EXHIBIT 11



Date February 6, 2014

Reporting Month January 2014

| <u></u> | <u> </u> | | | Contracto (AD) | |
|-----------------------------------|-------------------|-------------------|--------------------|----------------|---|
| <u> </u> | | | Carrier Informatio | on. | |
| | | | | 211 | |
| Company Name | SOUTH CEN | TRAL RURAL T | FELEPHONE C | OOPERATIVE | |
| Company Address | PO BOX 159 | GLASGOW, KY | Y 42142-0159 | <u> </u> | |
| Telephone / Fax | (270) 678-823 | 30 / (270) 678-2 | 164 | | |
| Vendor Number | | | | | |
| | <u>.</u> | | | | • |
| Classification | (T) | OLEO. | | | |
| Please Circle One | (ILEC) | CLEC | Cellular | PCS | |
| | | | | | |
| | | Mont | thly Access Line | Data | |
| J. Total Access I | Lines in Service | •••• | | 23,816.50 | |
| Surcharge Per | Access Line | ••••• | | \$0.08 | |
| Amount of Su | rcharge Remitted | to Kentucky USF | | *I,905.32 | |
| 4. Number of Ac | cess Lines Receiv | ing Lifeline Supp | port | 1,934 | |
| Amount of Re | imbursement Req | uested from Kent | tucky USF | \$6,744.09 | |
| Owner | 6.769.00 + (2 | 4.91) = /, 744 | .09 | • | |

Signature Block

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

Company Official <u>CHRIS LAWRENCE</u> Title <u>BUSINESS DIRECTOR</u> 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 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



| Date | March | 5 | 2014 | |
|------|-------|---|------|--|
| | | ~ | uoii | |

Reporting Month February 2014

| | Ca | arrier Information |
|---|--|----------------------|
| Company Name | SOUTH CENTRAL RURAL TI | ELEPHONE COOPERATIVE |
| Company Address | PO BOX 159 GLASGOW, KY | 42142-0159 |
| Telephone / Fax | (270) 678-8230 / (270) 678-21 | 64 |
| Vendor Number | | |
| | | |
| Classification Please Circle One | (ILEC) CLEC | Cellular PCS |
| | Month | nly Access Line Data |
| Total Access | Lines in Service | 23,948.38 |
| Surcharge Pe | Access Line | \$0.08_ |
| | rcharge Remitted to Kentucky USF. | \$ 1,915.87 |
| • | | |
| 3. Amount of St | ccess Lines Receiving Lifeline Suppo | ort <u>1958</u> |
| 3. Amount of St | | |
| Amount of St Number of A Amount of Re | ccess Lines Receiving Lifeline Suppositions cimbursement Requested from Kentu (4,853.00 + 24.89 = 6,877.89 | scky USF |

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

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

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

(Printed)

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

(Signed)



| ate April 2, 2014 | | | Reporting Month March 2014 |
|-------------------------------------|------------------------------------|-----------------------|----------------------------|
| | | Carrier Information | |
| Company Name | SOUTH CENTRAL RURAL | . TELEPHONE CO | OPERATIVE |
| Company Address | PO BOX 159 GLASGOW, I | KY 42142-0159 | |
| Telephone / Fax | (270) 678-8230 / (270) 678- | -2164 | |
| Vendor Number | | . ·· | |
| | | | |
| Classification Please Circle One | (ILEC) CLEC | Cellular | PCS |
| | | | |
| | Мо | onthly Access Line Da | ata |
| 1. Total Access 1 | Lines in Service | | |
| 2. Surcharge Per | Access Line | | \$0.08 |
| 3. Amount of Sur | charge Remitted to Kentucky U | SF | \$1,922.21 |
| 4. Number of Ac | cess Lines Receiving Lifeline Su | ıpport | <u>1,002</u> |
| 5. Amount of Rei | mbursement Requested from Ke | entucky USF | \$ 7,099.99 |
| prorata " | 1,007.00+ 92.99 = 7,099. | 99 | |
| | | Signature Block | |
| I hereby attest that the in | nformation reported herein is true | e and accurate to the | best of my knowledge. |

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

(Printed)

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave.

Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

(Signed)



| | | (| Carrier Information | 1 | |
|-------------------------------------|------------------|--------------------|---------------------|---------------------------------------|----------|
| Company Name | SOUTH CEN | ITRAL RURAL | TELEPHONE CO | OOPERATIVE | |
| Company Address | PO BOX 159 | GLASGOW, K | Y 42142-0159 | | |
| Telephone / Fax | (270) 678-82 | 30 / (270) 678-2 | 2164 | | |
| Vendor Number | | | | | |
| | | | | | |
| Classification Please Circle One | (ILEC) | CLEC | Cellular | PCS | |
| | | | | | |
| | | Mon | thly Access Line D | Oata | |
| . Total Access L | ines in Service. | | , | <u>23, 986 . ⁷⁵</u> | |
| . Surcharge Per | Access Line | *,*-******* | ***************** | \$0.08 | |
| . Amount of Sur | charge Remitted | to Kentucky US | F | \$ 1,918.94 | |
| | | | port | | |
| . Amount of Rei | nbursement Re | quested from Ken | tucky USF | \$7,079.16 -\$2,237.36 USF Reinbussen | ent = \$ |
| prorata 7,056.00+ | 23.16 - 2,23 | 7.36 usF Reimbu | rsementpymt = 4 | ,841 ^{.80} | |
| | | | Signature Block | | |
| hereby attest that the in | formation repor | ted herein is true | and accurate to the | best of my knowledge. | |

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

(Printed)

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 4060! Send a copy of this report to:



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

| Date May 6, 2011 | | Rep | orting Month April 2014 | |
|---|---|--|--|-------------------|
| | (| Carrier Information | |] |
| Company Name | SOUTH CENTRAL RURAL | TELEPHONE COOPER | ATIVE | |
| Company Address | PO BOX 159 GLASGOW, K | Y 42142-0159 | | |
| Telephone / Fax | (270) 678-8230 / (270) 678-2 | 2164 | | |
| Vendor Number | | | | |
| | | | | 1 |
| Classification Please Circle One | (ILEC) CLEC | Cellular Po | DS . | |
| | | | | |
| | Mon | ithly Access Line Data | | i |
| l. Total Access L | Lines in Service | <u>.</u> | 23, 986.75 | |
| 2. Surcharge Per | Access Line | ······ | \$0.08 | |
| 3. Amount of Sur | charge Remitted to Kentucky US | F | \$1,918.94 | |
| | cess Lines Receiving Lifeline Sup | <u> </u> | 2.016 | |
| 5. Amount of Rei | mbursement Requested from Ken | itucky USF <u>* 7</u> | 1,079.16 -\$2,237.36 usf Reinbussement =\$ | 4,841. 8 0 |
| prorata 7,056.00+ | 23.16 - 2,237.36 use Reimbu | usement pyrat = 4,841. | 80 | |
| | | Signature Block | | |
| I hereby attest that the in | | | knowledge. | |
| Company Official <u>CHR</u> | Printed) in the compant of | kom received a check 11,014.50. I called | (Signed) | |
| | ard space to Sue. Co She said that the ch | asey@ Comm.ot KY. | | |
| Make check payable to | o: "Kent wrong verdor hower | er, Sheask that I | Send a copy of this report to: | |
| State Treasurer" and so report to: | and the coloreste To | Narch 2014's of \$ 8999.14 and the | n Kentucky Public Service Commission | |
| Finance and Administrat | Keinbassevent Total tion Cabicepyly the remainings | 2,239.36 to April's | ATTN: Jim Stevens 211 Sower Blvd. | |
| ATTN: KY USF 702 Capital Ave. | Ilea Remburgamenta | summer This is why | | |
| Capitol Annex, Room 48 Frankfort, KY 40601 | 38A I subtracted the 3 | 2,234.36 from line of reinbursement for U | i | |
| | - 2 Layer Observers | | | |



| ate June 4,20 | 14 | | | Reporting Month May 2014 | |
|----------------------------------|----------------------|---------------------|--|--------------------------|--|
| | | Сагт | ier Information | | |
| Company Name | SOUTH CENTRA | AL RURAL TEL | EPHONE CO | OPERATIVE | |
| Company Address | PO BOX 159 GL | ASGOW, KY 4 | 2142-0159 | | |
| Telephone / Fax | (270) 678-8230 / | / (270) 678-2164 | ļ | | |
| Vendor Number | | | | | |
| Classification Please Circle One | (ILEC) | CLEC | Cellular Access Line Da | PCS | |
| | | | —————————————————————————————————————— | | |
| l. Total Access I | ines in Service | | | 23,765· ³⁸ | |
| 2. Surcharge Per | Access Line | •••• | | \$0.08 | |
| 3. Amount of Sur | charge Remitted to I | Kentucky USF | | \$1,901.23 | |
| 4. Number of Ac | cess Lines Receiving | Lifeline Support | | | |
| 5. Amount of Rei | mbursement Request | ted from Kentuck | v USF | \$ 6,979.81 | |

