



September 16, 2016

Transmitted
Via Electronic Delivery

Executive Director
Kentucky Public Service Commission
211 Sower Blvd
P.O. Box 615
Frankford, KY 40601

Re: Crexendo Business Solutions, Inc.
Responses In the Matter of an Inquiry into the State Universal Service Fund
Case No. 2016-00059

Dear Sir or Madam,

Enclosed please find the response from Crexendo Business Solutions, Inc. in regards to Commission Staff's first and second requests for information to all parties of record in the above mentioned case.

An electronic version of this filing was uploaded to the Public Service Commission's Electronic Filing System on this day. Pursuant to 807 KAR 5:001 Section 8(5)(a).

Crexendo Business Solutions, Inc. does not provide telecommunication services in the State of Kentucky and therefore, does not have revenues subject to KUSF nor do we receive reimbursement for KUSF or Lifeline programs.

Any questions may be directed to my attention at 512-563-9939 or via email to jkorn@crexendo.com. Thank you for your assistance in this matter.

Sincerely,

s/Jeff Korn

Jeff Korn
Chief Legal Officer

COMMONWEALTH OF KENTUCKY
BEFORE THE PUBLIC SERVICE COMMISSION

In the matter of:

AN INQUIRY INTO THE STATE)

CASE NO. 2016-00059

UNIVERSAL SERVICE FUND)

Crexendo Business Solutions, Inc. (“CBSI”) hereby responds to the Kentucky Public Service Commission’s inquire in Case No. 2016-0059. Jeff Korn, Chief Legal Officer for CBSI, supervised the preparation of these responses.

Response to First Commission Request for Information to All Parties of Record (Appendix B):

1. Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

Reply: Crexendo does not have any customers within the State of Kentucky. Therefore, no KUSF reimbursement forms were submitted from January 2014 to present.

2. Provide the Federal Communication Commission (“FCC”) Form 497 submitted to the FCC from January 2014 to the present.

Reply: As Crexendo does not have any customers within the State of Kentucky, there is no requirement for the filing of FCC Form 497.

3. Refer to the Lifeline plans you filed with the Commission with your Application for Designation as an Eligible Telecommunications Carrier (“ETC”). State whether there have been changes to these Lifeline plans since the Commission entered an Order designating you as an ETC for the purpose of offering Lifeline service in Kentucky. If there have been changes to the Lifeline plans, provide:

- a. Copies of all Lifeline plans currently offered to Kentucky subscribers.
- b. For each new modified Lifeline plan, explain in detail:
 - (1) How the current Lifeline plan modifies the Lifeline plan in effect when you were designated as an ETC.
 - (2) Whether the current Lifeline plan was offered in addition to Lifeline plans in effect when you were designated as an ETC.

Reply: There have been no changes to the Lifeline Plan.

4. If the Commission’s decision is to maintain state Lifeline support for only voice service, describe how that decision would affect whether and how you provide Lifeline service in Kentucky.

Reply: Crexendo does not have any Lifeline customers within the State of Kentucky.

5. Identify any cost-effective procedures that you believe should be implemented by the Commission to increase oversight of the Lifeline program.

Reply: We have no suggestions at this time.

6. If the Commission's decision is to change the amount of Lifeline support, state how soon upon the issuance of an Order by the Commission changing the Lifeline support amount that you are or anticipate being able to implement the changes on customer bills.

Reply: Change on customer bills could be implemented within 60 days.

7. Provide, in detail, the methods employed to verify the eligibility of customers who participate in the Lifeline program.

Reply: Crxendo does not have any Lifeline customers within the State of Kentucky.

8. State whether you have been subjected to FCC investigation, action and/or penalties relating to participation in the Lifeline program. If you have been so subjected, provide in detail, including citations to the FCC action, the investigation, action, and/or penalties to which you were subjected.

Reply: Crxendo has not been subjected to an FCC investigation, action and/or penalties relating to participating in the Lifeline program.

