS  Monthly Access Line Data  1. Total Access Lines in Service 2. Surcharge per Access Line 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	Company Address:	4001 N Rodney P	arham		
Classification:    ILEC X   CLEC		Little Rock, AR 7	2212		
Monthly Access Line Data  1. Total Access Lines in Service 2. Surcharge per Access Line 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	Telephone/Fax:				
1. Total Access Lines in Service 2. Surcharge per Access Line 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	Classification:	ILEC X CLEC	Cellular	PCS	
2. Surcharge per Access Line \$0 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		N	Monthly Access Line Data		
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	1. Total Access Lin	es in Service			
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	<ol><li>Surcharge per A</li></ol>	\$0.08			
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					
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	<ol><li>Number of Acces</li></ol>	ss Lines Receiving Lif	feline Support		
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	5. Amount of Reimbursement Requested from KUSF				
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					
best of my knowledge.  Company Official: Tim P. Loken Director-Regulatory Compliance Signature			Signature Block		
Signature	-	•	ed herein is true and accurate to the	B	
	Company Official:	Tim P. Loken	Director-Regulatory Compliance	X.H.	
				Signature	
Make check payable to: Send a copy of this report to:	Make check payable	e to :	Send a copy of this report to:		
	Kentucky State Treasurer			sion	
Finance & Administration Cabinet ATTN: Jim Stevens	1.5				
ATTN: KY USF 211 Sower Blvd.		and the second			

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 N	Vame:	Windstream Kentucky West, LLC	
Company A	Address:	4001 N Rodney Parham	
		Little Rock, AR 72212	
Telephone/	/Fax:	501-748-5320/501-748-6583(f)	
Classification	on:	ILEC X CLEC Cellular	PCS
		Monthly Access Line Data	
1. Total Ac	cess Lines	in Service	
2. Surchar	ge per Acc	ess Line	\$0.08
3. Amount	of Surchar	ge Remitted to KUSF	
4. Number	of Access	Lines Receiving Lifeline Support	
5. Amount	of Reimbu	rsement Requested from KUSF	
		Signature Block	
I hereby att best of my		e information reported herein is true and accurate to the	
Company C	Official: Ti	m 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

Signature

Vendor NO.

## COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date:	04/08/1	<u> </u>	Reporting Month:	March, 2016
			Carrier Information	
Compar	y Name:	Windstream Kentu	cky West, LLC	
The state of the s		4001 N Rodney Pa	001 N Rodney Parham	
		Little Rock, AR 72	2212	
Telepho	ne/Fax:	501-748-5320/501-	-748-6583(f)	
Classific	ation:	ILEC X CLEC	Cellular	PCS
		M	Ionthly Access Line Data	
1. Total	Access Line	in Service		
2. Surch	narge per Acc	ess Line		\$0.08
3. Amo	unt of Surcha	ge Remitted to KUS	F	
4. Num	ber of Access	Lines Receiving Life	eline Support	
5. Amo	unt of Reimb	rsement Requested	from KUSF	
			Signatura Plank	
			Signature Block	
	attest that th		ed herein is true and accurate to the	_d
Compar	v Official: T	m P. Loken	Director-Regulatory Compliance	XYL

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