Signature Block

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

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official (Printed)

provata 7,003.50 + (23.69) = 6,979.81

(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:



| Date | 14 | | Reporting Month | June 2014 |
|----------------------------------|---|------------------|--|-------------|
| • | Сагтіе | er Information | | |
| | 1 | | | |
| Company Name | SOUTH CENTRAL RURAL TELE | :PHONE COO | DPERATIVE | |
| Company Address | PO BOX 159 GLASGOW, KY 42 | 142-0159 | | |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 | | | |
| Vendor Number | | | | |
| <u> </u> | | | | |
| Classification Please Circle One | (ILEC) CLEC | Cellular | PCS | |
| Please Circle One | (ILEC) CLEC | Centilar | rcs | |
| | | | | |
| | Monthly A | Access Line Da | ta | |
| 1. Total Access L | Lines in Service | | <u>23,801.00</u> | |
| 2. Surcharge Per | Access Line | | \$0.08 | |
| 3. Amount of Sur | charge Remitted to Kentucky USF | ···· | \$ 1,904.08 | 3 |
| 4. Number of Acc | cess Lines Receiving Lifeline Support | | | |
| 5. Amount of Rei | mbursement Requested from Kentucky | USF | \$ 6,942.70 |) |
| provata 6,979. | ∞ + (36.30) = 6,942.70 | | | |
| | 0. | | | |
| 71 1 2 2 2 2 2 2 2 2 | | ture Block | | |
| i nereby attest that the ir | nformation reported herein is true and a | ccurate to the b | | faulina_ |
| | IS LAWRENCE_Title_BUSINESS DIREC Printed) | TOR Company | 7. The state of th | facticus |

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:



| Date_August 6,20 | 14 | | | Reporting Month | July 2014 |
|--|------------------|--------------------|---------------------|-----------------|--------------|
| | | C | Carrier Information | | |
| Company Name | SOUTH CEN | TRAL RURAL 1 | TELEPHONE CO | OPERATIVE | |
| Company Address | PO BOX 159 | GLASGOW, KY | Y 42142-0159 | | |
| Telephone / Fax | (270) 678-82 | 30 / (270) 678-2 | 164 | | |
| Vendor Number | | | | | |
| | | | | | |
| Classification Please Circle One | (ILEC) | CLEC | Cellular | PCS | |
| | | Mont | hly Access Line Da | ata | |
| i. Total Access L | lines in Service | | | 23,831.50 | 0 |
| 2. Surcharge Per | Access Line | ••••• | | \$0.08 | |
| 3. Amount of Sur | charge Remitted | to Kentucky USF | · | \$ 1,906.5 | 2 |
| 4. Number of Ac | cess Lines Recei | ving Lifeline Supp | oort | 1,896 | |
| 5. Amount of Rei | mbursement Rec | quested from Kent | ucky USF | . \$6,470.54 | |
| prorata le,636. | 00 + (165.41 | •) = 6,470.5 | 4 | | |
| | | | Signature Block | | |
| I hereby attest that the ir Company Official <u>CHR</u> | | | | y Official (1) | aukenigned) |
| | | | | | |

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:



| Date | Senter | her 5 | .2014 | } |
|------|--------|-------|-------|---|
| | | | | |

August 2014 Reporting Month

| | Carrier Information | |
|-----------------|---|--|
| Company Name | SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE | |
| Company Address | PO BOX 159 GLASGOW, KY 42142-0159 | |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 | |
| Vendor Number | | |

Classification (ILEC) PCS Please Circle One CLEC Cellular

| | Monthly Access Line Data | |
|-----------|---|-------------|
| 1. | Total Access Lines in Service | 23,538.63 |
| 2. | Surcharge Per Access Line | \$0.08_ |
| 3. | Amount of Surcharge Remitted to Kentucky USF | \$ 1,883.09 |
| 4. | Number of Access Lines Receiving Lifeline Support | 1,883 |
| 5. | Amount of Reimbursement Requested from Kentucky USF | \$6,542.32 |
|) Dhoi | rata 6,590.50 + (48.18) = (6,542.32 | |

Signature Block

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

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR 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 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601

Send a copy of this report to:



Date October 8, 2014

Reporting Month September 2014

| | Ca | arrier Information | |
|-------------------------------------|--------------------------------------|----------------------|--|
| Company Name | SOUTH CENTRAL RURAL T | ELEPHONE COO | PERATIVE |
| Company Address | PO BOX 159 GLASGOW, KY | 42142-0159 | ······································ |
| Telephone / Fax | (270) 678-8230 / (270) 678-21 | 64 | |
| Vendor Number | | | |
| | | | |
| Classification Please Circle One | (ILEC) CLEC | Cellular | PCS |
| | | | |
| | Month | nly Access Line Dat | a |
| Total Access L | ines in Service | | 23,923.75 |
| 2. Surcharge Per | Access Line | , | \$0.08 |
| 3. Amount of Sur | charge Remitted to Kentucky USF. | | <i>\$1,913.90</i> |
| 4. Number of Acc | ess Lines Receiving Lifeline Supp | ort | 1,823 |
| 5. Amount of Rei | mbursement Requested from Kentu | icky USF | \$ 6,245.93 |
| provata 6,380.50 | +(134.57)= 6,245.93 | | · |
| | S | ignature Block | |
| I hereby attest that the in | formation reported herein is true as | nd accurate to the b | est of my knowledge. |
| | S LAWRENCE Title BUSINESS DIE | | 0,01 |