9. Describe, in detail your current marketing programs for Lifeline service in Kentucky, including, but not limited, to, person-to-person sales.

Reply: Crxendo does not have any Lifeline customers within the State of Kentucky.

Requests for Information to All Parties

1. Provide the KUSF reimbursement forms submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

Reply: Response previously provided.

2. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a new customer receives service in the middle of a month.

Reply: Crxendo does not have any customers within the State of Kentucky. Therefore, no KUSF reimbursement forms were submitted.

3. Explain how the total number of subscriber lines is calculated for the KUSF reimbursement form when a customer leaves in the middle of a month.

Reply: Crxendo does not have any customers within the State of Kentucky. Therefore, no KUSF reimbursement forms were submitted.

4. Explain how the KUSF surcharge remittance is calculated when you experience a bad debt. Explain whether none of the surcharge amount or the full surcharge amount billed to, but not paid by, the customer is remitted.

Reply: Crxendo does not have any customers within the State of Kentucky, and therefore does not generate any revenue subject to KUSF.

5. State whether you believe the Commission should wait until the FCC's investigation of Lifeline Reform is concluded before rendering a decision in this proceeding, and explain the basis for your response.

Reply: Crexendo has no opinion at this time.

6. State how soon upon the issuance of an Order by the Commission changing the KUSF surcharge that you are anticipate being able to implement the changes on customer bills. If it differs by type of account, provide the information for each type of account, along with the number of access lines for each account type.

Reply: Response previously provided.

Response to Second Commission Request for Information to All Parties of Record (Appendix C):

- 1a. Provide the monthly Kentucky Universal Service Fund ("KUSF") forms ("KUSF form") submitted to the Commission and the Department of Finance and Administration from January 2014 to the present.

Reply: Refer to Tabs 2 to 32 for KUSF forms from January 2014 to present.

- 1b. Explain how the total number of subscriber lines is calculated for the KUSF form when a new customer receives service in the middle of the month.

Reply: Response previously provided.

- 1c. Explain how the total number of subscriber lines is calculated for the KUSF form when a customer leaves in the middle of a month.

Reply: Response previously provided.

- 1d. Explain how the KUSF surcharge submitted remittance is calculated when you experience bad debt.
Explain whether none of the surcharge amount of the full surcharge amount billed to, but not paid by, the customer is remitted.

Reply: Response previously provided.

- 1e. State whether the KUSF surcharge billed to a customer is prorated if the customer has service for less than a full month.

Reply: Crexendo does not have any customers within the State of Kentucky.

- 2a. If no KUSF forms have been submitted, state whether you collect the KUSF surcharge from your customers.

Reply: Crexendo does not have any customers within the State of Kentucky.

- 2b. If you do not collect KUSF surcharge from your customers, explain why the KUSF surcharge has not been collected.

Reply: Crexendo does not have any customers within the State of Kentucky to collect a KUSF surcharge.

- 2c. If no KUSF forms have been submitted, state whether you remit the KUSF surcharge to the Kentucky Department of Finance and Administration.

Reply: Crexendo is current on submitting the monthly KUSF forms.

- 2d. If you do not remit the KUSF surcharge to the Kentucky Department of Finance and Administration, explain why the KUSF surcharge has not been remitted.

Reply: As Crexendo has no customers within the State of Kentucky, there are no KUSF surcharges to remit to the Kentucky Department of Finance and Administration.

3. Explain the anticipated impact, if any, that the FCC's recent Lifeline Reform Order will have on the provision of Lifeline service in Kentucky, including, but not limited to, verifying eligibility of Lifeline customers; the potential provision of broadband service; and, the impact of the reduction of Federal Universal Service funding for voice service.

Reply: Crexendo does not have any customers within the State of Kentucky, and therefore does not generate any revenue subject to KUSF. Consequently, Crexendo does not anticipate any impact produced by FCC's recent Lifeline Reform Order at this time.

