EXHIBIT A



Reporting Month January 2014

		C	Carrier Information	
Company Name	East Kentucky Ne	etwork,	LLC, dba Appalachian Wireless	
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642			
Telephone / Fax (606)791-2375 / (606)791-2225				
Vendor Number				

	· · · · · · · · · · · · · · · · · · ·				*	
Classification						
Classification						
Please Circle One	ILEC	CLEC	Cellular	PCS		
I lease Circle Offe	ILLC	CLEC	(CÇIIGIAI I	FCS		

	Monthly Access Line Data	
1.	Total Access Lines in Service	
2.	Surcharge Per Access Line	
3.	Amount of Surcharge Remitted to Kentucky USF	
4.	Number of Access Lines Receiving Lifeline Support907	
5.	Amount of Reimbursement Requested from Kentucky USF \$3,174.50	
4		

Signature Block

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

Company Official Mary Brescoach Title Accting Supervisor Company Official (Printed)

Coac/ (Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month February 2014

	Carrier Information
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642
Telephone / Fax	(606)791-2375 / (606)791-2225
Vendor Number	

Ol: Ci					
Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	
ricase Circle Olle	ILEC	CLEC	Cellulai I	res	

	Monthly Access Line Data
1.	Total Access Lines in Service103,248
2.	Surcharge Per Access Line
3. 4.	Amount of Surcharge Remitted to Kentucky USF\$8,259.84
5.	Number of Access Lines Receiving Lifeline Support908
6.	Amount of Reimbursement Requested from Kentucky USF
7	

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official (Printed)

(Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month March 2014

	Carrier Information
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642
Telephone / Fax Vendor Number	(606)791-2375 / (606)791-2225

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	 - {

	Monthly Access Line Data
1.	Total Access Lines in Service
2.	Surcharge Per Access Line
3. 4.	Amount of Surcharge Remitted to Kentucky USF
5.	Number of Access Lines Receiving Lifeline Support
6.	Amount of Reimbursement Requested from Kentucky USF \$3,146.50
7	

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Mary Brescoach Title Accting Manager Company Official (Signed)

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

(Printed)

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month April 2014

	Carrier Information		
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless		
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642		
Telephone / Fax Vendor Number	(606)791-2375 / (606)791-2225		

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service103,440	
2.	Surcharge Per Access Line	
3. 4.	Amount of Surcharge Remitted to Kentucky USF\$8,275.20	
5.	Number of Access Lines Receiving Lifeline Support	
6.	Amount of Reimbursement Requested from Kentucky USF \$2,744.00	
7		

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official Mary Brescoach (Printed) (Signed)

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

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



Send a copy of this report to:



Reporting Month May 2014

Carrier Information					
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless				
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642				
Telephone / Fax	(606)791-2375 / (606)791-2225				
Vendor Number					

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data
1.	Total Access Lines in Service103,122
2.	Surcharge Per Access Line\$0.08
3. 4.	Amount of Surcharge Remitted to Kentucky USF\$8,249.76
5.	Number of Access Lines Receiving Lifeline Support 776
6.	Amount of Reimbursement Requested from Kentucky USF \$2.716.0
7	

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of Company Official Mary Brescoach Title Accting Manager Company Official (Printed)	

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month June 2014

Carrier Information					
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless				
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642				
Telephone / Fax Vendor Number	(606)791-2375 / (606)791-2225				

Classification						
Please Circle One	ILEC	CLEC	Cellular	PCS		

	Monthly Access Line Data
1.	Total Access Lines in Service
2.	Surcharge Per Access Line
3. 4.	Amount of Surcharge Remitted to Kentucky USF\$8,234.56
5.	Number of Access Lines Receiving Lifeline Support
6.	Amount of Reimbursement Requested from Kentucky USF \$2,558.50
7	

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official Vary Steech (Printed) (Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:

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

W 7/23/14



Reporting Month July 2014

	Carrier Information		
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless		
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642		
Telephone / Fax	(606)791-2375 / (606)791-2225		
Vendor Number			

