EXHIBIT B

(1) USAC Service Provider Id	dentification Number	14300	00997		(2) Stud	dy Area Co	1e <u>269007</u>	
(3) Filer 499 ID <u>802104</u>		(4) Ted	chnology Ty	/pe (check one) Wireli	ne 🔲	Wireless 🛂	
(5) ETC Designation Type (C	heck one): Lifeline	Only I	<u> </u>	ligh	Cost/Low Income	Z		
(6) Organization Information				(7) [Filing Information			
Company Legal Name:	East Kentucky N	Vetwor	k LLC	a)	Submission Date	02/07/20	014	
Contact Name:	Michael Huffma	n		b)	Data Month	January	2014	
Mailing Address:	101 Technology	Trail		c)	Type of Filing (check one)			
					•	Original Revision	Pi i	
	Ivel, KY 41642			d)	State Reporting	KENTU	CKY	
Telephone Number:	6068747550							
Fax Number:	6067912225	-]				
E-mail Address:	mhuffman@ekn	.com]				
Lifeline								
			ifeline		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		Subscribers (8) 907					=\$ 8390	
Receiving federal Li	пешпе эцррогт	• • —————				.5		
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0			x \$ 0.00 (not to exce	ed \$34 25)	=\$ 0	
Receiving leading L	neime oupport	Tot			al Federal Lifeline Support Claimed (10) \$ 8390			
Toll Limitation Service	es (TLS)		•					
	, ,							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	00				
Number of TLS Sub	scribers	(12)	0					
					Total TLS Supp	ort Claimed	ı (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ppor	t)			
Number of Connect	ions Waived	(14)	0					
Charges Waived pe	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	s, use an aver	age amount)	
		(HOL TO	exceed \$100)					
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest		(17) \$	0.00					
			Т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment								
Total Lifeline \$ 8390	Total TLS \$ 0			Total	Tribal Link Up \$ <u>C</u>)		
					Tota	al Dollars (1	9) \$ 8390	

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code. 18 U.S.C. §1001.

AFFIRED TITLE	OFFICER NAME
Controller	Michael Huffman
DATE	OFFICER SIGNATURE
02/07/2014	Michael Huffman
00/07/004 4	A 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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(1) USAC Service Provider lo	1430009	97	(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID 802104		(4) Techn	ology Type	(check one) Wirel	ine 🔲	Wireless 🕗
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄	High	Cost/Low Income		
(6) Organization Information	,		(7)	Filing Information		
Company Legal Name:	East Kentucky I	Network L	LC a)	Submission Date	03/07/20	014
Contact Name:	Michael Huffma	n	b)	Data Month	Februar	y 2014
Mailing Address:	101 Technology	/ Trail	c)	Type of Filing (check one)		
					Original Revision	
	Ivel, KY 41642		d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550					
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekr	n.com				
Lifeline						
Litetitie		(a) # Lifel	ine	(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub	caribara	Subscribe	<u>ers</u>	Subscriber Su	pport	
Receiving federal Li		(8) 908		x \$9.:	25	= \$ 8399
Tribal Low-Income Subscrib	ers	(9) <u>O</u>		$ \begin{array}{ccc} & \times & 0.00 & = \$ & \underline{0} \\ & \text{(not to exceed $34.25)} \end{array} $ Federal Lifeline Support Claimed (10) \$ 8399		=\$ 0
Receiving federal L	ifeline Support	• •	Total			od (10) \$ 8399
			lotai	rederar Ellenne od	pport Glann	su (10) 0 <u>0000</u>
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	\···/ —	.000000	<u> </u>		
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Sup	port Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High	Cost suppo	ort)	•	
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection		.00	(for multiple rate	s, use an aven	age amount)
		(not to exce	eed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0</u>	.0			
Deferred Interest		(17) \$ <u>0</u>	.00			
			Total	Tribal Link Up Su	pport Claime	ed (18) \$ <u>0</u>
ETC Payment						
•	•				0	
Total Lifeline \$ 8399	Total TLS \$ <u>U</u>		Tota			
				Tot	al Dollars (1	9) \$ 8399

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OFFICER TITLE	OFFICER NAME	
Financial Operations Directo	Michael Huffman	
DATE	OFFICER SIGNATURE	
03/07/2014	Michael Huffman	

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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(1) USAC Service Provider Id	C Service Provider Identification Number <u>14300099</u>					7 (2) Study Area Code <u>269007</u>			
(3) Filer 499 ID 802104 (4) Technolog					check one) Wirelii	ne 🔲	Wireless 🔟		
(5) ETC Designation Type (C	heck one): Lifeline	Only [High	Cost/Low Income	2			
(6) Organization Information				(7)	Filing Information				
Company Legal Name:	East Kentucky N	letwor	k LLC	a)	Submission Date	04/04/20	14		
Contact Name:	Michael Huffma	n		b)	Data Month	March 20	014		
Mailing Address:	101 Technology	Trail		c)	Type of Filing (check one)		-		
					,	Original Revision	PH		
	Ivel, KY 41642			d)	State Reporting	KENTUC			
Telephone Number:	6068747550								
Fax Number:	6067912225]					
E-mail Address:	mhuffman@ekn	.com							
Lifeline				-	******		(a) Tabal I Mallaga		
			ifeline <u>ribers</u>		(b) Lifeline Sup Subscriber Sur		(c) Total Lifeline		
Non-Tribal Low-Income Subs		(8) 899			x \$9.2	5	=\$ 8316		
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00		= \$ 0		
Receiving federal Li		(-)			(not to exceed \$34.25 Federal Lifeline Support Clai				
			10	otal F	ederal Liteline Sup	port Claime	d (10) \$ <u>03 10</u>		
Toll Limitation Service	es (TLS)								
Cost of Providing Ti (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000)U					
Number of TLS Sub	scribers	(12)	0						
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ippor	t)				
Number of Connect	ions Waived	(14)	0						
Charges Waived per	r Connection	(15) \$	0.00 exceed \$100)		(for multiple rates	, use an avera	ge amount)		
		(not to	ехсеец ф 100)	,					
Total Connection Cl	harges Waived	(16) \$	0.0	·	_				
Deferred Interest		(17) \$	0.00						
			1	otal '	Tribal Link Up Sup	port Claime	d (18) \$ 0		
ETO Bours and			•		an miin op oup	L 2. 1 - 1 - 1 - 1 - 1 - 1 - 1	- (, -		
ETC Payment					_				
Total Lifeline \$ 8316	Total TLS \$ 0			Total	Tribal Link Up \$ <u>C</u>)			
					Tota	I Dollars (19) \$ <u>8316</u>		