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

(Printed)

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capital Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:

(Signed)



| Date | Novemb | per 6,2014 | |
|------|--------|------------|--|
| | | | |

Reporting Month October 2014

| | Carrier Inform | ation |
|-------------------------------------|--|-------------------------------------|
| Company Name | SOUTH CENTRAL RURAL TELEPHONE | COOPERATIVE |
| Company Address | PO BOX 159 GLASGOW, KY 42142-015 | 69 |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 | |
| Vendor Number | | |
| - | | |
| Classification Please Circle One | (ILEC) CLEC Cellular | PCS |
| | Monthly Access Li | ne Data |
| 1. Total Access I | Lines in Service | |
| | Access Line | |
| 3. Amount of Sur | rcharge Remitted to Kentucky USF | <u>*1,879.79</u> |
| | cess Lines Receiving Lifeline Support | |
| 5. Amount of Rei | imbursement Requested from Kentucky USF | \$6,517.99 |
| provata 6,482.01 | 0 + 35.97 = 6,517.97 | |
| | Signature Blo | ck |
| I hereby attest that the in | nformation reported herein is true and accurate t | |
| | RIS LAWRENCE Title BUSINESS DIRECTOR Co. (Printed) | mpany Official Che Sachuse (Kinged) |

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:



| | N | ነ ? | 0. | a f |
|------|----------|--------|------|------------|
| Date | Decem | Mer J. | . dU | ! 牛 |

Reporting Month November 2014

| | Carrier Information |
|-------------------------------------|---|
| Company Name | SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE |
| Company Address | PO BOX 159 GLASGOW, KY 42142-0159 |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 |
| Vendor Number | |
| | |
| Classification Please Circle One | (ILEC) CLEC Cellular PCS |
| | Monthly Access Line Data |
| Total Access I | Lines in Service. 23,450 · 63 |
| 2. Surcharge Per | r Access Line |
| 3. Amount of Su | ircharge Remitted to Kentucky USF |
| 4. Number of Ac | ccess Lines Receiving Lifeline Support |
| 5. Amount of Re | eimbursement Requested from Kentucky USF |
| | |
| pronata 6,06° | 9.00 + 1.83 = 6,070.83 |

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

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

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

(Printed)

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

(Signed)



UNIVERSAL SERVICE FUND

| pate January 8, 6 | 2015 | Reporting Month December 2014 |
|-------------------------------------|--|-------------------------------|
| | Carrier Informati | ion |
| Company Name | SOUTH CENTRAL RURAL TELEPHONE (| COOPERATIVE |
| Company Address | PO BOX 159 GLASGOW, KY 42142-0159 | |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 | |
| Vendor Number | | |
| | | - |
| Classification Please Circle One | (ILEC) CLEC Cellular | PCS |
| | Monthly Access Line | e Data |
| I. Total Access L | ines in Service | <u>23,444.25</u> |
| Surcharge Per | Access Line | \$0.08 |
| . Amount of Sur | charge Remitted to Kentucky USF | \$1,875.54 |
| . Number of Acc | cess Lines Receiving Lifeline Support | 1,773 |
| . Amount of Rei | mbursement Requested from Kentucky USF | <u>\$6,317.57</u> |
| provata 6,205. | 50 + 112.07 = 6,317.57 | |
| | Signature Block | |
| hereby attest that the in | aformation reported herein is true and accurate to t | the best of my knowledge. |

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

(Printed)

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

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

(Signed)