4. In light of the Lifeline Reform Order, explain how a reduction in the amount of or elimination of, KUSF support would impact the provision of Lifeline service in Kentucky.

Reply: Crexendo does not have any customers within the State of Kentucky, and therefore does not generate any revenue subject to KUSF. Consequently, Crexendo does not anticipate any impact produced by Lifeline Reform Order at this time.

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| 6. | 2014 May KUSF Form submitted |
| 7. | 2014 June KUSF Form submitted |
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| 32. | 2016 July KUSF Form submitted |

TAB 1

CERTIFICATION

State of County)
)§
County of Travis)

On this 15th day of September, in the year 2016, I Jeff Korn supervised the preparation of the response on behalf of Crexendo Business Solutions, Inc. to Kentucky Commission Staff's First Request for Information to All Parties of Record and Commission Staff's Second Request for Information to All Parties on Record certify that the response is true and accurate to the best of my knowledge, information, and belief formed after a reasonable inquiry.



Jeffrey G. Korn

TAB 2



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 3, 2014

Reporting Month January 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 3



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date March 3, 2014

Reporting Month February 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------|------|--|----------|-----|
| Classification | | | | |
| Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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P.O. Box 615
Frankfort, KY 40602

TAB 4



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 2, 2014

Reporting Month March 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
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Frankfort, KY 40601

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

TAB 5



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 2, 2014

Reporting Month April 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

TAB 6



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 2, 2014

Reporting Month May 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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Frankfort, KY 40602

TAB 7



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 3, 2014

Reporting Month June 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | | | |
|--|------------------------|------------------|------------------------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | | | |
| Company Official | <u>Susan Cockerham</u> | Title | Attorney In Fact |
| | (Printed) | Company Official | <u>Susan Cockerham</u> |
| | | | (Signed) |

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Frankfort, KY 40601

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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

TAB 8



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date August 5, 2014

Reporting Month July 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | | | |
|--|------------------------|------------------|-------------------------|
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| Company Official | <u>Susan Cockerham</u> | Title | <u>Attorney In Fact</u> |
| | (Printed) | Company Official | <u>Susan Cockerham</u> |
| | | | (Signed) |

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Capitol Annex, Room 488A
Frankfort, KY 40601

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Frankfort, KY 40602

TAB 9



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date September 3, 2014

Reporting Month August 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
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| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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P.O. Box 615
Frankfort, KY 40602

TAB 10



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 2, 2014

Reporting Month September 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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Frankfort, KY 40601

Send a copy of this report to:

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

TAB 11



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date November 4, 2014

Reporting Month October 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | | | |
|--|-------------------------------------|-------|-------------------------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | | | |
| Company Official | <u>Susan Cockerham</u> (Printed) | Title | <u>Attorney In Fact</u> |
| Company Official | <u>Susan Cockerham</u> (Signed) | | |

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

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

Send a copy of this report to:

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

TAB 12



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date December 2, 2014

Reporting Month November 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 13



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date January 5, 2015

Reporting Month December 2014

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 14



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 3, 2015

Reporting Month January 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 15



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date March 2, 2015

Reporting Month February 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|----------------------------|--|--------------------------------|---------------------------|
| Classification Please Circle One | <input type="radio"/> ILEC | <input checked="" type="checkbox"/> CLEC | <input type="radio"/> Cellular | <input type="radio"/> PCS |
|-------------------------------------|----------------------------|--|--------------------------------|---------------------------|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | | | |
|--|------------------------|------------------|-------------------------|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | | | |
| Company Official | <u>Susan Cockerham</u> | Title | <u>Attorney In Fact</u> |
| | (Printed) | Company Official | <u>Susan Cockerham</u> |
| | | | (Signed) |

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

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

Send a copy of this report to:

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

TAB 16



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 3, 2015

Reporting Month March 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|---------|---|----------|-----|
| Classification Please Circle One | I L E C | <input checked="" type="checkbox"/> C L E C | Cellular | PCS |
|-------------------------------------|---------|---|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 17