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04/04/2014	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Id	dentification Number	143000	997		(2) Stud	dy Area Cod	te 269007
(3) Filer 499 ID <u>802104</u>		(4) Tech	nology Type	e (c	heck one) Wirelii	ne 🔲	Wireless 🔼
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮] Hig	gh (Cost/Low Income		
(6) Organization Information	T		(7	7) F	iling Information		
Company Legal Name:	East Kentucky I	Network	LLC a	a)	Submission Date	05/02/20	014
Contact Name:	Michael Huffma	ın	b	b)	Data Month	April 20	14
Mailing Address:	101 Technology	/ Trail	C	C)	Type of Filing (check one)		
					· · · · · ·	Original Revision	A l
	Ivel, KY 41642		d	d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550						
Fax Number:	6067912225						
E-mail Address:	mhuffman@ekr	n.com					
Lifeline		(a) # Life	aline		(b) Lifeline Sup	port/	(c) Total Lifeline
=		Subscrib			Subscriber Sur		(6) 1044 211011110
Non-Tribal Low-Income Sub Receiving federal Li		(8) 784		_	x \$ <u>9.2</u>	5	=\$ <u>7252</u>
Tribal Low-Income Subscrib	ers	(9) 0			x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0
Receiving federal Li	ifeline Support	T			(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 7252		
			iota	II P	ederai Liteline Sup	port Claune	60 (10) \$ <u>7232</u>
Toll Limitation Service	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	1	0.000000		_		
Number of TLS Sub	scribers	(12) <u>(</u>	0				
					Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High	n Cost supp	ort			
Number of Connect	ions Waived	(14))				
Charges Waived pe	r Connection	\·-/ + -	0.00 ceed \$100)		(for multiple rates	, use an avera	age amount)
		·					
Total Connection C	harges Waived	(16) \$ <u>(</u>	0.0		_		
Deferred Interest		(17) \$ (0.00				
			Tota	al 1	ribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 7252	Total TI S & O		Tot	tel	Tribal Link Un ¢ ())	
i otal Ellellile 9 <u>, 202</u>	10tal 1L3 \$_ <u>~_</u>			·CII			— 7959
					Tota	l Dollars (19	9) \$

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05/02/2014	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

NOTICE: To implement continu 254 of the Communications Act of 1924, as amended, the Enderel Communications Con

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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(1) USAC Service Provider Id	Service Provider Identification Number 143000997					(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID <u>802104</u> (4) Technology Ty					check one) Wirelli	ne 📮	Wireless 🛂		
(5) ETC Designation Type (C	heck one): Lifeline	Only	Q I	High	Cost/Low Income	型			
(6) Organization Information				(7)	Filing Information	·			
Company Legal Name:	East Kentucky N	letwo	rk LLC	a)	Submission Date	06/04/20	014		
Contact Name:	Michael Huffma	n		b)	Data Month	May 201	4		
Mailing Address:	101 Technology	Trail		c)	Type of Filing (check one)				
					, ,	Original Revision	A		
	Ivel, KY 41642			d)	State Reporting	KENTUC			
Telephone Number:	6068747550				-				
Fax Number:	6067912225								
E-mail Address:	mhuffman@ekn	.com							
Lifeline									
2.1011.10			_ifeline		(b) Lifeline Sup		(c) Total Lifeline		
Non-Tribal Low-Income Sub	scribers		<u>cribers</u>		Subscriber Sur	<u>oport</u>			
Receiving federal Li		(8) <u>7</u>	776		x \$ <u>9.2</u>	5	=\$ <u>7178</u>		
Tribai Low-Income Subscribers		(9) 0			x \$ <u>0.00</u>		= \$ 0		
Receiving federal Li	feline Support	Te		stal F	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 717		d (10) \$ 7178		
				JULAN 1	odorar Enomio oap	port Grainte	.u (10)		
Toll Limitation Service	es (TLS)								
Cost of Providing T	l S nar Subscribar	(11)	0.00000	00					
	al cost or \$3 in 2012 /\$2 i								
Number of TLS Sub	scribers	(12)	0						
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	iving H	ligh Cost su	ppoi	t)				
Number of Connect	ions Waived	(14)	0						
Charges Waived pe		(15) \$			(for multiple rates	, use an avera	age amount)		
		(not to	exceed \$100)	1					
Total Connection C	harges Waived	(16) \$	0.0		_				
Deferred Interest		(17) \$	0.00						
			Т	otal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>		
ETC Payment									
Total Lifeline \$ 7178	Total TLS \$ 0		·	Total	Tribal Link Up \$ <u>C</u>)			
						l Dollars (19	9) \$ <u>7178</u>		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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06/04/2014	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Id	dentification Number	1430009	997	(2) Stu	dy Area Cod	<u>269007</u>
(3) Filer 499 ID <u>802104</u>	ology Type ((check one) Wireli	ne 🛄	Wireless 🛂		
(5) ETC Designation Type (C	Cost/Low Income	델				
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	East Kentucky N	Network I	LLC a)	Submission Date	07/03/20	14
Contact Name:	Michael Huffma	<u>n</u>	b)	Data Month	June 201	14
Mailing Address:	101 Technology	' Trail	c)	Type of Filing (check one)		
			:		Original [<u> </u>
	Ivel, KY 41642		d)	State Reporting	KENTUC	ΚΥ
Telephone Number:	6068747550					_
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekn	.com				
Lifeline						
		(a) # Lifel Subscrib		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 731		x \$ 9.2		=\$ 6762
Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support				0.00	<u> </u>	= \$ 0
		(9) <u>0</u>		(not to exceed \$34.25)		
-			Total I	Federal Lifeline Sup	port Claime	d (10) \$ <u>6762</u>
Toll Limitation Service	es (TLS)					
		_				
Cost of Providing To	LS per Subscriber al cost or \$3 in 2012 /\$2 i	\··/ —	.000000			
Number of TLS Sub		(12) <u>O</u>)			
Number of 123 Sub	30110013	(12)			Olai	420 e O
Tribal Link Up (Availab	le only to ETCs rece	eiving High	Cost suppo	Total TLS Support)	ort Claimed	(13) \$
• ,	•			•		
Number of Connect		(14) <u>0</u> (15) \$ <u>0</u>	100			
Charges Waived pe	r Connection	(15) \$ <u>\(\times\)</u> (not to exc	eed \$100)	(for multiple rates	i, use an avera	ge amount)
Total Connection C	harges Waived	(16) \$ <u>0</u>	.0			
Deferred Interest		(17) \$ <u>0</u>	.00			
			Total	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 6762	Total TLS \$_0		Tota	I Tribal Link Up \$ <u>(</u>)	_
				Tota	ıl Dollars (19) \$ <u>6762</u>

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

07/03/2014	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	CERCED NAME	_			

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(1) USAC Service Provider Id	lentification Number	1430009	997	(2) Stu	dy Area Cod	<u>269007</u>
(3) Filer 499 ID <u>802104</u>		(4) Techr	ology Type (check one) Wireli	ne 🔲	Wireless 🛂
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	East Kentucky I	Network	LLC a)	Submission Date	08/04/20	14
Contact Name:	Michael Huffma	n	b)	Data Month	July 201	4
Mailing Address:	101 Technology	' Trail	c)	Type of Filing (check one)		
					Original Revision	7
	Ivel, KY 41642		d)	State Reporting	KENTUC	100
Telephone Number:	6068747550					
Fax Number:	6067912225	_				
E-mail Address:	mhuffman@ekn	.com				
Lifeline						
		(a) # Life Subscrib		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub						• GE40
Receiving federal Li	feline Support	(8) <u>707</u>		x \$ <u>9.2</u>	25	= \$ <u>6540</u>
Tribal Low-Income Subscrib		(9) <u>O</u>		x \$ <u>0.00</u>	eed \$34.25)	= \$ 0
Receiving federal Li	теппе Support		Total F	not to exce ederal Lifeline Sup	pport Claime	d (10) \$ <u>6540</u>
Toll Limitation Service	es (TLS)					
	()					
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	\··/ —	0.000000	<u> </u>		
Number of TLS Sub		(12) <u>C</u>)			
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High	Cost suppor	rt)		
Number of Connect	ions Waived	(14) <u>0</u>		<u></u>		
Charges Waived pe	r Connection	\ · · / · —	0.00	(for multiple rates	s, use an avera	ge amount)
		(not to exc	eed \$100)			
Total Connection C	harges Waived	(16) \$ <u>0</u>	.0			
Deferred Interest		(17) \$ <u>C</u>	.00			
			Total	Tribal Link Up Sup	port Claime	1 (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 6540	Total TLS \$ 0		Tota	l Tribal Link Up \$ <u>(</u>)	_
				Tota	al Dollars (19) \$ <u>6540</u>