Classification					 	
Please Circle One	ILEC	CLEC	Cellular	PCS		

	Monthly Access Line Data
1.	Total Access Lines in Service102,607
2.	Surcharge Per Access Line
3. 4.	Amount of Surcharge Remitted to Kentucky USF
5.	Number of Access Lines Receiving Lifeline Support
6.	Amount of Reimbursement Requested from Kentucky USF \$2,474.50
7	

Signature Block I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official Mary Brescoach Title Accting Manager Company Official Mary Brescoach (Printed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month August 2014

	Carrier Information		
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless		
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642		
Telephone / Fax	(606)791-2375 / (606)791-2225		
Vendor Number			

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data
1.	Total Access Lines in Service
2.	Surcharge Per Access Line
3. 4.	Amount of Surcharge Remitted to Kentucky USF
5.	Number of Access Lines Receiving Lifeline Support
6.	Amount of Reimbursement Requested from Kentucky USF \$2,380.00
7	

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official (Printed)

(Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month September 2014

Carrier Information							
Company Name	East Kent	ucky Network	, LLC, dba App	alachian Wireless			
Company Address	101 TECH	101 TECHNOLOGY TRAIL IVEL, KY 41642					
Telephone / Fax	(606)791-	2375 /	(606)791-2	225			
Vendor Number							
Classification Please Circle One	ILEC	CLEC	Cellular	PCS			

	Monthly Access Line Dat	a
1.	Total Access Lines in Service	102,756
2.	Surcharge Per Access Line	\$0.08
3. 4.	Amount of Surcharge Remitted to Kentucky USF	\$8,220.48
5.	Number of Access Lines Receiving Lifeline Support	654
6.	Amount of Reimbursement Requested from Kentucky USF	\$2,289.00
7		

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official (Printed)

Signed

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month October 2014

	Carrier Information				
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless				
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642				
Telephone / Fax	(606)791-2375 / (606)791-2225				
Vendor Number					

Classification		-			
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service		
2.	Surcharge Per Access Line		
3. 4.	Amount of Surcharge Remitted to Kentucky USF		
5.	Number of Access Lines Receiving Lifeline Support624		
6.	Amount of Reimbursement Requested from Kentucky USF \$2,184.00		
7		VN	12-4-14

Signature Block

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

Company Official <u>Mary Brescoach</u> Title <u>Accting Manager</u> Company Official (Printed)

Send

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month November 2014

		C	arrier Information	
Company Name	East Kentucky Ne	etwork,	LLC, dba Appalachian Wireless	
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642			
Telephone / Fax	(606)791-2375	1	(606)791-2225	
Vendor Number				

Classification	•				
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data
ī.	Total Access Lines in Service97995.00
2.	Surcharge Per Access Line <u>\$0.08</u>
3. 4.	Amount of Surcharge Remitted to Kentucky USF
5.	Number of Access Lines Receiving Lifeline Support578
6.	Amount of Reimbursement Requested from Kentucky USF \$2,023.00
7	

Signature Block
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.
Company Official Mary Brescoach Title Accting Manager Company Official Mary Brescoach (Printed) (Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month December 2014

		Carrier Information				
Company Name	Company Name East Kentucky Network, LLC, dba Appalachian Wireless					
Company Address	101 TEC	HNOLOGY TRAIL IVEL, KY 41642				
Telephone / Fax	(606)791	-2375 / (606)791-2225				
Vendor Number						
Classification Please Circle One	ILEC	CLEC Cellular PCS				
Trease Chele One	IBBC	CEEC CONTRACT TOS				
	0 • *	Monthly Access Line Data				
	0 • *	103,566				
03-4010-5000 4:29	99.76 +	\$0.08				
03-4010-5000 2,86	21 • 44 +	1 to Kentucky USF <u>\$8,285.28</u>				
00-5200-0000 70	3 • 20 +	iving Lifeline Support				
8,28	35•28 ≉	quested from Kentucky USF <u>\$2,023.00</u>				
E.						
		Signature Block				
I hereby attest that the in	nformation re	ported herein is true and accurate to the best of my knowledge.				
Company Official Mary	Brescoach (Printed)	Title Accting Manager Company Official Manager (Signed)				

