

# EXHIBIT 14



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 2/6/14

Reporting Month Jan, 14

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629 270-343-3131 270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>805</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>-59.36</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>14</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>48.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>[Signature]</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:  
**363**  
 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



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 3/10/14

Reporting Month 2/2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
-------------------------------------	------	-------------	----------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>806</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.44</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>15</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>58.84</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>TEE</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 4-4-14

Reporting Month March, 14

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>800</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.44</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>14</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>48.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>T E E</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 5/9/14

Reporting Month April, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>806</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>60.00</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>14</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>48.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b>
	Company Official <u>JEE</u> (Signed)

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 6/9/14

Reporting Month May, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>804</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.76</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>14</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>48.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b>
Company Official <u><i>T E E</i></u> (Signed)	

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 7/9/14

Reporting Month June, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>799</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.84</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>14</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>48.50</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b>	Company Official <u></u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date: Aug, 2014

Reporting Month July, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>793</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.68</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>13</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>35.12</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>TRE</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Aug 29, 2014

Reporting Month Aug, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
-------------------------------------	------	-------------	----------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>799</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.84</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>11</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>107.110</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>T.E.E.</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 10/2/14

Reporting Month Sept, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>796</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>60.08</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>12</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>50.64</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>LEE</u> (Signed)

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Nov 3, 2014

Reporting Month Oct, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
-------------------------------------	------	-------------	----------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>788</u>
2. Surcharge Per Access Line.....	<u>2.4010.250</u> <u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>60.08</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>10</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>28.97</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>[Signature]</u> (Signed)

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 Frankfort, KY 40601

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



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 12-1-14

Reporting Month Nov, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>776</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.12</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>10</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>27.10</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official (Signed)

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 1/8/15

Reporting Month Dec, 2014

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
-------------------------------------	------	-------------	----------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>773</u> <sup>7</sup>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.12</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>10</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>34.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>AEE</u> (Signed)

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**363**  
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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Feb 9

Reporting Month Jan, 2015

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

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

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>787</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>61.12</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>10</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<del>67.90</del> <u>34.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>T E E</u> (Signed)

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 P.O. Box 615  
 Frankfort, KY 40602

31.52  
 788



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 3/12/15

Reporting Month Feb, 2015

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
-------------------------------------	------	-------------	----------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>788</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>61.28</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>10</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>34.50</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>[Signature]</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date April 10, 15

Reporting Month March, 15

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
-------------------------------------	------	-------------	----------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>789</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>61.60</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>10</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>34.50</u>

Signature Block	
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Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>T E E</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 5/4/15

Reporting Month April

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
-------------------------------------	------	-------------	----------	-----

Monthly Access Line Data		
1. Total Access Lines in Service.....	<u>778</u>	<u>31.12</u>
2. Surcharge Per Access Line..... <del>60.64</del> <b>2.4010.250</b>	<u>\$0.08</u>	
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>60.64</u>	
4. Number of Access Lines Receiving Lifeline Support.....	<u>11</u>	
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>41.96</u>	

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b>	Company Official <u>[Signature]</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 6/2/15

Reporting Month May, 15

Carrier Information	
Company Name	<b>Duo County Telephone</b>
Company Address	<b>P.O. Box 80, Jamestown, KY 42629</b>
Telephone / Fax	<b>270-343-3131                      270-343-2600 fax</b>
Vendor Number	<b>260401</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
-------------------------------------	------	-------------	----------	-----

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>772</u>
2. Surcharge Per Access Line..... <del>4010250</del>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.84</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>11</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>38.25</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>
	Company Official <u>[Signature]</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: **363**

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



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 7/8/15

Reporting Month June 15

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>760</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.20</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>12</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>46.94</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>JEE</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:  
**363**  
 Finance and Administration Cabinet  
 ATTN: KY USF  
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 Frankfort, KY 40601

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 8/5/15

Reporting Month July, 15

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>758</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.36</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>12</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>4200</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b>	Company Official <u>Tee</u> (Signed)

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**363**  
Finance and Administration Cabinet  
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Frankfort, KY 40601

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P.O. Box 615  
Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
UNIVERSAL SERVICE FUND

Date 9/4/15

Reporting Month Aug, 2015

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	<input type="checkbox"/> ILEC	<input checked="" type="checkbox"/> CLEC	<input type="checkbox"/> Cellular	<input type="checkbox"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>749</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.12</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>11</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>18.27</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b>	Company Official <u>TEE</u> (Signed)

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Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Oct 5, 2015

Reporting Month Sept 2015

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>745</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.28</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>11</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>38.25</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>T E E</u> (Signed)

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 11/4/15

Reporting Month Oct, 2015

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	<input type="radio"/> ILEC	<input type="radio"/> CLEC	<input type="radio"/> Cellular	<input type="radio"/> PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>748</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>59.92</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>10</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>25.57</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>TRE</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:  
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 Frankfort, KY 40601

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COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 12/1/15

Reporting Month 11/2015

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
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29.80

Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>745</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>60.32</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>9</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>28.04</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>T E E</u> (Signed)

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 Frankfort, KY 40601

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 1/6/16

Reporting Month Dec, 15

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629 270-343-3131 270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>743</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>60.32</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>8</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>16.15</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <u>Teresa Emerson</u> (Printed)	Title <u>Accountant</u>	Company Official <u>[Signature]</u> (Signed)

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 Frankfort, KY 40601

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 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date Feb, 2016

Reporting Month Jan, 2016

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629 270-343-3131 270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>782</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>5960</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>9</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>39.98</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b>	Company Official <u>[Signature]</u> (Signed)

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



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date 3/4/16

Reporting Month Feb, 2016

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<b>CLEC</b>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>823</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<u>\$0.08</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>60.48</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>7</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>240 prorating</u>

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b> Company Official <u>TEE</u> (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to:  
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 702 Capital Ave.  
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 Frankfort, KY 40601

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

833



COMMONWEALTH OF KENTUCKY  
 UNIVERSAL SERVICE FUND

Date March 31

Reporting Month March, 16

Carrier Information	
Company Name	<b>Cumberland Cellular</b>
Company Address	<b>P.O. Box 80</b>
Telephone / Fax	<b>Jamestown, KY 42629      270-343-3131    270-343-2600 fax</b>
Vendor Number	<b>269005</b>

Classification Please Circle One	ILEC	<u>CLEC</u>	Cellular	PCS
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Monthly Access Line Data	
1. Total Access Lines in Service.....	<u>833</u>
2. Surcharge Per Access Line..... <b>2.4010.250</b>	<del>\$0.08</del> <u>.14</u>
3. Amount of Surcharge Remitted to Kentucky USF.....	<u>1481.84</u>
4. Number of Access Lines Receiving Lifeline Support.....	<u>7</u>
5. Amount of Reimbursement Requested from Kentucky USF.....	<u>24.22</u>

Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.		
Company Official <b>Teresa Emerson</b> (Printed)	Title <b>Accountant</b>	Company Official <u>JEE</u> (Signed)

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