EXHIBIT 15



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____02/13/14_____

Reporting Month____January 2014____

		Carrier Information		
Company Name	North Central (Communications, Inc.		
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	
Telephone / Fax	(615) 666-2151	/ (615) 666-6118		
Vendor Number				

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1,330	
2.	Surcharge Per Access Line	<u>\$0.08</u>	
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.40	
4.	Number of Access Lines Receiving Lifeline Support	136	
5.	Amount of Reimbursement Requested from Kentucky USF	\$476.00	

	Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company OfficialKim Marsh (Printed)	TitleAccountant	Company Official Kim Marsh (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			



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____02/20/14_____

Reporting Month____February 2014_____

		Carrier Information	
Company Name	North Central C	Communications, Inc.	
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083
Telephone / Fax	(615) 666-2151	/ (615) 666-6118	
Vendor Number			

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1,324	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.92	
4.	Number of Access Lines Receiving Lifeline Support	135	
5.	Amount of Reimbursement Requested from Kentucky USF	\$472.50	
2			

	 Signature Block	
I hereby attest that the information repo Company OfficialKim Marsh	rue and accurate to the Accountant	he best of my knowledge. Company Official Kim Mush
(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		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____03/10/14_____

Reporting Month____March 2014_____

		Carrier Information	
Company Name	North Central C	Communications, Inc.	
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083
Telephone / Fax Vendor Number	(615) 666-2151	/ (615) 666-6118	
, chaor rumber			

Classification Please Circle One	U.E.C.	CLEC		DOG	
Please Circle One	ILEC	(CLEC)	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1,328	
2.	Surcharge Per Access Line	\$0.08_	
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.24	
4.	Number of Access Lines Receiving Lifeline Support	131	
5.	Amount of Reimbursement Requested from Kentucky USF	\$458.50	

	Signature Block					
I hereby attest that the information reporte	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company OfficialKim Marsh (Printed)	TitleAccountant	Company Official <u>Him Marsh</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				



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____04/23/14_____

Reporting Month____April 2014_____

		Carrier Information		
Company Name	North Central (Communications, Inc.		
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	
Telephone / Fax Vendor Number	(615) 666-2151	/ (615) 666-6118		

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1,335	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.80	
4.	Number of Access Lines Receiving Lifeline Support	131	
5.	Amount of Reimbursement Requested from Kentucky USF	\$458.50	

Signature Block						
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company OfficialKim Marsh (Printed)	TitleAccountant	Company Official <u>Him Mush</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				



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____06/05/14

Reporting Month____May 2014_____

Carrier Information						
Company Name	North Central Communications, Inc.					
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083			
Telephone / Fax (615) 666-2151 / (615) 666-6118						
Vendor Number	8					

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,329
2.	Surcharge Per Access Line	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.32
4.	Number of Access Lines Receiving Lifeline Support	131
5.	Amount of Reimbursement Requested from Kentucky USF	\$458.50

Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company OfficialKim MarshTitleAccountantCompany OfficialKimD AccountantCompany OfficialKimD AccountantKimD AccountantCompany OfficialKimD AccountantCompany OfficialKimD AccountantKimD AccountantKimKimKimKimKimKimKimKimKimKimKimKimKimKimKim					
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			



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____07/03/14_____

Reporting Month____June 2014____

		Carrier Information	
Company Name	North Central (Communications, Inc.	
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083
Telephone / Fax	(615) 666-215	1 / (615) 666-6118	
Vendor Number			

Classification Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,321
2.	Surcharge Per Access Line	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.68
4.	Number of Access Lines Receiving Lifeline Support	130
5.	Amount of Reimbursement Requested from Kentucky USF	\$455.00

	Signature Block						
I hereby attest that the information reported	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company OfficialKim Marsh (Printed)	TitleAccountant	Company Official <u>Kin Mush</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					

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____07/21/14___

Reporting Month___July 2014____

		Carrier Information	
Company Name	North Central (Communications, Inc.	
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083
Telephone / Fax	(615) 666-2151	/ (615) 666-6118	
Vendor Number			

Classification Please Circle One	ILEC	(CLEC)	Cellular	PCS	

	Monthly Access Line Data		
1.	Total Access Lines in Service	1,309	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$104.72	
4.	Number of Access Lines Receiving Lifeline Support	130	
5.	Amount of Reimbursement Requested from Kentucky USF	\$455.00	

	Signature Block						
I hereby attest that the information repor	I hereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company OfficialKim Marsh (Printed)	TitleAccountant	Company Official Kim Mausk (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					