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 4, 2015

Reporting Month April 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 18



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 1, 2015

Reporting Month May 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 19



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 2, 2015

Reporting Month June 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 20



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date August 3, 2015

Reporting Month July 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 21



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date September 2, 2015

Reporting Month August 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | | |
|-------------------|------|--|----------|-----|--|
| Classification | | | | | |
| Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS | |

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 22



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date October 2, 2015

Reporting Month September 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 23



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date November 4, 2015

Reporting Month October 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 24



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date December 2, 2015

Reporting Month November 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 25



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date January 5, 2016

Reporting Month December 2015

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Susan Cockerham</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u>Susan Cockerham</u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 26



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date February 4, 2016

Reporting Month January 2016

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 SOUTH 52ND STREET TEMPE, AZ 85281 |
| Telephone / Fax | (801) 227-0004 (801) 426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|---------|
| 1. Total Access Lines in Service..... | 0 |
| 2. Surcharge Per Access Line..... | \$0.08 |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | \$ 0.00 |
| 4. Number of Access Lines Receiving Lifeline Support..... | 0 |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | \$ 0.00 |

| Signature Block | |
|--|--|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Jennifer Rabig</u> (Printed) | Title <u>Attorney In Fact</u> Company Official (Signed) |

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

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

Send a copy of this report to:

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

TAB 27



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

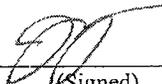
Date March 4, 2016

Reporting Month February 2016

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 South 52nd Street Tempe, AZ 85281 |
| Telephone / Fax | 801-227-0004 / 801-426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|---------|---|----------|-----|
| Classification Please Circle One | I L E C | <input checked="" type="checkbox"/> C L E C | Cellular | PCS |
|-------------------------------------|---------|---|----------|-----|

| Monthly Access Line Data | |
|---|----------------|
| 1. Total Access Lines in Service..... | <u>0</u> |
| 2. Surcharge Per Access Line..... | <u>\$0.08</u> |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | <u>\$ 0.00</u> |
| 4. Number of Access Lines Receiving Lifeline Support..... | <u>0</u> |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | <u>\$ 0.00</u> |

| Signature Block | |
|--|--|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Jennifer Rabig</u> (Printed) | Title <u>Attorney In Fact</u> Company Official  (Signed) |

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

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

Send a copy of this report to:

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

TAB 28



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date April 5, 2016

Reporting Month March 2016

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 South 52nd Street Tempe, AZ 85281 |
| Telephone / Fax | 801-227-0004 / 801-426-6712 |
| Vendor Number | |

| | | | | | |
|----------------|-------------------|------|--|----------|-----|
| Classification | Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|----------------|-------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|----------------|
| 1. Total Access Lines in Service..... | <u>0</u> |
| 2. Surcharge Per Access Line..... | <u>\$0.14</u> |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | <u>\$ 0.00</u> |
| 4. Number of Access Lines Receiving Lifeline Support..... | <u>0</u> |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | <u>\$ 0.00</u> |

| Signature Block | |
|--|--|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Jennifer Rabig</u> (Printed) | Title <u>Attorney In Fact</u> Company Official <u></u> (Signed) |

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

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

Send a copy of this report to:

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

TAB 29



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date May 5, 2016

Reporting Month April 2016

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 South 52nd Street Tempe, AZ 85281 |
| Telephone / Fax | 801-227-0004 / 801-426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|----------------------------|---------------------------------------|--------------------------------|---------------------------|
| Classification Please Circle One | <input type="radio"/> ILEC | <input checked="" type="radio"/> CLEC | <input type="radio"/> Cellular | <input type="radio"/> PCS |
|-------------------------------------|----------------------------|---------------------------------------|--------------------------------|---------------------------|

| Monthly Access Line Data | |
|---|----------------|
| 1. Total Access Lines in Service..... | <u>0</u> |
| 2. Surcharge Per Access Line..... | <u>\$0.08</u> |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | <u>\$ 0.00</u> |
| 4. Number of Access Lines Receiving Lifeline Support..... | <u>0</u> |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | <u>\$ 0.00</u> |

| Signature Block | |
|--|--|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>Jennifer Rabig</u> (Printed) | Title <u>Attorney In Fact</u> Company Official (Signed) |