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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OFFICER TITLE	OFFICER NAME	
Financial Operations Directo	Michael Huffman	
DATE	OFFICER SIGNATURE	
08/04/2014	Michael Huffman	

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(3) Filer 499 ID <u>802104</u>		(4) Techno	ology Type	(check one) Wireli	ne 🔲	Wireless 🛂
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	East Kentucky N	Network L	.LC a)	Submission Date	09/03/20	14
Contact Name:	Michael Huffma	n	b)	Data Month	August 20	014
Mailing Address:	101 Technology	Trail	c)	Type of Filing (check one)		
				(,	Original Revision	4
	Ivel, KY 41642		d)	State Reporting	KENTUC	₩£1
Telephone Number:	6068747550					· .
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekn	.com				
Lifeline						
Liioiiio		(a) # Lifeli	ne	(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribe	ers	<u>Subscriber Su</u>	<u>pport</u>	
Receiving federal L		(8) <u>680</u>		_ x \$ <u>9.2</u>	25	=\$ <u>6290</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) 0		x \$ 0.00		= \$ 0
		т.		(not to exce Federal Lifeline Sup	eed \$34.25)	. (10) \$ 629N
			iotai	rederal Litellite Suf	oport Giannet	0230
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	· · · · · · · · · · · · · · · · · · ·	000000			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	oort Claimed	(13) \$ <u>O</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High	Cost suppo	ort)		
Number of Connect	ions Waived	(14) <u>0</u>		<u> </u>		
Charges Waived pe	r Connection	(15) \$ <u>0</u> .	00	(for multiple rates	s, use an averag	je amount)
		(not to exce	ea \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.</u>	0			
Deferred Interest		(17) \$ <u>0</u> .	00			
			Total	l Tribal Link Up Sup	port Claimed	(18) \$ <u>O</u>
ETC Payment						
Total Lifeline \$ 6290	Total TI S & O		Tota	al Tribal Link Un \$ (ס	
i otai Elicinic 9 <u></u>						- - 6290
				Tota	al Doilars (19)	\$ 0200

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AFFIAFA TITI F		
Financial Operations Directo	Michael Huffman	
DATE	OFFICER SIGNATURE	
09/03/2014	Michael Huffman	

OFFICER TITLE OFFICER NAME

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(3) Filer 499 ID <u>802104</u>		(4) Te	chnology T	ype (check one) Wirelii	пе 📮	Wireless 🛂
(5) ETC Designation Type (C	heck one): Lifeline	Only		High	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	East Kentucky I	Vetwo	rk LLC	a)	Submission Date	10/07/20)14
Contact Name:	Michael Huffma	n		b)	Data Month	Septemb	per 2014
Mailing Address:	101 Technology	Trail		c)	Type of Filing (check one)		
					· · · · · · · · ·	Original Revision	PI I
	Ivel, KY 41642			d)	State Reporting	KENTU(
Telephone Number:	6068747550				_		·
Fax Number:	6067912225			1			
E-mail Address:	mhuffman@ekn	.com					
Lifeline							
			ifeline.		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub-	scribers		ribers		Subscriber Sup	<u>port</u>	
Receiving federal Li	ifeline Support	(8) 654			x \$9.2	9.25 = \$ <u>6050</u>	
Tribal Low-Income Subscribers		(9) 0			x \$ <u>0.00</u>		= \$ 0
Receiving federal Lifeline Support		т		otal F	(not to exceed \$34.25) Il Federal Lifeline Support Claimed (10) \$ <u>605</u>		
T-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · (T/ O)		.,	otal i	ouolui Elloinio oup	port Gramme	.u (10)
Toll Limitation Service	es (1LS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) in 2013)	0.00000	00	_		
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ippoi	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived pe		(15) \$			(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100))			
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
			7	otal [— Tribal Link Up Sup	port Claime	od (18) \$ <u>0</u>
ETC Boymont			·	·		• • • • • • • • • • • • • • • • • • • •	, , ,
ETC Payment	_				_		
Total Lifeline \$ 6050	Total TLS \$_0_			Total			_
					Tota	l Dollars (19	e) \$ 6050

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10/07/2014	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Id	dentification Number	143000997		(2) Stu	dy Area Cod	le 269007
(3) Filer 499 ID <u>802104</u>		(4) Technology 1	Гуре (check one) Wireli	ne 🔲	Wireless 📵
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮	High	Cost/Low Income	D	
(6) Organization Information	<u> </u>		(7)	Filing Information		
Company Legal Name:	East Kentucky I	Network LLC	a)	Submission Date	11/03/20)14
Contact Name:	Michael Huffma	an	b)	Data Month	October	2014
Mailing Address:	101 Technology	y Trail	(c)	Type of Filing (check one)		
					Original Revision	A
	Ivel, KY 41642		d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550					_
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekr	n.com				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 624				=\$ 5772
Receiving federal Li	reline Support			x \$ 9.2	<u>5</u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ <u>0.00</u>	od \$34.35\	=\$ 0
Kecelving lederal Li	neine Support	Т	otal F	ederal Lifeline Sup		ed (10) \$ <u>5772</u>
Toll Limitation Service	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.0000 in 2013)	00	_		
Number of TLS Sub	scribers	(12) <u>0</u>		<u> </u>		
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppo	rt)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100))	(for multiple rates	, use an avera	ige amount)
		(1101 10 020000 \$100	••			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 5772	Total TI S & N		Tota	l Tribal I ink IIn ¢ ()	
Total Lifeline \$ OTTE	10tal 1E3 \$ <u></u>		ı yıd			
				Tota	il Dollars (19) \$ 5//2

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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11/03/2014	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Id	dentification Number	143000997		(2) Stu	dy Area Cod	_{le} 269007
(3) Filer 499 ID <u>802104</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🕗
(5) ETC Designation Type (C	check one): Lifelin	e Only 📮	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	_	
Company Legal Name:	East Kentucky	Network LLC	a)	Submission Date	12/08/20	014
Contact Name:	Michael Huffma	ın	b)	Data Month	Novemb	er 2014
Mailing Address:	101 Technology	y Trail	_ c)	Type of Filing (check one)		
					Original Revision	
	Ivel, KY 41642		d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550					
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekr	n.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) <u>608</u>		<u></u>		= \$ 5624
Receiving federal L	ітенпе Ѕирроп	•		× \$ 9.2	<u> </u>	
Tribal Low-Income Subscrib Receiving federal L		(9) <u>O</u>		x \$ <u>0.00</u>	and \$34.25\	= \$ 0
ivecelating ledetal F	neime Support	т	otal i	Federal Lifeline Sup		ed (10) \$ <u>5624</u>
Toll Limitation Service	ces (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> in 2013)	00			
Number of TLS Sub	scribers	(12) <u>0</u>		- 		
				Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cost s	uppo	rt)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			Total	 Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Doversort						, .
ETC Payment						
Total Lifeline \$ 5624	Total TLS \$ <u>0</u>		Tota			_
				Tota	ıl Dollars (19	s 5624

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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12/08/2014	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Id	dentification Number	143000997		(2) Stu	dy Area Co	de <u>269007</u>
(3) Filer 499 ID <u>802104</u>		(4) Technolog	у Туре	(check one) Wireli	ine 🔲	Wireless 🛂
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	East Kentucky	Network LLC	a)	Submission Date	01/08/20	015
Contact Name:	Michael Huffma	an	b)	Data Month	Decemb	per 2014
Mailing Address:	101 Technology	y Trail	c)	Type of Filing (check one)		_
					Original Revision	
	Ivel, KY 41642	-	d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550					
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekr	n.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>575</u>		x \$ 9.2		= \$ 5319
-	• •	^		0.00		=\$ 0
Tribal Low-Income Subscrib Receiving federal Li		(9) U		(not to exc	eed \$34.25)	· -
•	••		Total	Federal Lifeline Su	pport Claim	ed (10) \$ <u>5319</u>
Toll Limitation Service	es (TLS)					
		0.00	0000			
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	\'''	0000			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Sup	port Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rec	eiving High Cos	t suppo	rt)		
Number of Connect	tions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ 0.00	100\	(for multiple rates	s, use an aver	age amount)
		(not to exceed \$	100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 5319	Total TLS \$ 0		Tota	ıl Tribal Link Up \$ _	0	_
				Tota	al Dollars (1	_{9) \$} 5319

OMB Approval 3060-0819 Avg. Burden Est, per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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Financial Operations Directo	Michael Huffman	
DATE	OFFICER SIGNATURE	
01/08/2015	Michael Huffman	

OFFICER TITLE OFFICER NAME

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(1) USAC Service Provider Identification Number 143000997				(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID <u>802104</u>		(4) Tec	hnology Ty	/pe (check one) Wireli	ne 📮	Wireless 🔃
(5) ETC Designation Type (C	heck one): Lifelin	e Only [<u> </u>	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	East Kentucky	Networ	k LLC	a)	Submission Date	03/03/2	015
Contact Name:	Michael Huffma	ın		b)	Data Month	January	2015
Mailing Address:	101 Technology	/ Trail		c)	Type of Filing (check one)		
						Original Revision	
	Ivel, KY 41642			d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550						
Fax Number:	6067912225						
E-mail Address:	mhuffman@ekr	n.com					
Lifeline							
		(a) # L Subsc			(b) Lifeline Sup Subscriber Su	port/	(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 3			x \$ 9.2		= \$ 3080
Receiving federal L	meline Support				·	.5	-
Tribal Low-Income Subscrib Receiving federal L		(9) <u>O</u>	<u> </u>		x \$ <u>0.00</u> (not to exce	ed \$34.25)	= \$ 0
Receiving lederal L	neme Support		To	tal F	ederal Lifeline Sup	port Claim	ed (10) \$ <u>3080</u>
Toll Limitation Service	es (TLS)						
Cost of Providing T	LS per Subscriber	(11)	0.00000	00			
	al cost or \$3 in 2012 /\$2						
Number of TLS Sub	scribers	(12)	0	-			
					Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rec	eiving Hi	igh Cost su	ppoi	7)		
Number of Connect	tions Waived	(14)	0				
Charges Waived pe	r Connection	1/ -	0.00 exceed \$100)		(for multiple rates	s, use an ave	rage amount)
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0		<u> </u>		
Deferred Interest		(17) \$	0.00				
			т	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ 3080	Total TI 0 # 0			Tato	l Tribal Link Up \$ <u>(</u>)	
i otal Lifeline \$_5000	lotal ILS \$ U			ı ota	•		 2000
					Tota	al Dollars (1	9) \$ 3080

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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03/03/2015	Michael Huffman					
DATE	OFFICER SIGNATURE					
Financial Operations Directo	Michael Huffman					
OFFICER TITLE	OFFICER NAME					

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(1) USAC Service Provider Id	(2) Study Area Code <u>269007</u>					
(3) Filer 499 ID 802104	ype (check one) Wireli	ne 🔲	Wireless		
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		··
Company Legal Name:	East Kentucky I	Network LLC	a)	Submission Date	03/09/20)15
Contact Name:	Michael Huffma	ın	b)	Data Month	Februar	y 2015
Mailing Address:	101 Technology	y Trail	_ c)	Type of Filing (check one)		
					Original Revision	
	Ivel, KY 41642		d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550		_			
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekn	n.com				
Lifeline						
Literitie		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	oerihara	Subscribers		Subscriber Sur	oport	
Receiving federal Li		(8) 363		x \$ <u>9.2</u>	5	=\$ 3358
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal L	ifeline Support	• •	204011	(not to exce		
		•	otai i	Federal Lifeline Sup	port Claime	ia (10) \$ <u>3330</u>
Toll Limitation Service	es (TLS)					
		0.0000	00			
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u>	<u> </u>			
•						
Number of TLS Sub	scribers	(12) <u>U</u>				0
Triballink lla /Atat	1	a in time at the back of		Total TLS Supp	ort Claimed	1 (13) \$ <u>U</u>
Tribal Link Up (Availab	ie only to E i Cs rece	eiving High Cost s	uppo	π)		
Number of Connect	ions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100		(for multiple rates	s, use an avera	age amount)
		(not to exceed \$100))			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
		-	Total	—— Tribal Link Up Sup	nort Claima	d (18) \$ 0
			ı otal	тпраг спік ор эцр	Port Granite	u (10) #
ETC Payment						
Total Lifeline \$ 3358	Total TLS \$ 0		Tota	I Tribal Link Up \$)	
					al Dollars (19	
				ıota	ıı Dollars (1:	7) \$ ————— \$ (C

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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03/09/2015	Michael Huffman					
DATE	OFFICER SIGNATURE					
Financial Operations Directo	Michael Huffman					
OFFICER TITLE	OFFICER NAME					

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						y Area Code <u>269007</u>	
(3) Filer 499 ID <u>802104</u>		(4) Ted	chnology Ty	/pe (check one) Wirelin	e 🔲 Wireless	 ☑
(5) ETC Designation Type (C	check one): Lifeling	e Only [ligh	Cost/Low Income	2 1	
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	East Kentucky I	Vetwor	k LLC	a)	Submission Date	04/08/2015	
Contact Name:	Michael Huffma	n		b)		March 2015	
Mailing Address:	101 Technology	/ Trail	-	(c)	Type of Filing (check one)		
						riginal 7	
	Ivel, KY 41642			d)		KENTUCKY	
Telephone Number:	6068747550						
Fax Number:	6067912225]			
E-mail Address:	mhuffman@ekr	.com					
Lifeline							
			ifeline		(b) Lifeline Supp		eline
Non-Tribal Low-Income Sub					<u> </u>		
_	• •	• • -				· · · · · · · · · · · · · · · · · · ·	
		(9) <u>U</u>	<u> </u>		~ ~ —		
Nocelving lead at L	nemie Support		To	otal F		oort Claimed (10) \$ <u>358</u>	9
Toll Limitation Service	es (TLS)						
			0.0000				
Cost of Providing T (the lesser of increment		(11) in 2013)	0.00000	<u> </u>			
Number of TLS Sub		•	0		_		
					Total TLS Suppo	ort Claimed (13) \$ 0	
Tribal Link Up (Availab	ole only to ETCs rece	eiving H	igh Cost su	ppoi	t)		
Number of Connect	tions Waived	(14)	0				
Charges Waived pe		(15) \$			(for multiple rates,	use an average amount)	
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest		(17) \$	0.00				
			Т	otal	Tribal Link Up Supp	oort Claimed (18) \$ 0	
ETC Payment							
•	Total TLS \$ 0			Total	Tribal Link Up \$ 0		
Fax Number: E-mail Address: Lifeline Non-Tribal Low-Income Sub-Receiving federal L Tribal Low-Income Subscrib Receiving federal L Toll Limitation Service Cost of Providing T (the lesser of increment Number of TLS Sub-Number of Connect Charges Waived per Total Connection C	6068747550 6067912225 mhuffman@ekr escribers ifeline Support eers ifeline Support ees (TLS) LS per Subscriber tal cost or \$3 in 2012 /\$2 escribers ele only to ETCs rece tions Waived er Connection charges Waived	(a) # L Subsci (8) 3 (9) 0 (11) in 2013) (12) eiving Hi (14) (15) \$ (not to (16) \$ (17) \$	0.00000 0 0.00000 0 0.00 0 0.00 exceed \$100) 0.00	otal F	(b) Lifeline Suppose Subscriber Suppose Subscriber Suppose Sup	Conti (c) Total Life port = \$ 3589 = \$ 0 ed \$34.25) cort Claimed (10) \$ 358 ort Claimed (13) \$ 0 use an average amount)	_

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

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04/08/2015	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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All
Company Legal Name: East Kentucky Network LLC a) Submission Date 05/08/2015 Contact Name: Michael Huffman b) Data Month April 2015 Adilling Address: 101 Technology Trail c) Type of Filing (check one) Vel, KY 41642 d) State Reporting KENTUCKY Celephone Number: 6068747550 Fax Number: 6067912225 Celephone Mumber: mhuffman@ekn.com Contact Name: Michael Huffman b) Data Month April 2015 Contact Name: Note of Filing (check one) Coriginal Contact Name: New Yellow Co
Company Legal Name: East Kentucky Network LLC a) Submission Date 05/08/2015 Contact Name: Michael Huffman b) Data Month April 2015 April 2015 Type of Filing (check one) Original Revision Ivel, KY 41642 d) State Reporting KENTUCKY Telephone Number: 6068747550 Fax Number: 6067912225 Type of Filing (check one) Original Revision Ivel, KY 41642 d) State Reporting KENTUCKY Telephone Number: 6068747550 Type of Filing (check one) Original Revision Ivel, KY 41642 d) State Reporting KENTUCKY Telephone Number: 6068747550 Type of Filing (check one) Original Revision Ivel, KY 41642 d) State Reporting KENTUCKY Telephone Number: 6068747550 Type of Filing (check one) Original Revision Ivel, KY 41642 d) State Reporting KENTUCKY Telephone Number: 6068747550 Type of Filing (check one) Original Revision Ivel, KY 41642 d) State Reporting KENTUCKY
Michael Huffman Data Month April 2015 C) Type of Filing (check one) Original Revision Ivel, KY 41642 Glephone Number: G068747550 Fax Number: G067912225 F-mail Address: Mhuffman@ekn.com (a) # Lifeline Subscribers Mon-Tribal Low-Income Subscribers OA44
101 Technology Trail C) Type of Filing (check one) Original Revision Ivel, KY 41642 d) State Reporting KENTUCKY
Criginal Revision Ivel, KY 41642 d) State Reporting KENTUCKY
Ivel, KY 41642 d) State Reporting KENTUCKY
Ivel, KY 41642 d) State Reporting KENTUCKY
Fax Number: 6067912225 E-mail Address: mhuffman@ekn.com Lifeline (a) # Lifeline Subscribers Subscriber Support Yon-Tribal Low-Income Subscribers 270
in the subscribers (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Subscriber Support (c) Total Lifeline Subscriber Subscriber Support (d) # Lifeline Subscriber Support (e) Total Lifeline Support (e) Total Lifeline Support (e) Total Lifeline Subscriber Subscriber Support (e) Total Lifeline Subscriber Support (e) Total Lifeline Subscriber Subscriber Subscriber Subscriber Subscriber Subscriber Support (e) Total Lifeline Subscriber Subsc
Lifeline (a) # Lifeline (b) Lifeline Support/ Subscribers Subscriber Support Non-Tribal Low-Income Subscribers
(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Von-Tribal Low-Income Subscribers
(a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Fon-Tribal Low-Income Subscribers
Non-Tribal Low-Income Subscribers
070
Fribal Low-Income Subscribers (9) $0 \times 0.00 = 0$
Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 3441
Toll Limitation Services (TLS)
Cost of Providing TLS per Subscriber (11) 0.00000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)
Number of TLS Subscribers (12) <u>0</u>
Total TLS Support Claimed (13) \$ 0
Tribal Link Up (Available only to ETCs receiving High Cost support)
Number of Connections Waived (14) $\frac{0}{2000}$
Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived (16) \$ 0.0
Deferred Interest (17) \$ 0.00
Total Tribal Link Up Support Claimed (18) \$ 0
ETC Payment
Total Lifeline \$ 3441 Total TLS \$ 0 Total Tribal Link Up \$ 0
Total Dollars (19) \$ 3441

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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05/08/2015	Michael Huffman					
DATE	OFFICER SIGNATURE					
Financial Operations Directo	Michael Huffman					
OFFICER TITLE	OFFICER NAME					

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(1) USAC Service Provider Identification Number 143000997					(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID <u>802104</u> (4) Technology Type (check of						ne 🔲	Wireless 🔃	
(5) ETC Designation Type (C	heck one): Lifeline	Only [<u>)</u> н	ligh	Cost/Low Income	②		
(6) Organization Information				(7)	Filing Information			
Company Legal Name:	East Kentucky N	Network	< LLC	a)	Submission Date	06/05/20)15	
Contact Name:	Michael Huffma	n		b)	Data Month	May 201	15	
Mailing Address:	101 Technology	Trail		c)	Type of Filing (check one)			
					` '	Original Revision	Pa I	
	Ivel, KY 41642			d)	State Reporting	KENTU		
Telephone Number:	6068747550							
Fax Number:	6067912225							
E-mail Address:	mhuffman@ekn	.com						
Lifeline								
Lifeinie		(a) # Li			(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecribare	Subscr	<u>ibers</u>		Subscriber Sup	oport .		
Receiving federal Li		(8) <u>34</u>	2		x \$ <u>9.2</u>	5	=\$ 3164	
Tribal Low-Income Subscrib	ers	(9) <u>0</u>			x \$ 0.00		= \$ 0	
Receiving federal Li		(-)	To	tal E	(not to exceed \$34.25) Federal Lifeline Support Claim			
			10	lai F	ederai Liieline Suf	port Ciaiili	34 (10) \$ <u>510+</u>	
Toll Limitation Service	es (TLS)							
			0.00000	n				
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000	<u> </u>				
Number of TLS Sub	scribers	(12)	0					
		. ,			Total TLS Supp	ort Claimer	. (13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	iving Hig	gh Cost su	opor			(10) 4	
Normal and Commont	ione Maloined	(4.4)	0					
Number of Connect Charges Waived pe		(14) (15) \$	0.00		— (for multiple rates	, use an aver	age amount)	
			xceed \$100)		` .			
Total Connection C	harges Waived	(16) \$	0.0					
Deferred Interest	-	• •	0.00					
50101104 11.101001		(, 4		otal '	-— Tribal Link Up Sup	nort Claims	.d (18) \$ 0	
ETO Dayman 1			10	viai	The Link op Sup	port Glaiille	······································	
ETC Payment						_		
Total Lifeline \$ 3164	Total TLS \$ 0			otal	Tribal Link Up \$ <u>C</u>)	_	
					Tota	ıl Dollars (1	9) \$ 3164	