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month January 2015

	Carrier Information					
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless					
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642					
Telephone / Fax	(606)791-2375 / (606)791-2225					
Vendor Number						
Classification						

Cellular

PCS

	Monthly Access Line Data	
1.	Total Access Lines in Service101,405	
2.	Surcharge Per Access Line <u>\$0.08</u>	
3. 4.	Amount of Surcharge Remitted to Kentucky USF\$8,112.40	
5.	Number of Access Lines Receiving Lifeline Support333	
6.	Amount of Reimbursement Requested from Kentucky USF \$1,165.50	
7		

Signature Block

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

CLEC

Company Official Mary Brescoach Title Accting Manager Company Official (Printed)

(Signed)

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

Please Circle One

ILEC

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



Send a copy of this report to:



Reporting Month February 2015

			C	arrier Information					
Company Name	East Kent	ucky Net	work,	LLC, dba Appa	alachian	Wireless			
Company Address	101 TECH	HNOLOG	Y TR	AIL IVEL, KY 4	1642		υ.	÷:	
Telephone / Fax	(606)791-	2375	1	(606)791-22	225				
Vendor Number									
						07-4010-5000			
Classification Please Circle One	ILEC	CLE	С	Cellular	PCS		00 404·32 00 664·48		
		CLL		1,253,444	. 00	0-5200-000	8,056.39	:::	٦
					-				_

	Monthly Access Line Data		
1.	Total Access Lines in Service	101,7⊍5	
2. 3.	Surcharge Per Access Line	\$0.08	
4.	Amount of Surcharge Remitted to Kentucky USF	\$8,056.39	
5.	Number of Access Lines Receiving Lifeline Support	363	
6.	Amount of Reimbursement Requested from Kentucky USF	\$1,270.50	
7			

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official (Printed)

(Signed)

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

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



Send a copy of this report to:



Reporting Month March 2015

	Carrier Information							
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless							
	Company Address							
Company Address 101 TECHNOLOGY TRAIL IVEL, KY 41642								
Telephone / Fax	Telephone / Fax (606)791-2375 / (606)791-2225							
Vendor Number								
Classification Please Circle One	ILEC CLEC Cellular PCS							
Flease Circle Offe	ILEC CLEC (Cellular) PCS							
	Monthly Access Line Data							
Total Access I	Lines in Service100,975							
2. Surcharge Per 3.	er Access Line							
73277	urcharge Remitted to Kentucky USF\$8,078.00							
5. Number of Ac	ccess Lines Receiving Lifeline Support381							
6. Amount of Re	eimbursement Requested from Kentucky USF <u>\$1,333.50</u>							
7								
		-						
	Signature Block	1						
I hereby attest that the i	information reported herein is true and accurate to the best of my knowledge.							
Company Official Mary	ry Brescoach_Title_Accting Manager_Company Official Mary Busians (Printed) (Signed)							

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

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



Send a copy of this report to:



Reporting Month April 2015

	Carrier Information							
Company Name East Kentucky Network, LLC, dba Appalachian Wireless								
Company Address	Company Address 101 TECHNOLOGY TRAIL IVEL, KY 41642							
Telephone / Fax	(606)791-2375 / (606)791-2225							
Vendor Number	Vendor Number							
Classification Please Circle One	ILEC CLEC Cellular PCS							
	Monthly Access Line Data							
Total Access I	Lines in Service100,711							
	Access Line							
 Amount of Su 	archarge Remitted to Kentucky USF							
5. Number of Ac	ccess Lines Receiving Lifeline Support371							
6. Amount of Re	eimbursement Requested from Kentucky USF <u>\$1,298.50</u>							
7								
	Signature Block							
I hereby attest that the i	information reported herein is true and accurate to the best of my knowledge.							
Company Official Mary	y Brescoach Title Accting Manager Company Official Manager (Signed)							

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

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



Send a copy of this report to:



Reporting Month June 2015

		Ca	arrier Information					
Company Name	East Kentucky N	etwork,	LLC, dba Appa	lachia	n Wireless			
Company Address 101 TECHNOLOGY TRAIL IVEL, KY 41642								
Telephone / Fax	(606)791-2375	1	(606)791-222	25				
Vendor Number					-			
						0.	18	
Classification Please Circle One	ILEC CI	LEC	Cellular	PCS	03.4610-5000 4:216	72	14	
					05-4010-5000 392	72	* *	
		Mont	hly Access Line Data	a	00-5200-6000 675	64		
Total Access I	Lines in Service			•	-			
 Surcharge Per Surcharge Per 	Access Line			·	-			
	rcharge Remitted to Ker	ntucky USI	F	·	\$8,024.64			
5. Number of Ac	cess Lines Receiving Li	feline Sup	port		342			
6. Amount of Re	imbursement Requested	from Ken	tucky USF		\$1,197.00			
7								
			Signature Block					
I hereby attest that the i	information reported her			est of n	my knowledge.			
Company Official Mar	y Brescoach_Title_Acct (Printed)	ing Manag	ger_Company Officia	nl //	Tary Bresisans	1		

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month June 2015

		C	Carrier Information				
Company Name	East Kent	ucky Network,	LLC, dba App	alachian Wire	eless		
Company Address	101 TECH	HNOLOGY TR	AIL IVEL, KY	11642			
Telephone / Fax	(606)791-	2375 /	(606)791-2	225		0	184
Vendor Number					_	0	10
					03.4010-5000 4,202 04-4010-5000 2,761 05-4010-5000 391 00-5200-0000 680 8:035	-66	* *
Classification			-		04-4010-5000 2 , 761	.28	华田田
Please Circle One	ILEC	CLEC	Cellular	PCS	05-4010-5000 591	- 00	4-
					8:035	· () 4	
		Mon	thly Access Line D	ata	_	*	
Total Access I	Lines in Service	3		100,438	<u></u>		1
Surcharge Per 3.	Access Line			\$0.08	3		
	rcharge Remitt	ed to Kentucky US	F	\$8,035.			
5. Number of Ac	cess Lines Rec	eiving Lifeline Sup	port	318_	MH /150/15		
6. Amount of Re	imbursement F	Lequested from Ker	ntucky USF	\$1,113	3.00		
7							

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official (Printed)

(Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:

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

A 9-20-15

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Reporting Month July 2015

			Carrier Information	i		
Company Name	East Kent	ucky Network	k, LLC, dba App	palachian Wi	reless	
Company Address	101 TECH	INOLOGY T	RAIL IVEL, KY	41642		
Telephone / Fax	(606)791-	2375 /	(606)791-2	2225	- Warrells	
Vendor Number					- Operations	. 13
					03-4010-5000 4 = 217 - 6	
Classification					04-4010-5000 2:751=0	
Please Circle One	ILEC	CLEC	Cellular	PCS	_0-5200-000 679.6	
					8 • 0 41 - 5	
		Mo	onthly Access Line I	Data	_	
Total Access 1	Lines in Service	·		10051	19	
_	Access Line			\$0.	.08	1
3. 4. Amount of Su	rcharge Remitte	ed to Kentucky U	JSF	\$8,04	11.52	
5. Number of Ac	cess Lines Rec	eiving Lifeline S	upport	308	8	
6. Amount of Re	imbursement R	equested from K	entucky USF	\$1,0	078.00	
7						

Signature Block

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

Company Official Mary Brescoach_Title_Accting Manager_Company Official_ (Printed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month August 2015

(Company Name	East Kent	tucky Network	k, LLC, dba Ap	palachian \	Vireless
Co	ompany Address	101 TECH	HNOLOGY T	RAIL IVEL, KY	41642	0
•	Telephone / Fax	(606)791-	-2375 /	(606)791-	2225	03-4010-5000 4:384-00
	Vendor Number					
						05-4010-5000 683-20
	ification e Circle One	ILEC	CLEC	Cellular	PCS	8 · 237 · 44 ·
			Мо	onthly Access Line	Data	
1.	Total Access I	Lines in Servic	e		10	2,968
	Surcharge Per	Access Line				\$0.08
		rcharge Remit	ted to Kentucky U	JSF	\$8	3,237.44
3.	Amount of Su					
3. 4.		1 1	ceiving Lifeline S	Support		285
 2. 3. 4. 5. 6. 	Number of Ac	cess Lines Rec		Support		285

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official (Printed)

(Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month September 2015

			Carrier Information					
Company Name	East Kent	ucky Network	, LLC, dba App	alachian W	/ireless			
Company Address 101 TECHNOLOGY TRAIL IVEL, KY 41642								
Telephone / Fax	(606)791-	2375 /	(606)791-2	225				
Vendor Number					0 • 4			
	***************************************				03-4010-5000 4:376-27			
Classification					04-4010-5000 396-08			
Please Circle One	ILEC	CLEC	Cellular	PCS	- 0000			
					14.5200-000			
					8,243.28			
		Mo	nthly Access Line D)ata				
Total Access	Lines in Servic	e		103,	,041 _			
	r Access Line			\$	0.08			
3. 4. Amount of St 4384.	archarge Remitt	ed to Kentucky U	SF	\$8,2	243.28			
5. Number of A	ccess Lines Rec	eiving Lifeline Su	ipport	2	69			
6. Amount of R	eimbursement F	Requested from Ke	entucky USF	\$9	41.50			
7								

Signature Block

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

Company Official Mary Brescoach_Title_Accting Manager_Company Official (Printed)

(Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month October 2015

		C	Carrier Information			
Company Name	East Kentucky	Network,	LLC, dba App	alachian Wir	reles	
Company Address	101 TECHNOL	OGY TR	AIL IVEL, KY 4	11642		
Telephone / Fax	(606)791-2375	1	(606)791-2	225	03-4010-5000 41590:20	27
Vendor Number					WALA-5000 4111 - 20	
					05-4010-300 683-20	
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		

	Monthly Access Line Data	1 1 111 117
1.	Total Access Lines in Service103.352	
2.	Surcharge Per Access Line	
3. 4. 4384.	Amount of Surcharge Remitted to Kentucky USF\$8,268.16	
5.	Number of Access Lines Receiving Lifeline Support260	
6.	Amount of Reimbursement Requested from Kentucky USF\$910.00	
7		

Signature Block

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

Company Official Mary Brescoach_Title_Accting Manager_Company Official (Printed)

(Signed) M/N

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month November 2015

		C	Carrier Information	
Company Name	East Kentucky Ne	twork,	LLC, dba Appalachian Wireless	
Company Address	101 TECHNOLOG	SY TR	AIL IVEL, KY 41642	
Telephone / Fax	(606)791-2375	1	(606)791-2225	
Vendor Number				

Classification			55		- 1	
Please Circle One	ILEC	CLEC	Cellular	PCS		

	Monthly Access Line Data	
1.	Total Access Lines in Service103,201	
2.	Surcharge Per Access Line	
3. 4. 4384.	Amount of Surcharge Remitted to Kentucky USF\$8,256.08	
5.	Number of Access Lines Receiving Lifeline Support240	
6.	Amount of Reimbursement Requested from Kentucky USF \$840.00	
7		

Signature Block

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

Company Official Mary Brescoach_Title_Accting Manager_Company Official (Printed)

(Signed)

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

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



Send a copy of this report to:



Reporting Month December 2015

		C	arrier Information			
Company Name	East Kentu	cky Network,	LLC, dba Appa	alachian W	/ireless	
Company Address	101 TECHN	NOLOGY TRA	AIL IVEL, KY 4	1642		
Telephone / Fax	(606)791-2	375 /	(606)791-22	225	<u> </u>	*
Vendor Number					0 •	*
Classification					03-4010-5000 4 : 424 : 96	+ +
Please Circle One	ILEC	CLEC	Cellular	PCS	05-4010-5000 414.40 05-4010-5000 679.84 8.335.36	-}-
		Mont	thly Access Line Da	ta		
Total Access I	Lines in Service			1041	192	
Surcharge Per 3.	Access Line				0.08	
PRIOR TO THE PRIOR	rcharge Remitted	to Kentucky US	F	\$8,3	35.36	
CONTRACTOR	cess Lines Recei	ving Lifeline Sup	port	2	31	-
6. Amount of Re	imbursement Red	quested from Ken	tucky USF	\$80	08.50	
7						
3000			Signature Block			
I hereby attest that the Company Official Mar				· M	y Buscoach	