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date_____08/27/14

Reporting Month____August 2014____

	Carrier Information						
Company Name	North Central (Communications, Inc.					
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083				
Telephone / Fax	(615) 666-2151	/ (615) 666-6118					
Vendor Number							

					and the second	
Classification Please Circle One	ILEC	CLEC	Cellular	PCS		

	Monthly Access Line Data		
1.	Total Access Lines in Service	1,308	
2.	Surcharge Per Access Line	\$0.08	
3.	Amount of Surcharge Remitted to Kentucky USF	\$104.64	
4.	Number of Access Lines Receiving Lifeline Support	120	
5.	Amount of Reimbursement Requested from Kentucky USF	\$420.00	

	Signature Block	
I hereby attest that the information reporte	d herein is true and accurate to t	he best of my knowledge.
Company Official <u>Kim Marsh</u> (Printed)	TitleAccountant	Company Official <u>Kim Mush</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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____09/22/14____

Reporting Month ____ September 2014

	Carrier Information						
Company Name	North Central C	Communications, Inc.					
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083				
Telephone / Fax	(615) 666-2151	/ (615) 666-6118					
Vendor Number							

Classification					
Please Circle One	ILEC	(CLEC)	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,308
2.	Surcharge Per Access Line	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF	\$104.64
4.	Number of Access Lines Receiving Lifeline Support	115
5.	Amount of Reimbursement Requested from Kentucky USF	\$402.50

	Signature Block	
I hereby attest that the information reported	d herein is true and accurate to the	e best of my knowledge.
Company OfficialKim Marsh (Printed)	TitleAccountant	Company Official Kin Much (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



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____10/21/14_____

Reporting Month___October 2014___

		Carrier Information	
Company Name	North Central (Communications, Inc.	
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083
Telephone / Fax			
Vendor Number			

Classification				
Please Circle One ILEC	(CLEC)	Cellular	PCS	

Monthly Access Line Data					
1.	Total Access Lines in Service	1,306 \$0.08			
3.	Amount of Surcharge Remitted to Kentucky USF	\$104.48			
4. 5.	Number of Access Lines Receiving Lifeline Support	116			
э.	Amount of Reimbursement Requested from Kentucky USF	\$406.00			

Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company OfficialKim MarshTitleAccountantCompany OfficialMarsh(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: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602		



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____12/16/14_____

Reporting Month____November 2014_____

	Carrier Information					
Company Name	North Central (Communications, Inc.				
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083			
Telephone / Fax	(615) 666-215	1 / (615) 666-6118				
Vendor Number						

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,293
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$103.44
4.	Number of Access Lines Receiving Lifeline Support	115
5.	Amount of Reimbursement Requested from Kentucky USF	\$402.50

Signature Block						
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company OfficialKim MarshTitleAccountantCompany OfficialKim Marsh(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: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	12/16/14

Reporting Month____December 2014

Carrier Information						
Company Name	North Central	Communications, Inc.				
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083			
Telephone / Fax (615) 666-2151 / (615) 666-6118						
Vendor Number						

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,301
2.	Surcharge Per Access Line	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF	\$104.08
4.	Number of Access Lines Receiving Lifeline Support	113
5.	Amount of Reimbursement Requested from Kentucky USF	\$395.50

	Signature Block	
I hereby attest that the information reported Company OfficialKim Marsh (Printed)	d herein is true and accurate to	the best of my knowledge. Company Official <u>Hum</u> Mask (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to:		Send a copy of this report to:

Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____02/03/15_____

Reporting Month____January 2015_____

		Carrier Information	
Company Name	North Central (Communications, Inc.	
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083
Telephone / Fax	(615) 666-2151	1 / (615) 666-6118	
Vendor Number			

Classification				
Please Circle One ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data				
1.	Total Access Lines in Service	1,313			
2.	Surcharge Per Access Line	\$0.08_			
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.04			
4.	Number of Access Lines Receiving Lifeline Support	116			
5.	Amount of Reimbursement Requested from Kentucky USF	\$406.00			

	Signature Block
I hereby attest that the information reported herein is	s true and accurate to the best of my knowledge.
Company OfficialKim MarshTitle (Printed)	Accountant Company Official Kim Marsh (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:

Make check payable to: "Kentucky State Treasurer" and send with this	Send a copy of this report to:
report to: Finance and Administration Cabinet ATTN: KY USF	Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd.
702 Capital Ave. Capitol Annex, Room 488A Frankfort, KY 40601	P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____02193/15_____

Reporting Month____February 2015_____

	Carrier Information					
Company Name	Name North Central Communications, Inc.					
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083			
Telephone / Fax	(615) 666-215	1 / (615) 666-6118				
Vendor Number						

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

Monthly Access Line Data				
1.	Total Access Lines in Service	1,317		
2.	Surcharge Per Access Line	\$0.08		
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.36		
4.	Number of Access Lines Receiving Lifeline Support	115		
5.	Amount of Reimbursement Requested from Kentucky USF	\$402.50		