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06/05/2015	Michael Huffman					
DATE	OFFICER SIGNATURE					
Financial Operations Directo	Michael Huffman					

OFFICER TITLE OFFICER NAME

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(1) USAC Service Provider Id	lentification Number	97	(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID <u>802104</u>		(4) Techno	logy Type (check one) Wireli	ne 🔲 Wireless 💯	
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	High	Cost/Low Income	Q	
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	East Kentucky N	Network LI	_C a)	Submission Date	07/02/2015	
Contact Name:	Michael Huffma	n	b)	Data Month	June 2015	
Mailing Address:	101 Technology	Trail	c)	Type of Filing (check one)		
					Original / Revision	
	Ivel, KY 41642		d)	State Reporting	KENTUCKY	
Telephone Number:	6068747550			-		
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekn	.com				
Lifeline						
		(a) # Lifelin Subscriber		(b) Lifeline Sup Subscriber Sup		
Non-Tribal Low-Income Sub- Receiving federal Li		(8) 318	<u> </u>	x \$ 9.2		
-	• •	_		0.00	= \$ 0	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		· / ——		(not to exce	ed \$34.25)	
			Total F	ederal Lifeline Sup	port Claimed (10) \$ <u>2942</u>	
Toll Limitation Service	es (TLS)					
Coat of Providing T	I C Cubaaribaa	(44) 0.0	00000			
Cost of Providing T (the lesser of increment	al cost or \$3 in 2012 /\$2 i	\ · · · /	<u> </u>			
Number of TLS Sub	scribers	(12) <u>O</u>		_		
					ort Claimed (13) \$ 0	
Tribal Link Up (Availab	le only to ETCs rece	niving High C	ost suppo	π)		
Number of Connect	ions Waived	(14) <u>0</u>				
Charges Waived pe	r Connection	(15) \$ 0.0 (not to excee		(for multiple rates	, use an average amount)	
		(not to excee	u \$100)			
Total Connection C	harges Waived	(16) \$ <u>0.0</u>)	<u> </u>		
Deferred Interest		(17) \$ <u>0.0</u>	00			
			Total	Tribal Link Up Sup	port Claimed (18) \$ 0	
ETC Payment						
Total Lifeline \$ 2942	Total TLS \$_0_		Tota	I Tribal Link Up \$ <u>C</u>	<u> </u>	
				Tota	Il Dollars (19) \$ <u>2942</u>	

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Financial Operations Directo	Michael Huffman				
DATE	OFFICER SIGNATURE				
	Michael Humman				
07/02/2015	Michael Huffman				

OFFICER TITLE OFFICER NAME

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(1) USAC Service Provider Identification Number 143000997				(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID <u>802104</u>		(4) Ted	chnology Ty	ype (check one) Wirelii	ne 🔲	Wireless 🔃
(5) ETC Designation Type (C	heck one): Lifeline	Only	<u> </u>	High	Cost/Low Income	Q	
(6) Organization Information				(7)	Filing Information	.	
Company Legal Name:	East Kentucky N	letwor	k LLC	a)	Submission Date	08/07/20	015
Contact Name:	Michael Huffma	n		b)	Data Month	Data Month July 2015	
Mailing Address:	101 Technology	Trail		c)	Type of Filing (check one)		
					,	Original	A
	Ivel, KY 41642		<u>.</u>	d)	State Reporting	Revision KENTUC	
Telephone Number:	6068747550					13.4	
Fax Number:	6067912225			1			
E-mail Address:	mhuffman@ekn	.com		1			
Lifeline							
Liidiiid			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	ecribare	Subsc	<u>ribers</u>		Subscriber Sur	oport .	
Receiving federal Li		(8) 308			x \$ <u>9.2</u>	5	=\$ 2849
Tribal Low-Income Subscrib	ers	(9) 0			x \$ 0.00_		= \$ 0
Receiving federal Li	= - =	• • • • • • • • • • • • • • • • • • • •			(not to exceed \$34.25) Federal Lifeline Support Claimed (10)		
			To	otal F	ederal Lifeline Sup	port Claime	d (10) \$ <u>2049</u>
Toll Limitation Service	es (TLS)						
Cost of Providing T		(11)	0.00000	00	_		
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	n 2013)	•				
Number of TLS Sub	scribers	(12) <u>0</u>			_		
					Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving H	igh Cost su	ippoi	t)		
Number of Connect	ions Waived	(14)	0				
Charges Waived pe		(15) \$	0.00		(for multiple rates	, use an avera	ige amount)
		(not to	exceed \$100)	}			
Total Connection C	harges Waived	(16) \$	0.0		_		
Deferred Interest	d Interest (17) \$ <u>0.00</u>						
			1	otal -	Tribal Link Up Sup	port Claime	d (18) \$ 0
ETC Paymont						•	
ETC Payment	_				_		
Total Lifeline \$ 2849	Total TLS \$ <u>0</u>			Total			
					Tota	ıl Dollars (19) \$ 2849

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08/07/2015	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Id	dentification Number	143000997		(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID <u>802104</u>		(4) Technology	Гуре (check one) Wireli	ne 🔲 Wireless 🛂		
(5) ETC Designation Type (C	check one): Lifeline	e Only 📮	High	Cost/Low Income	및		
(6) Organization Information	<u> </u>		(7)	Filing Information			
Company Legal Name:	East Kentucky I	Network LLC	a)	Submission Date	09/05/2015		
Contact Name:	Michael Huffma	n	b)	Data Month	August 2015		
Mailing Address:	101 Technology	/ Trail	c)	Type of Filing (check one)			
					Original 7:		
	Ivel, KY 41642		(d)	State Reporting	Revision LII KENTUCKY		
Telephone Number:	6068747550		Ť		THE THE STATE OF T		
Fax Number:	6067912225	-	1				
E-mail Address:	mhuffman@ekr	n.com					
Lifeline	•		_				
Lireline		(a) # Lifeline		(b) Lifeline Sur	oport/ (c) Total Lifeline		
		<u>Subscribers</u>		Subscriber Su			
Non-Tribal Low-Income Sub Receiving federal L		(8) 285		x \$ 9.2	es <u>2636</u>		
Tribal Low-Income Subscrib	nere	(9) 0		x \$ 0.00	=\$ <u>0</u>		
Receiving federal L		\-, <u></u>	ratal r	(not to exce	eed \$34.25)		
		l	i otai i	-ederai Litelinė Suj	pport Claimed (10) \$ <u>2636</u>		
Toll Limitation Service	es (TLS)						
		0.0000	100				
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u>	<i>,</i> 00				
Number of TLS Sub		(12) <u>0</u>					
Number of 123 Sur	Jaci idei a	(12)					
Tribal Link Un /Availak	do ante to ETCo roos	niving High Cost o		• •	port Claimed (13) \$ 0		
Tribal Link Up (Availab	ile only to ETCs rece	elving migh cost s	suppo	11)			
Number of Connect	tions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>	<u> </u>	(for multiple rates	s, use an average amount)		
		(not to exceed \$10	0)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
			Total	Tribal Link Up Sup	oport Claimed (18) \$ 0		
ETC Payment							
Total Lifeline \$ 2636	Tetal TI S & O		Tota	l Tribal Link Up \$ <u>(</u>)		
rotal Liteline \$_2000	10tal 1L5 \$_0_		ıota	•			
				Tota	al Dollars (19) \$ <u>2636</u>		

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

09/05/2015	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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(1) USAC Service Provider Id	lentification Number	143000	997	(2) Stu	dy Area Cod	<u>269007</u>
(3) Filer 499 ID <u>802104</u>		(4) Techr	nology Type (check one) Wireli	ne 🔲	Wireless 🔟
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	East Kentucky I	Network	LLC a)	Submission Date	10/07/20	15
Contact Name:	Michael Huffma	n	b)	Data Month	nth September 2015	
Mailing Address:	101 Technology	/ Trail	c)	Type of Filing (check one)		
					Original [Revision [3
	Ivel, KY 41642		d)	State Reporting	KENTUC	KY
Telephone Number:	6068747550			<u>-</u>		
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekr	.com				
Lifeline						
2		(a) # Life		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscrib		Subscriber Sur	oport .	
Receiving federal Li		(8) <u>269</u>	<u> </u>	x \$9.2	5	=\$ <u>2488</u>
Tribal Low-Income Subscrib	ers	(9) <u>0</u>		x \$ <u>0.00</u> = \$ <u>0</u>		= \$ 0
Receiving federal Li	feline Support		Total I	(not to exceed \$34.25) Federal Lifeline Support Claimed (10) \$ 2488		
-	(71.0)					- (10)
Toll Limitation Service	es (ILS)					
Cost of Providing To (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	\···/ —	0.000000			
Number of TLS Sub	scribers	(12) <u>C</u>)	<u></u>		
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High	Cost suppo	rt)		
Number of Connect	ions Waived	(14) <u>0</u>)	<u></u>		
Charges Waived per	r Connection	(1 U / W	0.00	(for multiple rates	, use an avera	ge amount)
		(not to exc	eed \$100)			
Total Connection Cl	harges Waived	(16) \$ <u>0</u>	0.0	_		
Deferred Interest		(17) \$ <u>0</u>	0.00			
			Total	Tribal Link Up Sup	port Claimed	i (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 2488	Total TLS \$ 0		Tota	Tribal Link Up \$ C)	
				•	l Dollars (19	s 2488

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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10/07/2015	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICED NAME				

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(1) USAC Service Provider Identification Number 143000997				(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID 802104		(4) Technology 1	Гуре (check one) Wireli	ne 🔲	Wireless 🛂	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	<u>, </u>		
Company Legal Name:	East Kentucky N	Network LLC	a)	Submission Date	11/06/20)15	
Contact Name:	Michael Huffma	ın	b)	Data Month	October	2015	
Mailing Address:	101 Technology	/ Trail	_ c)	Type of Filing (check one)		_	
					Original Revision		
	Ivel, KY 41642		d)	State Reporting	KENTU	CKY	
Telephone Number:	6068747550		4				
Fax Number:	6067912225		4				
E-mail Address:	mhuffman@ekn	n.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup Subscriber Sur		(c) Total Lifeline	
Non-Tribal Low-Income Sub		<u>Subscribers</u>				. 0405	
Receiving federal L	ifeline Support	(8) 260		x \$ <u>9.2</u>	5	= \$ <u>2405</u>	
Tribal Low-Income Subscrib Receiving federal L	=	(9) 0		. x \$ <u>0.00</u>	od \$24.25)	= \$ 0	
Receiving lederal L	neine Support	7	otal F	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ $\underline{240}$			
Toll Limitation Service	es (TLS)						
	, , , , ,						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> in 2013)	00				
Number of TLS Sub	scribers	(12) <u>0</u>		<u></u>			
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppoi	rt)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00		(for multiple rates	(for multiple rates, use an average amount)		
		(not to exceed \$100	(ر				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
			Total	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 2405	Total TLS \$_0	<u>.</u>	Total	Tribal Link Up \$ <u>C</u>)		
				Tota	ıl Dollars (19) \$ 2405	

(20) CERTIFICATIONS AND SIGNATURES

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11/06/2015	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICED NAME				

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(1) USAC Service Provider Identification Number 143000997				(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID <u>802104</u>		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless 🔃	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲	High	Cost/Low Income	Q)		
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	East Kentucky I	Network LLC	a)	Submission Date	12/07/20	015	
Contact Name:	Michael Huffma	n	b)	Data Month	Novemb	er 2015	
Mailing Address:	101 Technology	/ Trail	_ c)	Type of Filing (check one)			
					Original Revision		
	Ivel, KY 41642		d)	State Reporting	KENTU	CKY	
Telephone Number:	6068747550						
Fax Number:	6067912225						
E-mail Address:	mhuffman@ekn	i.com					
Lifeline			_				
LIIGIIIG		(a) # Lifeline		(b) Lifeline Sur		(c) Total Lifeline	
Non-Tribal Low-Income Sub	ecrihare	<u>Subscribers</u>		Subscriber Su	oport .		
Receiving federal Li		(8) 243		x \$9.2	5	= \$ <u>2248</u>	
Tribal Low-Income Subscrib	ers	(9) <u>O</u>		x \$ 0.00		= \$ 0	
Receiving federal L	ifeline Support		otal F	(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 224		ed (10) \$ 2248	
		•	otai i	ederar Enemie Odp	port Glanne	34 (10) © <u>LL 10</u>	
Toll Limitation Service	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000</u> in 2013)	00	<u> </u>			
Number of TLS Sub	scribers	(12) <u>0</u>					
			Total TLS Support Claimed (13) \$ 0				
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	ирро	rt)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>		(for multiple rates	, use an avera	age amount)	
		(not to exceed \$100	")				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ <u>0.00</u>					
				 Tribal Link Up Sup	nort Claime	d (18) \$ 0	
-			. Vui	ur Ellin op oup			
ETC Payment							
Total Lifeline \$ 2248	Total TLS \$ 0		Tota	l Tribal Link Up \$ <u>(</u>)		
				Tota	ıl Dollars (19	2248	

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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12/07/2015	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Identification Number 143000997				(2) Study Area Code <u>269007</u>			
(3) Filer 499 ID 802104 (4) Technology Type (check one) Wireline Wireless Wireless							
(5) ETC Designation Type (C	heck one): Lifelin	e Only	Q ı	ligh	Cost/Low Income		
(6) Organization Information				(7)	Filing Information		
Company Legal Name:	East Kentucky I	Netwo	rk LLC	a)	Submission Date	01/06/2	016
Contact Name:	Michael Huffma	ın		b)	Data Month	Decemb	per 2015
Mailing Address:	101 Technology	/ Trail		(c)	Type of Filing (check one)		
						Original Revision	A
	Ivel, KY 41642			d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550						
Fax Number:	6067912225			ĺ			
E-mail Address:	mhuffman@ekr	n.com					
Lifeline							
			ifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers		<u>cribers</u>		Subscriber Su	port	
Receiving federal Li		(8) <u>2</u>	28		x \$9.2	5	=\$ <u>2109</u>
Tribal Low-Income Subscrib	ers	(9) <u>C</u>			x \$ 0.00		= \$ 0
Receiving federal Li	ifeline Support	Ψ,		.4-1 E	(not to exce		-d (40) ¢ 2100
			10	даі г	ederai Lifeline Sup	port Ciaim	ed (10) \$ <u>2 109</u>
Toll Limitation Service	es (TLS)						
			0.00000	n			
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)	0.00000	, 0			
Number of TLS Sub	scribers	(12)	0				
					Total TLS Supp	ort Claime	1 (13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	eiving H	ligh Cost su	ppoi	• •		(· · · · · · · · · · · · · · · · · · ·
Number of Connect	ions Waiyad	(14)	0				
Charges Waived pe		(15) \$	0.00		— (for multiple rates	, use an aver	age amount)
		(not to	exceed \$100)				
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
		•			— Tribal Link Up Sup	port Claime	ed (18) \$ 0
ETC Bours and			•	Jui	Link op oup	ro o.a.iii	- \. · · / · ·
ETC Payment							
Total Lifeline \$ 2109	Total TLS \$ <u>0</u>			Γotal	l Tribal Link Up \$ <u>C</u>		
					Tota	l Dollars (1	9) \$ 2109