2009

COMMONWEALTH OF KENTUCKY TELECOMMUNICATIONS RELAY SERVICE FUND TELECOMMUNICATIONS ACCESS PROGRAM FUND

| Date February | 5,2015 | | | Reporting Month | January 2015 |
|----------------------------------|------------------------------------|-------------|---------------------|-----------------------|--------------|
| | | (| Carrier Information | | |
| Company Name | SOUTH CENTRAL | RURAL 1 | TELEPHONE CO | OPERATIVE | · <u> </u> |
| Company Address | PO BOX 159 GLAS | GOW, K | Y 42142-0159 | | |
| Telephone / Fax | (270) 678-8230 / (27 | 70) 678-2 | 164 | | |
| Vendor Number | | | | | |
| | | | | | |
| Classification Please Circle One | (ILEC) CI | LEC | Wireless | | |
| | | | | | |
| | | Мол | thly Access Line Da | ata | |
| Total Access 1 | Lines in Service | | | 23,491.13 | |
| 2. TRS Surcharg | e Per Access Line | | | \$0.0 8 | |
| 3. Amount of TR | S Surcharge Remitted to | Fund | | \$1,879.29 | |
| 4. TAP Surcharg | e Per Access Line | | | 1,770.00 | |
| 5. Amount of TA | P Surcharge Remitted to | Fund | •••• | <u>\$6,142.46</u> | |
| provata 6,195. | 00 + (52.54) = 6,11 | t2·46 | | | |
| | | | Signature Block | | |
| I hereby attest that the i | nformation reported here | ein is true | and accurate to the | best of my knowledge. | 2 |
| Company Official _CHF | RIS LAWRENCE Title BI (Printed) | JSINESS E | DIRECTOR_Compan | y Official Official | (Signed) |

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

JPMorgan Chase GP# 204519 / 204690 ATTN: Joseph A. Morales AVP. Escrow Admin. 15th Floor 4 New York Plaza New York, NY 10004



Send a copy of this report to:



| Date | March 6. 2015 | |
|------|---------------|--|
|------|---------------|--|

Reporting Month February 2015

| ŕ | | | | |
|--|--|----------|--|--|
| | Carrier Information | · · | | |
| Company Name Company Address Telephone / Fax Vendor Number | SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE PO BOX 159 GLASGOW KY 42142-0159 (270) 678-8230 / (270) 678-2164 | | | |
| | | | | |
| Classification Please Circle One | ILEC CLEC Cellular PCS | | | |
| | | <u>.</u> | | |
| | Monthly Access Line Data | · | | |
| 1. Total Access I | : Lines in Service | | | |
| 2. Surcharge Per | er Access Line\$0.08 | | | |
| 3. Amount of Su | Surcharge Remitted to Kentucky USF | | | |
| 4. Number of Ac | Access Lines Receiving Lifeline Support | | | |
| 1 | \$4 | | | |
| | | | | |

| Signature | Bl | ock |
|-----------|----|-----|
|-----------|----|-----|

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

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR 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 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



| DateA | oril 7. | 2015 | |
|-------|---------|------|--|
| | | | |

Reporting Month March 2015

| • | | |
|----------------------------------|---|---|
| | Carrier Information | |
| Company Name | SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE | |
| Company Address | PO BOX 159 GLASGOW KY 42142-0159 | |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 | |
| Vendor Number | | |
| | | |
| Classification Please Circle One | ILEC CLEC Cellular PCS | |
| | | |
| _ | Monthly Access Line Data | |
| 1. Total Access I | Lines in Service | |
| 2. Surcharge Per | r Access Line | |
| 3. Amount of Su | urcharge Remitted to Kentucky USF | |
| 4. Number of Ac | ccess Lines Receiving Lifeline Support | |
| 5. Amount of Re | eimbursement Requested from Kentucky USF | |
| prorata 6,545.00 | 0 + 185.51 = 6,730.51 | } |
| | Signature Block | |
| I hereby attest that the i | information reported herein is true and accurate to the best of my knowledge. | |
| Company Official <u>CH</u> | (Printed) Title BUSINESS DIRECTOR 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:



| Date_ | May | 7,2015 | |
|-------|-----|--------|--|
| | | | |

Reporting Month April 2015

| | Carrier Information | n | |
|--|---|--------------------------|--|
| Company Name Company Address Telephone / Fax Vendor Number | SOUTH CENTRAL RURAL TELEPHON PO BOX 159 GLASGOW KY 4214 (270) 678-8230 / (270) 678-21 | 12-0159 | |
| Classification Please Circle One (| ILEC CLEC Cellular | PCS | |
| | Monthly Access Line | Data | |
| 1. Total Access I | ines in Service | 23, 490.75 | |
| 2. Surcharge Per | Access Line | <u>\$0.08</u> | |
| 3. Amount of Sur | rcharge Remitted to Kentucky USF | *1,879.26 | |
| 4. Number of Ac | cess Lines Receiving Lifeline Support | 1,885 | |
| 5. Amount of Re | imbursement Requested from Kentucky USF | 88 اما بها * | |
| prorata 6,597.50 | + 4.38 = 6,601.88 | | |
| | Signature Block | 77 Til. 104 | |
| I hereby attest that the i | nformation reported herein is true and accurate to the | ne best of my knowledge. | |

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official

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

(Printed)