Signature Block						
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.						
Company Official Kim Marsh Title Accountant Company Official Kim Marsh (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: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602				

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____03/13/15_____

Reporting Month____March 2015____

Carrier Information						
Company Name	North Central (Communications, Inc.				
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083			
Telephone / Fax	(615) 666-2151	/ (615) 666-6118				
Vendor Number						

Classification				_	
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data					
1.	Total Access Lines in Service	1,325				
2.	Surcharge Per Access Line	\$0.08_				
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.00				
4.	Number of Access Lines Receiving Lifeline Support					
5.	Amount of Reimbursement Requested from Kentucky USF	\$402.50				

Signature Block					
I hereby attest that the information reported	herein is true and accurate to the best of my knowledge.				
Company OfficialKim Marsh TitleAccountant Company Official Min Mush (Signed)					
Make check payable to: "Kentucky State Treasurer" and send with this report to: Kentucky Public Service Commission					

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

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



UNIVERSAL SERVICE FUND

Date____04 29 15_____

Reporting Month____April 2015_____

Carrier Information							
Company Name	North Central	Communications, Inc.					
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083				
Telephone / Fax Vendor Number	(615) 666-215	1 / (615) 666-6118					

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data					
1.	Total Access Lines in Service	1,334				
2.	Surcharge Per Access Line	<u>\$0.08</u>				
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.72				
4.	Number of Access Lines Receiving Lifeline Support	116				
5.	Amount of Reimbursement Requested from Kentucky USF	\$406.00				

	Signature Block		
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company OfficialKim MarshTitleAccountantCompany OfficialKim_Marsh(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: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____05/28/15_____

Reporting Month____May 2015_____

	Carrier Information						
Company Name	North Central	Communications, Inc.					
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083				
Telephone / Fax Vendor Number	(615) 666-215	1 / (615) 666-6118					

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data					
1.	Total Access Lines in Service	1,329				
2.	Surcharge Per Access Line	\$0.08_				
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.32				
4.	Number of Access Lines Receiving Lifeline Support	114				
5.	Amount of Reimbursement Requested from Kentucky USF	\$399.00				

Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company OfficialKim MarshTitleAccountantCompany OfficialMMarsh(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		



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date	07 01 15	

Reporting Month____June 2015_____

	Carrier Information						
Company Name	North Central	Communications, Inc.					
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	3			
Telephone / Fax Vendor Number	(615) 666-215	1 / (615) 666-6118		N.			
vendor Number							

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,326
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.08
4.	Number of Access Lines Receiving Lifeline Support	112
5.	Amount of Reimbursement Requested from Kentucky USF	\$392.00

	Signature Block	5	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company OfficialKim MarshTitleAccountantCompany OfficialKim_) Y Cush(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: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602	



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____07/21/14____

Reporting Month___July 2015___

Carrier Information				
Company Name	North Central	Communications, Inc.		
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	
Telephone / Fax	(615) 666-215	51 / (615) 666-6118		
Vendor Number		П.		

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data				
1.	Total Access Lines in Service	1,326			
2.	Surcharge Per Access Line	\$0.08			
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.08			
4.	Number of Access Lines Receiving Lifeline Support	_111			
5.	Amount of Reimbursement Requested from Kentucky USF	\$388.50			

Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.				
Company Official Kim Marsh Title Accountant Company Official Time Marsh (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 Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____08/13/14_____

Reporting Month____August 2015_____

Carrier Information				
Company Name	North Central (Communications, Inc.		
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	
Telephone / Fax Vendor Number	(615) 666-2151	1 / (615) 666-6118		
venuor inumber				

Classification			
Please Circle One ILEC	CLEC	Cellular	PCS

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,321
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.68
4.	Number of Access Lines Receiving Lifeline Support	110
5.	Amount of Reimbursement Requested from Kentucky USF	\$385.00

Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.				
Company OfficialKim Marsh TitleAccountant Company Official <u>Hin Marsh</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		



Date____10 05 14____

Reporting Month____September 2015_____

Carrier Information				
Company Name	North Central	Communications, Inc.		
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	
Telephone / Fax	(615) 666-215	1 / (615) 666-6118		
Vendor Number				

Please Circle One ILEC CLEC Cellular PCS	Classification				
	Please Circle One	ILEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,319
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.52
4.	Number of Access Lines Receiving Lifeline Support	108
5.	Amount of Reimbursement Requested from Kentucky USF	\$378.00

		Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge. Company OfficialKim MarshTitleAccountantCompany OfficialKim & & & & & & & & & & & & & & & & & & &						
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			