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

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01/06/2016	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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(1) USAC Service Provider Identification Number 143000997 (2) Study Area Code 269007						
(3) Filer 499 ID <u>802104</u>		(4) Technology T	ype (check one) Wireli	ne 📮	Wireless 🛂
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮	High	Cost/Low Income	②	
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	East Kentucky	Network LLC	a)	Submission Date	02/08/20)16
Contact Name:	Michael Huffma	ın	b)	Data Month	January	2016
Mailing Address:	101 Technology	/ Trail	c)	Type of Filing (check one)		
					Original Revision	
	Ivel, KY 41642		d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550		╛			
Fax Number:	6067912225					
E-mail Address:	mhuffman@ekr	n.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub		(8) 181		<u> </u>		=\$ 1674
Receiving federal Li	теппе Support	•		x \$ <u>9.2</u>	<u> </u>	·
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ <u>0.00</u>	od \$34 25)	= \$ 0
Necelving lederal Li	T	otal F	ederal Lifeline Sup		ed (10) \$ <u>1674</u>	
Toll Limitation Service	es (TLS)					
		0.0000	00			
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)						
Number of TLS Sub	scribers	(12) <u>0</u>		<u> </u>		
Total TLS Support Claimed (13) \$ 0						(13) \$ <u>0</u>
Tribal Link Up (Available only to ETCs receiving High Cost support)						
Number of Connect	ions Waived	(14) 0				
Charges Waived per	r Connection	(15) \$ 0.00		(for multiple rates	, use an avera	ige amount)
		(not to exceed \$100	,			
Total Connection Charges Waived (16) \$ 0.0						
Deferred Interest		(17) \$ <u>0.00</u>				
		•	Fotal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 1674	Total TLS \$ 0		Total	Tribal Link Up \$)	
· ·					i Dollars (19	

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OFFICER TITLE	OFFICER NAME				
Financial Operations Directo	Michael Huffman				
DATE	OFFICER SIGNATURE				
02/08/2016	Michael Huffman				

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(1) USAC Service Provider lo	dentification Number	143000997		(2) Stu	dy Area Co	de <u>269007</u>
(3) Filer 499 ID <u>802104</u>		(4) Technology 1	Гуре (check one) Wireli	ne 📮	Wireless 🛂
(5) ETC Designation Type (C	heck one): Lifeline	Only 📮	High	Cost/Low Income		
(6) Organization Information	<u></u>		(7)	Filing Information		
Company Legal Name:	East Kentucky N	Network LLC	a)	Submission Date	03/04/2	016
Contact Name:	Michael Huffma	n	b)	Data Month	Februar	y 2016
Mailing Address:	101 Technology	Trail	- c)	Type of Filing (check one)	Onlaria	_
	1 10/44040				Original Revision	
Telephone Number:	Ivel, KY 41642		(d)	State Reporting	KENTU	CKY
Fax Number:	6068747550		+			
E-mail Address:	6067912225 mhuffman@ekn		-			
E-mail Address:	minumanweki	i.com	لـ			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 190		x \$ 9.2		= \$ 1758
_	• •			0.00		= \$ 0
Tribal Low-Income Subscrib Receiving federal L		(9) 0		(not to exce	seed \$34.25)	
_		T	otal F	ederal Lifeline Sup	pport Claim	ed (10) \$ <u>1758</u>
Toll Limitation Services (TLS)						
Cost of Providing TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)						
Number of TLS Subscribers (12) $\underline{0}$						
Total TLS Support Claimed (13) \$ 0						d (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost s	uppo	π)		
Number of Connect	tions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ <u>0.00</u>	``	(for multiple rates	s, use an ave	rage amount)
		(not to exceed \$100	וי			
Total Connection Charges Waived (16		(16) \$ <u>0.0</u>		_		
Deferred interest (17) \$ 0.00						
			Total	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 1758	Total TLS \$_0		Tota	I Tribal Link Up \$ <u>(</u>	<u> </u>	
				Tota	al Doilars (1	9) \$ 1758

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03/04/2016	Michael Huffman				
DATE	OFFICER SIGNATURE				
Financial Operations Directo	Michael Huffman				
OFFICER TITLE	OFFICER NAME				

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(3) Filer 499 ID <u>802104</u>		(4) Ted	chnology Ty	ype (check one) Wirelii	ne 🛄	Wireless 🕗
(5) ETC Designation Type (C	heck one): Lifeline	Only I	D 1	High	Cost/Low Income		
(6) Organization Information				(7)	Filing Information	·	
Company Legal Name:	East Kentucky N	Vetwor	k LLC	a)	Submission Date	04/06/20)16
Contact Name:	Michael Huffma	n		b)	Data Month	March 2	016
Mailing Address:	101 Technology	/ Trail		(c)	Type of Filing (check one)		
						Original Revision	
	Ivel, KY 41642			d)	State Reporting	KENTU	CKY
Telephone Number:	6068747550						
Fax Number:	6067912225						
E-mail Address:	mhuffman@ekn	.com					
1 :E-1:							
Lifeline		(a) # L	.ifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
			ribers		Subscriber Sur	port	(0) 10021 211011110
Non-Tribal Low-Income Sub Receiving federal Li		(8) 185			x \$ <u>9.2</u>	5	=\$ <u>1711</u>
Tribal Low-Income Subscribers		(9) <u>0</u>			x \$ 0.00		=\$ 0
Receiving federal Li	ifeline Support			. 4 - 1 5	(not to exceed \$34.25)		d (10 ¢ 1711
Total Federal Lifeline Support Claimed (10) \$ 1711							
Toll Limitation Services (TLS)							
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)				<u> </u>	<u></u>		
•		0					
Number of TLS Sub	scribers	(12)	<u> </u>				_
Total TLS Support Claimed (13) \$ 0						I (13) \$ <u>0</u>	
Tribal Link Up (Available only to ETCs receiving High Cost support)							
Number of Connect	ions Waived	(14)	0				
Charges Waived pe		(15) \$	0.00		(for multiple rates	, use an avera	age amount)
		(not to	exceed \$100))			
Total Connection C	harges Waived	(16) \$	0.0				
Deferred Interest		(17) \$	0.00				
		ν, ψ					
			1	otal	Tribal Link Up Sup	port Claime	a (18) \$ <u>~</u>
ETC Payment							
Total Lifeline \$ 1711 Total TLS \$ 0 Total Tribal Link Up \$ 0							
rotal Ellenile #							
					Tota	l Dollars (19	3) \$ <u>' ' ' ' ' </u>

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