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

(Printed)

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month January 2016

			(Carrier Information	1		
Con	npany Name	East Ken	tucky Network	, LLC, dba Apլ	palachian Wi	reless	
Comp	any Address	101 TECI	HNOLOGY TR	AIL IVEL, KY	41642	_	
Tele	ephone / Fax	(606)791	-2375 /	(606)791-2	2225		
Ven	idor Number					0 • :	*
						03-4010- 5000 4 : 412 : 48	45.
Classifica		што	OL F.O.	[0.111]	DOG	04-4010-5000 2 771 84 -	333
Please Ci	ircle One	ILEC	CLEC	Cellular	PCS	05-4010-3000 675 60 -	4-
						8 285 36	į:
			Mon	nthly Access Line I	Data	_	
1.	Total Access I	ines in Servic	e		103,5	667	ĺ
	Surcharge Per	Access Line			\$0	.08	
	Amount of Sur	charge Remit	ted to Kentucky US	SF	\$8,28	35.36	
4384. 5.	Number of Ac	cess Lines Rec	ceiving Lifeline Su	pport	18	1	
	Amount of Re	imbursement I	Requested from Ker	ntucky USF	\$63	3.50	İ
6.	Amount of Re						

Signature Block

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

Company Official Mary Brescoach_Title_Accting Manager_Company Official (Printed)

(Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month February 2016

0.

			Carrier Information		03-4010-2000 4:408.96	1.04
					04-4010-5000 2:803.92	+
Company Name	East Kent	ucky Network	k, LLC, dba Appa	alachian W	ire 05-4010-5000 415-60	+
Commons Address					-00-5200-0000 686-72	-(-
Company Address	101 TECH	INOLOGY TE	RAIL IVEL, KY 4	1642	8 * 315 - 20	
Telephone / Fax	(606)791-	2375 /	(606)791-22	225		
Vendor Number						
	L					9
Classification					A STATE OF THE STA	
Please Circle One	ILEC	CLEC	Cellular	PCS		

	Monthly Access Line Data
1.	Total Access Lines in Service103,940
2. 3.	Surcharge Per Access Line
4.	Amount of Surcharge Remitted to Kentucky USF\$8,315.20
5.	Number of Access Lines Receiving Lifeline Support190
6.	Amount of Reimbursement Requested from Kentucky USF \$665.00
7	

Signature Block

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

Company Official Mary Brescoach Title Accting Manager Company Official Mary Brescoach (Printed)

(Signed)

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

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



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:



Reporting Month March 2016

	Carrier Information					
Company Name	East Kentucky Network, LLC, dba Appalachian Wireless					
Company Address	101 TECHNOLOGY TRAIL IVEL, KY 41642	0 •	alc			
Telephone / Fax	(606)791-2375 / (606)791-2225					
Vendor Number		4010-5000 4:397.04 4010-5000 2:779.68	+			
		-100 427 . 84	+			
Classification Please Circle One	ILEC CLEC Cellular PCS	5200-000 700 · 64 5200-000 8 · 305 · 20	*			
	Monthly Access Line Data					
Total Access I	Lines in Service	the supplemental and the	- 1			
	Access Line					
	Amount of Surcharge Remitted to Kentucky USF					
5. Number of Ac	cess Lines Receiving Lifeline Support185185					
6. Amount of Re	6. Amount of Reimbursement Requested from Kentucky USF\$647.50					
7						

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

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



Signature Block

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

Company Official Mary Brescoach_Title_Accting Manager_Company Official

(Printed)

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to:

(Signed)