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____11 06 14____

Capitol Annex, Room 488A Frankfort, KY 40601 Reporting Month___October 2015_____

		Carrier Information		
Company Name	North Central (Communications, Inc.		
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37	'083
Telephone / Fax	(615) 666-2151	1 / (615) 666-6118		
Vendor Number				

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,322
2.	Surcharge Per Access Line	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.76
4.	Number of Access Lines Receiving Lifeline Support	108
5.	Amount of Reimbursement Requested from Kentucky USF	\$378.00

	Signature Block	
I hereby attest that the information repo	ted herein is true and accurate to	the best of my knowledge.
Company OfficialKim Marsh (Printed)	TitleAccountant	Company Official <u>Herry Button</u> (Signed)
Make check payable to: "Kentucky State Treasurer" and send with this report to:		Send a copy of this report to:
Finance and Administration Cabinet ATTN: KY USF 702 Capital Ave. Capital Annex, Room 488A		Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____11/30/15_____

Reporting Month____November 2015_____

		Carrier Information	
Company Name	North Central (Communications, Inc.	
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083
Telephone / Fax Vendor Number	(615) 666-2151	/ (615) 666-6118	

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,323
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.84
4.	Number of Access Lines Receiving Lifeline Support	106
5.	Amount of Reimbursement Requested from Kentucky USF	\$371.00

	Signature Block	
I hereby attest that the information reported	ed herein is true and accurate to th	e best of my knowledge.
Company OfficialKim Button (Printed)	TitleAccountant	Company Official <u>Hern Bectton</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

Revised 03-13-2008



Date_____12/29/15_____

Reporting Month____December 2015_____

		Carrier Information		
Company Name	North Central	Communications, Inc.		
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	
Telephone / Fax	(615) 666-215	1 / (615) 666-6118		
Vendor Number				

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,331
2.	Surcharge Per Access Line	\$0.08_
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.48
4.	Number of Access Lines Receiving Lifeline Support	99
5.	Amount of Reimbursement Requested from Kentucky USF	\$346.50

	Signature Block				
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company OfficialKim ButtonTitleAccountantCompany Official <u>//in Dutton</u> (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: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602			



COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____01 27 16_____

Reporting Month____January 2016_____

		Carrier Information		
Company Name	North Central Communications, Inc.			
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	
Telephone / Fax Vendor Number	(615) 666-215	1 / (615) 666-6118		
vendor ivumber				

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	3

	Monthly Access Line Data	r.
1.	Total Access Lines in Service	1,329
2.	Surcharge Per Access Line	<u>\$0.08</u>
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.32
4.	Number of Access Lines Receiving Lifeline Support	98
5.	Amount of Reimbursement Requested from Kentucky USF	\$343.00

Signature Block					
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.					
Company OfficialKim ButtonTitleAccountantCompany Official <u>Him Button</u> (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 488.A 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____03 01 16_____

Reporting Month____February 2016

		Carrier Information		
Company Name North Central Communications, Inc.				
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083	
Telephone / Fax	(615) 666-215	1 / (615)666-6118		
Vendor Number				

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data	
1.	Total Access Lines in Service	1,323
2.	Surcharge Per Access Line	\$0.08
3.	Amount of Surcharge Remitted to Kentucky USF	\$105.84
4.	Number of Access Lines Receiving Lifeline Support	95
5.	Amount of Reimbursement Requested from Kentucky USF	\$332.50

	Signature Block	
I hereby attest that the information reported h	erein is true and accurate to the	e best of my knowledge.
Company OfficialKim Button (Printed)	_TitleAccountant	Company Official <u>Jun Futtor</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

H Channell

Case No. 2016-00059 Exhibit A KUSF Reimbursement Forms

COMMONWEALTH OF KENTUCKY UNIVERSAL SERVICE FUND

Date____04/04/16_____

Reporting Month____March 2016_____

	Carrier Information						
Company Name North Central Communications, Inc.							
Company Address	P O Box 70	872 Hwy. 52 By-Pass E,	Lafayette, TN 37083				
Telephone / Fax	(615) 666-2151 / (615) 666-6118						
Vendor Number							

Classification					
Please Circle One	ILEC	CLEC	Cellular	PCS	

	Monthly Access Line Data					
1.	Total Access Lines in Service	1,329				
2.	Surcharge Per Access Line					
3.	Amount of Surcharge Remitted to Kentucky USF	\$106.32				
4.	Number of Access Lines Receiving Lifeline Support	92				
5.	Amount of Reimbursement Requested from Kentucky USF	\$322.00				

	Signature Block						
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.							
Company OfficialKim ButtonTitleAccountantCompany Official							
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						

Revised 03-13-2008