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

(Signed)



| Date_ | Jine. | 8. | 2015 | |
|-------|-------|----|------|--|
| | | | " | |

Reporting Month May 2015

| | Carrier Information |
|-----------------|--|
| Company Name | Courty Courton Dugar Tole Dunie Conscionation |
| Company Address | SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE |
| Telephone / Fax | PO BOX 159 GLASGOW KY 42142-0159 (270) 678-8230 / (270) 678-2164 |
| Vendor Number | (2 10) W 10 0230 7 10 10 10 10 10 10 10 10 10 10 10 10 10 |

| | Monthly Access Line | Data |
|-----------|---|-------------------|
| ١. | Total Access Lines in Service. | 23, 416.25 |
| <u>.</u> | Surcharge Per Access Line | \$0.08 |
| }. | Amount of Surcharge Remitted to Kentucky USF | <u>\$1,873.30</u> |
| | Number of Access Lines Receiving Lifeline Support | |
| | Amount of Reimbursement Requested from Kentucky USF | \$6,526.47 |
| mrc | ta (e,562.50+ <36.03> = 6,526.47 | |

| Signature Block | " " |
|--|---|
| I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR 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 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



| Date July 7, 2015 | 5 | Reporting Month | June 2015 |
|----------------------------------|---|-----------------------------------|-----------|
| | Carrier Info | ormation | |
| Company Name | SOUTH CENTRAL RURAL TEL | EPHONE COOPERATIVE | |
| Company Address | | 42142-0159 | |
| Telephone / Fax Vendor Number | (270) 678-8230 / (270) 67 | 18-2164 | |
| L | I | | |
| Classification Please Circle One | ILEC CLEC Cel | lular PCS | |
| | | | |
| | Monthly Acce | ss Line Data | |
| 1. Total Access | Lines in Service | 23,424. | 63 |
| 2. Surcharge Per | Access Line | \$0.08 | |
| 3. Amount of Su | rcharge Remitted to Kentucky USF | \$1,873.9 | 7 |
| 4. Number of Ac | ccess Lines Receiving Lifeline Support | 1,835 | |
| 5. Amount of Re | eimbursement Requested from Kentucky US | F <u>\$6,276.24</u> | <u> </u> |
| Prorata 6,422.50 | >+(146.26) = 6,276.24 | | |
| | Signature | Block | |
| I hereby attest that the | information reported herein is true and accur | rate to the best of my knowledge. | 0.11 |
| Company Official CH | RIS LAWRENCE Title BUSINESS (Printed) | ORECTOR 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:



| Date_ | August 6, 2015 | _ |
|-------|----------------|---|
| | | |

| Reporting Month | July 2015 |
|--------------------|-----------|
| reaboring ritoria. | |

| Carrier Information | | |
|---------------------|---|--|
| Company Name | SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE | |
| Company Address | PO BOX 159 GLASGOW KY 42142-0159 | |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 | |
| Vendor Number | | |

Classification
Please Circle One ILEC CLEC Cellular PCS

| | Monthly Access Line Data |
|-----|---|
| 1. | Total Access Lines in Service. 23, 345-63 |
| 2. | Surcharge Per Access Line |
| 3. | Amount of Surcharge Remitted to Kentucky USF |
| 4. | Number of Access Lines Receiving Lifeline Support |
| 5. | Amount of Reimbursement Requested from Kentucky USF |
| oma | nta 6,394.50 + (24 83) = 6,369.68 |

Signature Block

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

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR 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 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Send a copy of this report to:



| _September 4,3 | Reporting Month | August 2015 | |
|-----------------|---|-------------|--|
| | | 7 | |
| | Carrier Information | | |
| Company Name | C. T. CONTON DUON THE DU NE C. AND THE | | |
| Company Address | SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE | | |
| Company Address | PO BOX 159 GLASGOW KY 42142-0159 | | |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 | | |
| | | | |

| | Monthly Access Line Data | | | | |
|-----------|---|-------------|--|--|--|
| 1. | Total Access Lines in Service | 23, 329.75 | | | |
| 2. | Surcharge Per Access Line | \$0.08 | | | |
| 3. | Amount of Surcharge Remitted to Kentucky USF | \$ 1,866.22 | | | |
| ١. | Number of Access Lines Receiving Lifeline Support | 1,813 | | | |
| i. | Amount of Reimbursement Requested from Kentucky USF | 6,317.18 | | | |
| <u>Or</u> | ata 6,345.50+ (28.32) = 6,317.18 | | | | |

Cellular

PCS

Signature Block

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

CLEC

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official (Printed)

(Signed)

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

Classification

Please Circle One

ILEC

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



| Date | October | η . i | اهډ | 15 |
|------|---------|--------------|-----|----|
| ~ | | | ~~~ | _ |