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Frankfort, KY 40601

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211 Sower Blvd.
P.O. Box 615
Frankfort, KY 40602

TAB 30



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date June 7, 2016

Reporting Month May 2016

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 South 52nd Street Tempe, AZ 85281 |
| Telephone / Fax | 801-227-0004 / 801-426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|----------------------------|---------------------------------------|--------------------------------|---------------------------|
| Classification Please Circle One | <input type="radio"/> ILEC | <input checked="" type="radio"/> CLEC | <input type="radio"/> Cellular | <input type="radio"/> PCS |
|-------------------------------------|----------------------------|---------------------------------------|--------------------------------|---------------------------|

| Monthly Access Line Data | |
|---|----------------|
| 1. Total Access Lines in Service..... | <u>0</u> |
| 2. Surcharge Per Access Line..... | <u>\$0.08</u> |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | <u>\$ 0.00</u> |
| 4. Number of Access Lines Receiving Lifeline Support..... | <u>0</u> |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | <u>\$ 0.00</u> |

| Signature Block | | | |
|--|-----------------------|------------------|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. | | | |
| Company Official | <u>Jennifer Rabig</u> | Title | <u>Attorney In Fact</u> |
| | (Printed) | Company Official |  (Signed) |

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702 Capital Ave.
Capitol Annex, Room 488A
Frankfort, KY 40601

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

TAB 31



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date July 7, 2016

Reporting Month June 2016

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 South 52nd Street Tempe, AZ 85281 |
| Telephone / Fax | 801-227-0004 / 801-426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|------|--|----------|-----|
| Classification Please Circle One | ILEC | <input checked="" type="checkbox"/> CLEC | Cellular | PCS |
|-------------------------------------|------|--|----------|-----|

| Monthly Access Line Data | |
|---|----------------|
| 1. Total Access Lines in Service..... | <u>0</u> |
| 2. Surcharge Per Access Line..... | <u>\$0.08</u> |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | <u>\$ 0.00</u> |
| 4. Number of Access Lines Receiving Lifeline Support..... | <u>0</u> |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | <u>\$ 0.00</u> |

| Signature Block | |
|--|--|
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Frankfort, KY 40601

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

TAB 32



COMMONWEALTH OF KENTUCKY
UNIVERSAL SERVICE FUND

Date August 7, 2016

Reporting Month July 2016

| Carrier Information | |
|---------------------|--|
| Company Name | Crexendo Business Solutions, Inc. |
| Company Address | 1615 South 52nd Street Tempe, AZ 85281 |
| Telephone / Fax | 801-227-0004 / 801-426-6712 |
| Vendor Number | |

| | | | | |
|-------------------------------------|-------------------------------|--|-----------------------------------|------------------------------|
| Classification Please Circle One | <input type="checkbox"/> ILEC | <input checked="" type="checkbox"/> CLEC | <input type="checkbox"/> Cellular | <input type="checkbox"/> PCS |
|-------------------------------------|-------------------------------|--|-----------------------------------|------------------------------|

| Monthly Access Line Data | |
|---|----------------|
| 1. Total Access Lines in Service..... | <u>0</u> |
| 2. Surcharge Per Access Line..... | <u>\$0.08</u> |
| 3. Amount of Surcharge Remitted to Kentucky USF..... | <u>\$ 0.00</u> |
| 4. Number of Access Lines Receiving Lifeline Support..... | <u>0</u> |
| 5. Amount of Reimbursement Requested from Kentucky USF..... | <u>\$ 0.00</u> |

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