Reporting Month September 2015

| | Carrier Info | rmation | |
|---|---|--|--------------|
| Company Nam Company Addres Telephone / Fa Vendor Numbe | SOUTH CENTRAL RURAL TEU PO BOX 159 GLASGOW KY (270) 678-8230 / (270) 67 | 42142-0159 | |
| Classification | | | _ |
| Please Circle One | (ILEC CLEC Celli | | |
| | Monthly Acces | s Line Data | |
| | | s Line Data | |
| 1. Total Acce | Monthly Acces | s Line Data 23,523.38 \$0.08 | |
| 1. Total Acce 2. Surcharge l | Monthly Acces | \$ Line Data \$3,523.38 \$0.08 | |
| Surcharge l Amount of | Monthly Acces s Lines in Service | \$ Line Data 23, 523.38 \$0.08 \$1,881.87 | |
| Total Acce Surcharge I Amount of Number of | Monthly Acces Is Lines in Service Per Access Line Surcharge Remitted to Kentucky USF | \$ Line Data 23,523.38 \$0.08 \$1,881.87 | |

(Printed)

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

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official Kristanies

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

(Signed)

Revised 03-13-2008



| Date | November | 5,2015 | |
|------|----------|--------|--|
|------|----------|--------|--|

Reporting Month October 2015

| | Carrier Informat | ion |
|---------------------------------------|---|-------------------------------|
| Company Name | SOUTH CENTRAL RURAL TELEPH | ONE COOPERATIVE |
| Company Address | PO BOX 159 GLASGOW KY 43 | 142-0159 |
| Telephone / Fax Vendor Number | (270) 678-8230 / (270) 678-2 | <u> </u> |
| | | |
| Classification Please Circle One (| ILEC CLEC Cellular | PCS |
| | | |
| | Monthly Access Lin | e Data |
| I. Total Access I | Lines in Service | 23,559.50 |
| 2. Surcharge Per | Access Line | \$0,08 |
| 3. Amount of Su | rcharge Remitted to Kentucky USF | \$ 1,884.76 |
| Number of Ac | cess Lines Receiving Lifeline Support | 1662 |
| 5. Amount of Re | imbursement Requested from Kentucky USF | *5,781.00 |
| prorata 5,817. | $00 + \langle 3\psi \cdot \rangle = 5,781 \cdot 00$ | |
| | Signature Bloc | k |
| hereby attest that the i | nformation reported herein is true and accurate to | the best of my knowledge. |
| Company Official <u>CH</u> | RIS LAWRENCE Title BUSINESS DIRECT | TOR 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:



| Date_ | December | 4 | 2015 | |
|-------|----------|---|------|--|
| | | | | |

Reporting Month November 2015

| | Carrier Information | | | | |
|---|--|--|--|--|--|
| Company Name South Central Rural Telephone Cooperative Po Box 159 Glasgow Ky 42142-0159 Telephone / Fax Vendor Number Company Name South Central Rural Telephone Cooperative Po Box 159 Glasgow Ky 42142-0159 (270) 678-8230 / (270) 678-2164 | | | | | |
| Classification Please Circle One | ILEC CLEC Cellular PCS Monthly Access Line Data | | | | |
| Surcharge Per Amount of Su Number of Ac Amount of Re | Access Line. \$0.08 The charge Remitted to Kentucky USF. \$1.871.60 The control of the control | | | | |

Signature Block

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

Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official (Printed)

Send a copy of this report to:

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

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



| Date | January | 5, | 20 | 16 |
|------|---------|----|----|----|
| | | | | |

Reporting Month December 2015

|) | | | | | | |
|----------------------------------|--|---------------------------------|--|--|--|--|
| | Carrier Info | rmation | | | | |
| Company Name | Company Name SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE | | | | | |
| Company Address | PO BOX 159 GLASGOW, KY 42142- | 0159 | | | | |
| Telephone / Fax | (270) 678-8230 / (270) 678-2164 | | | | | |
| Vendor Number | | | | | | |
| | | | | | | |
| Classification Please Circle One | (ILEC) CLEC Cells | ılar PCS | | | | |
| | | | | | | |
| | Monthly Access | s Line Data | | | | |
| 1. Total Access I | Lines in Service | 23,499.50 | | | | |
| Surcharge Per | Access Line | \$0.08 | | | | |
| 3. Amount of Sur | rcharge Remitted to Kentucky USF | # 1879.96 | | | | |
| 4. Number of Ac | cess Lines Receiving Lifeline Support | | | | | |
| 5. Amount of Rei | imbursement Requested from Kentucky USF | #5731.66 | | | | |
| prorata 5 | 136.50 + <484> = 5731.66 | | | | | |
| ···· | Signature | Block | | | | |
| I hereby attest that the is | nformation reported herein is true and accura | te to the best of my knowledge. | | | | |
| | Company Official CHRIS LAWRENCE Title BUSINESS DIRECTOR Company Official (Printed) | | | | | |
| | | | | | | |

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:



Date February 2, 2016

Reporting Month Jahuary 2016

| | | | | ~ | | |
|----------------------------------|--|-------------------------|---------------------|--|--|--|
| | | (| Carrier Information | | | |
| Company Name | Company Name SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE | | | | | |
| Company Address | PO BOX 159 | GLASGOW, K | Y 42142-0159 | · | | |
| Telephone / Fax | (270) 678-823 | 30 / (270) 678-2 | 164 | | | |
| Vendor Number | | | | | | |
| | | | | | | |
| Classification Please Circle One | (ILEC) | CLEC | Cellular | PCS | | |
| | | | | | | |
| | | Mon | thly Access Line D | ata | | |
| Total Access I | Lines in Service | | | 23,401. ⁵⁰ | | |
| 2. Surcharge Per | Access Line | | | \$0.08 | | |
| 3. Amount of Su | rcharge Remitted | to Kentucky US | F | 1872.12 | | |
| 4. Number of Ac | cess Lines Recei | ving Lifeline Sup | port | | | |
| 5. Amount of Re | imbursement Rec | quested from Ken | tucky USF | 5679.52 | | |
| provota 57 | 129.50+< | 49.98>= 5 | 5679.52_ | | | |
| | | | Signature Block | | | |
| I hereby attest that the i | nformation repor | ted herein is true | and accurate to the | | | |
| Company Official <u>CHF</u> | RIS LAWRENCE (Printed) | Title <u>BUSINESS I</u> | DIRECTOR Compa | ny Official Ch farmeum (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:

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date March 3, 2016

Reporting Month February 2016

| | | (| Carrier Information | | |
|---|---|-------------------|---------------------|------------|--|
| Company Name | SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE | | | | |
| Company Address | PO BOX 159 | GLASGOW, K | Y 42142-0159 | | |
| Telephone / Fax | (270) 678-82 | 30 / (270) 678-2 | 164 | | |
| Vendor Number | | | | | |
| | | | | | |
| Classification Please Circle One | (ILEC) | CLEC | Cellular | PCS | |
| | | | | | |
| | | Mon | thly Access Line D | ata | |
| 1. Total Access I | ines in Service. | | | 23, 234.38 | |
| 2. Surcharge Per | Access Line | | | \$0.08 | |
| 3. Amount of Sur | charge Remitted | to Kentucky US | F | 1858. 15 | |
| 4. Number of Ac | cess Lines Recei | ving Lifeline Sup | port | 1619 | |
| 5. Amount of Rei | mbursement Rec | quested from Ken | tucky USF | 5603.20 | |
| provata 5666.51 | 1 + < 63.3 | 107 = 560 | 3.20 | | |
| | | | Signature Block | ···· | |
| I hereby attest that the in Company Official _CHF | - | | | 11- LV | |
| Make check payable t | o: "Kentucky | | | | |

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:



Date April 5, 2016

Reporting Month March 2016

| | | | , | | |
|--|--|---------------------------------------|---|--|--|
| | Car | rrier Information | | | |
| Company Name SOUTH CENTRAL RURAL TELEPHONE COOPERATIVE | | | | | |
| Company Address | PO BOX 159 GLASGOW, KY | 42142-0159 | | | |
| Telephone / Fax | (270) 678-8230 / (270) 678-216 | 64 | | | |
| Vendor Number | | | · | | |
| | | | | | |
| Classification Please Circle One | (ILEC) CLEC | Cellular | PCS | | |
| | | | | | |
| | Month | ly Access Line Dat | a | | |
| Total Access I | Lines in Service | | 18,672.57 | | |
| 2. Surcharge Per | Access Line | | . \$0.0814 | | |
| 3. Amount of Su | rcharge Remitted to Kentucky USF | ., | . 2614.16 | | |
| 4. Number of Ac | cess Lines Receiving Lifeline Suppo | ort | 1,647 | | |
| 5. Amount of Rei | imbursement Requested from Kentu | cky USF | 5820.61 | | |
| provata 5,762 | <u>1.50 + 56.11 = 5820.6</u> | <u> </u> | | | |
| | | | | | |
| | Si | gnature Block | | | |
| I hereby attest that the in | nformation reported herein is true an | d accurate to the b | est of my knowledge. | | |
| | RIS LAWRENCE Title BUSINESS DIR (Printed) | RECTOR_Company | Official An Sauhenn (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: