EXHIBIT 19

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060=0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (2) Study Area Code 260401

Wireless 🔲

(1) USAC Service Provider Identification Number	143001566
(3) Filer 499 ID 801267	(4) Technolog

(4) Technology Type (check one) Wireline

High Cost/Low Income

(5) ETC Designation Type (Check one): Lifeline Only

(6) Organization Informati	on	(7)	Filing Information	
Company Legal Name:	Duo County Telephone Coop. Corp. Inc.	a)	Submission Date	02/06/2014
Contact Name:	TERESA EMERSON	b)	Data Month	January 2014
Mailing Address:	2150 NORTH MAIN	c)	Type of Filing (check one)	
			,	Original 🗸 Revision
-	JAMESTOWN, KY 42629	d)	State Reporting	KENTUCKY
Telephone Number:	2703431171			
Fax Number:	2703432600			
E-mail Address:	TEMERSON@DUOTEL.COM			

Lifeline

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) 841	x \$9.25	= \$ 7779
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u> Total Fed	x \$ 0.00 (not to exceed \$34.25) eral Lifeline Support Claime	= \$ <u>0</u> d (10) \$ <u>7779</u>
Toll Limitation Services (TLS)			
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in	(11) <u>0.000000</u>		
Number of TLS Subscribers	(12) 0		
Tribal Link Up (Available only to ETCs recei	iving High Cost support)	Total TLS Support Claimed	(13) \$ <u>0</u>
Number of Connections Waived Charges Waived per Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)	(for multiple rates, use an average	ge amount)
Total Connection Charges Waived	(16) \$ 0.0		
Deferred Interest	(17) \$ 0.00		
	Total Trib	oal Link Up Support Claimed	I (18) \$ <u>0</u>
ETC Payment			
Total Lifeline \$_7779 Total TLS \$_0	Total Tri	bal Link Up \$ 0	_
10,709.99		Total Dollars (19)	<u>\$</u> 7779
	ons, please call USAC at (866) 873-4727 Toll Free	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/06/2014

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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Case No. 2016-00059
Exhibit B
FCC Form 497

FCC Form 497							
April 2012 Edition		LIFELINE WORK	SHE	ET		ON	IB Approva
0				Avg.	Burden Est.	per Responde	3060-081 ent: 2.5 Hrs
(1) USAC Service Provid	er Identification Numb	er <u>143001566</u>		(2) Stu	dv Area Co	de 260401	
(3) Filer 499 ID 801267	7	(4) Technology T	ype (check one) Wireli		Wireless	_
(5) ETC Designation Typ	e (Check one): Lifeli	_		Cost/Low Income	-		
(6) Organization Informa							
Company Legal Name:		none Coop. Corp. Inc.		Filing Information	00/00/00	24.4]
and the second second second				Submission Date	03/06/20		
Contact Name: Mailing Address:	teresa emerso	n	b)	Data Month	Februar	y 2014	
maining Address.	po box 80		c)	Type of Filing (check one)			
					Original Revision	\leq	
	jamestown, KY	42629	d)	State Reporting	KENTU	CKY	
Telephone Number:	2703433131						
Fax Number:							
E-mail Address:	temerson@du	otel.com					
Lifeline	Subscribers	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
	al Lifeline Support	(8) 833		x \$9.2	5	= \$ 7705	
Tribal Low-Income Subso		(9) 0		x \$ 0.00		= \$_0	
Receiving federa	al Lifeline Support	То	tal F	(not to exce ederal Lifeline Sup		d (10) \$ 770	5
Toll Limitation Ser	vices (TLS)						
	g TLS per Subscriber nental cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> 2 in 2013)	0				
Number of TLS S	Subscribers	(12) 0					
				Total TLS Supp	ort Claimed	(13) \$ 0	
Tribal Link Up (Avai	lable only to ETCs rec	eiving High Cost su	opon	t)	ort olumeu	(10) \$	
Number of Conn Charges Waived		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection	n Charges Waived	(16) \$ 0.0					
Deferred Interest	1	(17) \$ 0.00					
		Te	otal 1	— 'ribal Link Up Supp	oort Claimed	I (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_7705	Total TLS \$ 0	т	otal	Tribal Link Un \$ 0			

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Total Dollars (19) \$ 7705

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03/06/2014

teresa emerson

DATE

accountant

OFFICER SIGNATURE

OFFICER NAME

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Case No. 2016-00059
Exhibit B
FCC Form 497

FCC Form 497							
April 2012 Edition		LIFE	ELINE WOR	KSHE	ET		OMB
					Avg	. Burden Es	30 t. per Respondent:
(1) USAC Service Provid	er Identification Numb	er <u>1430</u>	01566		(2) St	udv Area Co	ode 260401
(3) Filer 499 ID 801267	7	(4) T	echnology	Гуре (check one) Wirel		Wireless
(5) ETC Designation Typ	e (Check one): Lifel	ine Only			Cost/Low Income		Wireless L
(6) Organization Informa							
Company Legal Name:	Duo County Telep	hone Coo	p. Corp. In		Filing Information Submission Date	04/04/2	014
Contact Name:	TERESA EME			b)	Data Month	March 2	
Mailing Address:	P O BOX 80			c)	Type of Filing	March	2014
					(check one)	Original	\leq
	JAMESTOWN	I, KY 42	2629	d)	State Reporting	Revision KENTU	
Telephone Number:	2703433131						
Fax Number:	2703432600			_			
E-mail Address:	TEMERSON@	DUOT	EL.COM				
Lifeline							
			_ifeline cribers		(b) Lifeline Superviser Superviser Superviser		(c) Total Lifelin
Non-Tribal Low-Income S	ubscribers I Lifeline Support	(8) 8			Subscriber Su		7750
					x \$ <u>9.2</u>	25	= \$ 7752
Tribal Low-Income Subso Receiving federa	ribers I Lifeline Support	(9) _()		x \$ 0.00	ed \$34.25)	= \$ 0
			т	otal F	ederal Lifeline Sup		ed (10) \$ <u>7752</u>
and the second s							
Toll Limitation Serv	vices (TLS)						
	. ,		0 0000	0			
Cost of Providing	/ICES (ILS) g TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) 2 in 2013)	0.0000	00			
Cost of Providing	g TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) 2 in 2013) (12)	<u>0.00000</u>	00	_		
Cost of Providing (the lesser of increm	g TLS per Subscriber ental cost or \$3 in 2012 /\$2	2 in 2013)	<u>0.00000</u>	00	— — Total TLS Sunn	ort Claimed	u (13) ¢ ()
Cost of Providing (the lesser of increm	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers	2 in 2013) (12)	0		—– — Total TLS Supp)	ort Claimed	i (13) \$ <u>0</u>
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Cost of Providing (the lesser of increm Number of TLS S	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived	2 in 2013) (12) ceiving Hi (14) (15) \$	0 igh Cost su 0 0.00	pport	Total TLS Supp		
Cost of Providing (the lesser of increm Number of TLS S Tribal Link Up (Avail Number of Conne	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived	2 in 2013) (12) ceiving Hi (14) (15) \$	0 igh Cost su 0	pport)		
Cost of Providing (the lesser of increm Number of TLS S Tribal Link Up (Avail Number of Conne	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived per Connection	2 in 2013) (12) ceiving Hi (14) (15) \$	0 igh Cost su 0 0.00 exceed \$100)	pport)		
Cost of Providing (the lesser of increm Number of TLS S Tribal Link Up (Avail Number of Conne Charges Waived	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived per Connection Charges Waived	2 in 2013) (12) ceiving Hi (14) (15) \$ (not to ((16) \$	0 igh Cost su 0 0.00 exceed \$100)	pport)		
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived per Connection Charges Waived	2 in 2013) (12) ceiving Hi (14) (15) \$ (not to ((16) \$	0 igh Cost su 0 0.00 exceed \$100) 0.0 0.00	pport) (for multiple rates, 	, use an avera	ige amount)
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived per Connection Charges Waived	2 in 2013) (12) ceiving Hi (14) (15) \$ (not to ((16) \$	0 igh Cost su 0 0.00 exceed \$100) 0.0 0.00	pport)	, use an avera	ige amount)
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived per Connection Charges Waived	2 in 2013) (12) ceiving Hi (14) (15) \$ (not to ((16) \$ (17) \$	0 igh Cost su 0 0.00 exceed \$100) 0.0 0.00 T	pport,) (for multiple rates ribal Link Up Sup	, use an avera	ige amount)
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 subscribers able only to ETCs rec ections Waived per Connection Charges Waived	2 in 2013) (12) ceiving Hi (14) (15) \$ (not to ((16) \$ (17) \$	0 igh Cost su 0 0.00 exceed \$100) 0.0 0.00 T	pport,) (for multiple rates, 	, use an avera	ige amount)
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived per Connection Charges Waived	2 in 2013) (12) ceiving Hi (14) (15) \$ (not to ((16) \$ (17) \$	0 igh Cost su 0 0.00 exceed \$100) 0.0 0.00 T	pport,) (for multiple rates, ribal Link Up Supp Tribal Link Up \$ <u>0</u>	, use an avera	age amount) d (18) \$ <u>0</u>
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rec ections Waived per Connection Charges Waived	2 in 2013) (12) ceiving Hi (14) (15) \$ (not to ((16) \$ (17) \$	0 igh Cost su 0 0.00 exceed \$100) 0.0 0.00 T	otal T) (for multiple rates, ribal Link Up Supp Tribal Link Up \$ <u>0</u> Total	, use an avera port Claimed Dollars (19	age amount) d (18) \$ <u>0</u>
Cost of Providing (the lesser of increm Number of TLS S <i>Tribal Link Up</i> (Avail Number of Conne Charges Waived Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 subscribers able only to ETCs rec ections Waived per Connection Charges Waived	2 in 2013) (12) ceiving Hi (14) (15) \$ (not to ((16) \$ (17) \$	0 igh Cost su 0 0.00 exceed \$100) 0.0 0.00 T	otal T) (for multiple rates, ribal Link Up Supp Tribal Link Up \$ <u>0</u> Total	, use an avera port Claimed Dollars (19	age amount) d (18) \$ <u>0</u>

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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04/04/2014

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER SIGNATURE

TERESA EMERSON

OFFICER TITLE

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OFFICER NAME

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) .				Avg.	Burden Est. p		3060-0819
(1) USAC Service Provider I	dentification Numbe	r <u>143001566</u>			dy Area Code		
(3) Filer 499 ID 801267		(4) Technology T	ype	check one) Wireli	-	Wireless	_
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🛄	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Duo County Telepho	one Coop. Corp. Inc	. a)	Submission Date	05/13/20	14	
Contact Name:	TERESA EMER	RSON	b)	Data Month	April 2014	4	
Mailing Address:	2150 NORTH N	IAIN	c)	Type of Filing (check one)			
				• • • • • • • • • •	Original Revision	4	
Telephone Number:	JAMESTOWN,	KY 42629	d)	State Reporting	KENTUC	KY	
Fax Number:	2703431171		-				
- Andrew Strategy and the second s	2703432600		-				
E-mail Address:	TEMERSON@	DUOTEL.COM					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
Non-Tribal Low-Income Subs Receiving federal Li		(8) <u>828</u>				7050	
		0		× \$9.2		= \$ 7659	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ 0.00 (not to exce		= \$ _0	
		То	tal F	ederal Lifeline Sup		(10) \$ 7659)
Toll Limitation Servic	es (TLS)						
Cost of Providing TL (the lesser of incrementation)		(11) <u>0.00000</u> n 2013)	0	_			
Number of TLS Subs	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	opon	<i>t</i>)			
Number of Connecti		(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)	
		(
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		то	otal 1	ribal Link Up Supp	ort Claimed ((18) \$ 0	
ETC Payment					·		
Total Lifeline \$_7659	Total TLS \$ 0	-	otal	Tribal Link Line 0			
· · · · · · · · · · · · · · · · · · ·	!our i co <u>\$</u>	I	otal			7650	
				Total	Dollars (19) \$	1059	
If	vou have any quest	ione plassa call IIS	10	+ (966) 972 4727 To	II Ener		

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FCC Form 497 April 2012 Edition

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TERESA EMERSON

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FCC Form 497 April 2012 Edition			SHE	ET		ОМ	B Approval
				Avg.	Burden Est. per		3060-0819 nt: 2.5 Hrs
(1) USAC Service Provider le	dentification Number	143001566					
(3) Filer 499 ID 801267		4			dy Area Code <u>2</u>		_
				check one) Wirelin	_	Wireless	
(5) ETC Designation Type (C		e Only 🖵 🛛 I	High	Cost/Low Income			
(6) Organization Information				Filing Information			
Company Legal Name:	Duo County Telepho	one Coop. Corp. Inc.	a)	Submission Date	06/09/2014	6	
Contact Name:	teresa emersor	l	b)	Data Month	May 2014		
Mailing Address:	2150 n main		c)	Type of Filing (check one)			
					Original Revision □		
Telephone Number:	jamestown, KY	42629	d)	State Reporting	KENTUCK	ŕ	
Fax Number:	2703431171						
E mail Address	2703432600						
E-mail Address:	temerson@duo	tel.com]				
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup		Total Life	line
Non-Tribal Low-Income Subs				Subscriber Sup			
Receiving federal Li	teline Support	(8) 826		x \$9.25	5 = 9	\$ 7641	
Tribal Low-Income Subscribe Receiving federal Lit		(9) 0		× \$ <u>0.00</u>		<u> 0 </u>	
	cime oupport	То	tal F	not to excee) ederal Lifeline Supp		0)\$7641	1
Toll Limitation Servic	es (TLS)						
		0.00000	~				
Cost of Providing TL (the lesser of incrementa	.S per Subscriber I cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Subs	cribers	(12) 0					
-				Total TLS Suppo	ort Claimed (13)\$0	
Tribal Link Up (Available	e only to ETCs rece	iving High Cost sup	port)			
Number of Connection	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00		(for multiple rates,	use an average an	nount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		То	tal T	ribal Link Up Supp	ort Claimed (18) s 0	
ETC Payment						, -	
-	0			0			
Total Lifeline \$ <u>7641</u>	Total TLS \$_U	То	otal '				
				Total	Dollars (19) \$ <u>7</u>	641	
lf	you have any quest	ons, please call US	AC a	t (866) 873-4727 To	ll Free		

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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06/09/2014

teresa emerson

DATE

accountant

OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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					Case No. 2016-00059 Exhibit B
					FCC Form 497
FCC Form 497					
April 2012 Edition		LIFELINE WOR	KSHE	ET	OMB Ap
				Avg.	3060 Burden Est. per Respondent: 2
(1) USAC Service Provide	er Identification Numbe	er <u>143001566</u>		(2) Stu	dy Area Code <u>260401</u>
(3) Filer 499 ID 801267		(4) Technology	Туре (check one) Wireli	ne 🗹 🛛 Wireless 🗖
(5) ETC Designation Type	e (Check one): Lifelin	ne Only 🔲	High	Cost/Low Income	
(6) Organization Informat	ion		(7)	Filing Information	
Company Legal Name:	Duo County Teleph	none Coop. Corp. In	с.а)	Submission Date	07/09/2014
Contact Name:	TERESA EME	RSON	b)	Data Month	June 2014
Mailing Address:	2150 NORTH I	MAIN STREET	c)	Type of Filing (check one)	•
					Original Revision □
Telephone Number:	JAMESTOWN,	, KY 42629	d)	State Reporting	KENTUCKY
Fax Number:	2703433131 2703432600		-		
E-mail Address:		DUOTEL.COM			
		DOOTEL.COM			
Tribal Low-Income Subsc	I Lifeline Support	<u>Subscribers</u> (8) <u>808</u> (9) <u>0</u>		Subscriber Sup x \$ 9.2 x \$ 0.00 (not to exce	5 = \$ 7474 = \$ 0 ed \$34.25
		1	otal Fe	ederal Lifeline Sup	port Claimed (10) \$ <u>7474</u>
Toll Limitation Serv	lices (ILS)				
Cost of Providing	/ICES (ILS) g TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) 0.0000	00		
Cost of Providing	g TLS per Subscriber ental cost or \$3 in 2012 /\$2		00	_	
Cost of Providing (the lesser of increme Number of TLS Se	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers	(12) <u>0</u>		— — Total TLS Supp	ort Claimed (13) \$ <u>0</u>
Cost of Providing (the lesser of increme Number of TLS Se Tribal Link Up (Availa	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece	(12) 0		 Total TLS Supp)	ort Claimed (13) \$ <u>0</u>
Cost of Providing (the lesser of increme Number of TLS Se	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived	(12) <u>0</u>	upport,)	ort Claimed (13) \$ <u>0</u> use an average amount)
Cost of Providing (the lesser of increme Number of TLS Se Tribal Link Up (Availa Number of Conne	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection	eiving High Cost so (12) 0 eiving High Cost so (14) 0 (15) \$ 0.00	upport,)	
Cost of Providing (the lesser of increme Number of TLS Se <i>Tribal Link Up</i> (Availa Number of Conne Charges Waived p	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection Charges Waived	(12) 0 eiving High Cost so (14) 0 (15) \$ 0.00 (not to exceed \$100	upport,)	
Cost of Providing (the lesser of increme Number of TLS Se <i>Tribal Link Up</i> (Availa Number of Conne Charges Waived p Total Connection	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection Charges Waived	(12) 0 eiving High Cost so (14) 0 (15) \$ 0.00 (not to exceed \$100 (16) \$ 0.0 (17) \$ 0.00	upport,)) (for multiple rates, 	
Cost of Providing (the lesser of increme Number of TLS Se <i>Tribal Link Up</i> (Availa Number of Conne Charges Waived p Total Connection	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection Charges Waived	(12) 0 eiving High Cost so (14) 0 (15) \$ 0.00 (not to exceed \$100 (16) \$ 0.0 (17) \$ 0.00	upport,)) (for multiple rates, 	use an average amount)
Cost of Providing (the lesser of increme Number of TLS Se <i>Tribal Link Up</i> (Availa Number of Conne Charges Waived p Total Connection Deferred Interest	g TLS per Subscriber ental cost or \$3 in 2012 /\$2 ubscribers able only to ETCs rece ections Waived per Connection Charges Waived	(12) 0 eiving High Cost so (14) 0 (15) \$ 0.00 (not to exceed \$100 (16) \$ 0.0 (17) \$ 0.00) Fotal T) (for multiple rates, ribal Link Up Supp	use an average amount) port Claimed (18) \$ <u>0</u>

FCC Form 497 April 2012 Edition

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LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

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Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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07/09/2014

TERESA EMERSON

TERESA EMERSON

OFFICER SIGNATURE

DATE

ACCOUNTANT

OFFICER TITLE

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

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FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	ET		ON	1B Approval
				Avg.	Burden Est. p	er Responde	3060-0819 ent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143001566</u>		(2) Stu	dy Area Code	260401	
(3) Filer 499 ID 801267		(4) Technology	Туре (check one) Wirelin	-	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only		Cost/Low Income			-
(6) Organization Information		_		Filing Information			
Company Legal Name:	Duo County Telepho	one Coop. Corp. Inc		Submission Date	08/05/201	4	
Contact Name:	TERESA EMER	RSON	b)	Data Month	July 2014		
Mailing Address:	2150 N MAIN		c)	Type of Filing			
					Original ✓ Revision	1	
and the second	JAMESTOWN,	KY 42629	d)	State Reporting	KENTUC		
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	TEMERSON@	DUOTEL.COM					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		c) Total Life	line
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 749		x \$9.25	j =	= \$ 6928	
Tribal Low-Income Subscribe		(9) 0		x <u>\$</u> 0.00	the second s	= \$ _0	
Receiving federal Li	feline Support	Т	otal F	not to excee) ederal Lifeline Supp		(10) \$ 6928	8
Toll Limitation Servic	es (TLS)						
		0.0000	20				
Cost of Providing TL (the lesser of incrementation)	S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.0000(</u> n 2013)	00	_			
Number of TLS Subs	scribers	(12) 0					
Tribollink IIn (A				Total TLS Suppo	ort Claimed (1	13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to E I Cs rece	iving High Cost su	ippon)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)	
Total Connection Ch	arges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00		_			
		т	otal T	ribal Link Up Supp	ort Claimed (*	18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ 6928	Total TLS \$_0		Total	Tribal Link Un \$ 0			
					Dollars (19) \$	6928	
				Total	Dollars (19) \$		

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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08/05/2014

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER TITLE

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The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER SIGNATURE

TERESA EMERSON

OFFICER NAME

FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	OMB Approva
				Avg.	3060-0819 Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143001566		(2) Stur	ly Area Code 260401
(3) Filer 499 ID <u>801267</u>					
		_		check one) Wirelir	
(5) ETC Designation Type (C		e Only 🖵 🕴	ligh	Cost/Low Income	
(6) Organization Information				Filing Information	
Company Legal Name:	Duo County Telepho		a)	Submission Date	08/29/2014
Contact Name:	TERESA EMER		b)	Data Month	August 2014
Mailing Address:	2150 NORTH M	IAIN	c)	Type of Filing (check one)	
					Original
Telephone Number:	JAMESTOWN,	KY 42629	d)	State Reporting	KENTUCKY
Fax Number:	2703431171 2703432600				
E-mail Address:	TEMERSON@I	DUOTEL COM			
	1 Lin Li to on to	00122.001	J		
Lifeline					
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 741		x \$ 9.25	5 = \$ 6854
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	= \$ 0
Receiving federal Li		(-)	4-1 5	(not to exce	ed \$34.25)
		10	tair	ederal Lifeline Sup	port Claimed (10) \$ <u>6854</u>
Toll Limitation Servic	es (TLS)				
Cost of Providing T	S per Subscriber	(11) 0.00000	0		
	al cost or \$3 in 2012 /\$2 i	(11)			
Number of TLS Sub	scribers	(12) 0			
				Total TLS Supp	ort Claimed (13) \$ <u>0</u>
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	opor	t)	
Number of Connecti	ione Waived	(14) 0			
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average amount)
		(not to exceed \$100)			
Total Connection Cl	narges Waived	(16) \$ 0.0			
Deferred Interest		(17) \$ 0.00		_	
		Т	otal	Tribal Link Up Supp	oort Claimed (18) \$ 0
ETC Payment					
Total Lifeline \$ <u>6854</u>		-	otal	Tribal Link Line ()	
		I	otal		
				Total	Dollars (19) \$ <u>6854</u>
1	f you have any quest	ions, please call US	AC	at (866) 873-4727 To	oll Free

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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08/29/2014

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER NAME

OFFICER SIGNATURE

TERESA EMERSON

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE	ET		OM	B Approval
				Avg.	Burden Est. per		3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r 143001566			dy Area Code 2	-	
(3) Filer 499 ID 801267		v.	100				_
		_		check one) Wirelin		Wireless	
(5) ETC Designation Type (C	check one): Lifelir	ne Only 🛄 🛛	High	Cost/Low Income			
(6) Organization Information			T	Filing Information			
Company Legal Name:		one Coop. Corp. Inc.	a)	Submission Date	10/02/2014	1	
Contact Name: -	TERESA EME	RSON	b)	Data Month	September	r 2014	
Mailing Address:	P O BOX 80		c)	Type of Filing (check one)			
	2150 N MAIN				Driginal 🗸 Revision		
	JAMESTOWN,	KY 42629	d)	State Reporting	KENTUCK	Y	
Telephone Number: Fax Number:	2703433131		1				
Fax Number:	2703432600						
E-mail Address:	TEMERSON@	DUOTEL.COM					
Lifeline							
Litenite		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Life	line
Non-Tribal Low-Income Sub	scribore	Subscribers		Subscriber Sup		,	
Receiving federal Li		(8) 726		x \$9.25	j =	\$ 6716	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	=	\$ 0	
Receiving federal Li	feline Support			(not to excee	ed \$34.25)		
		10	tair	ederal Lifeline Sup	port Claimed (10) \$ 67 16)
Toll Limitation Servic	es (TLS)						
Oracle (Description T	0	(11) 0.00000	0				
Cost of Providing TI (the lesser of incrementation)	_S per Subscriber al cost or \$3 in 2012 /\$2		0				
Number of TLS Subs	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (1	3) ¢ ()	
Tribal Link Up (Availabl	e only to ETCs rece	eiving High Cost su	opon	t)	in chaimed (1	5)	
Nethorito		(14) 0					
Number of Connecti Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates,	use an average a	mount)	
3 F		(not to exceed \$100)			use all average a	iniounit)	
Total Connection Ch	And Maired	(16) \$ 0.0					
	larges walved						
Deferred Interest		(17) \$ 0.00		_			
		Тс	otal T	ribal Link Up Supp	ort Claimed (1	8) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>6716</u>	Total TLS \$ 0	т	otal	Tribal Link Lin \$ 0			
		· ·			Dollars (19) \$ _	6716	
		4		Total	Dollars (19) \$ _		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

10/02/2014

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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April 2012 Edition		LIFELINE WORK	SHEE	T	OMB Ap
	÷			Ava	3060 Burden Est. per Respondent: 2.
		4 4000 4 500			2
(1) USAC Service Provider I	dentification Number	143001566		(2) Stuc	ly Area Code <u>260401</u>
(3) Filer 499 ID 801267	<u></u>	(4) Technology Ty	/pe (o	heck one) Wirelir	ne 🗹 🦳 Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🖵 🛛 H	ligh	Cost/Low Income	
(6) Organization Information	1		(7) F	iling Information	
Company Legal Name:	Duo County Telepho	ne Coop. Corp. Inc.	a)	Submission Date	11/03/2014
Contact Name:	TERESA EMER	RSON	b)	Data Month	October 2014
Mailing Address:	PO BOX 80		c)	Type of Filing (check one)	
	2150 N MAIN		1	(Driginal ✓ Revision
	JAMESTOWN,	KY 42629	d)	State Reporting	Revision 🔲 KENTUCKY
Telephone Number:	2703431171				
Fax Number:	2703432600		1		
E-mail Address:	temerson@Duo	tel.com	1		
Lifeline			1		Ч.
Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u> To	tal Fe	x \$ 0.00 (not to exceeded of the second seco	= \$ <u>0</u> ed \$34.25) port Claimed (10) \$ <u>6475</u>
Toll Limitation Servic	es (TLS)				
Cost of Providing T		(11) 0.00000 in 2013)	0	v	
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11)	0		
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	in 2013)	0	— Total TLS Suppo	ort Claimed (13) \$ <u>0</u>
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i scribers	(12) <u>0</u>		— Total TLS Suppo	ort Claimed (13) \$ <u>0</u>
Cost of Providing T (the lesser of increment Number of TLS Sub	LS per Subscriber tal cost or \$3 in 2012 /\$2 i escribers the only to ETCs rece	(12) <u>0</u>	oport,)	ort Claimed (13) \$ <u>0</u> use an average amount)
Cost of Providing T (the lesser of increment Number of TLS Sub Tribal Link Up (Availab Number of Connect	LS per Subscriber tal cost or \$3 in 2012 /\$2 i pscribers ole only to ETCs rece tions Waived r Connection	(12) <u>0</u> (12) <u>0</u> (12) <u>10</u> (12) <u>0</u> (14) <u>0</u> (15) \$ <u>0.00</u>	oport,) (for multiple rates,	
Cost of Providing T (the lesser of increment Number of TLS Sub <i>Tribal Link Up</i> (Availab Number of Connect Charges Waived pe	LS per Subscriber tal cost or \$3 in 2012 /\$2 i pscribers ole only to ETCs rece tions Waived r Connection	(11) (12) <u>0</u> eiving High Cost sup (14) <u>0</u> (15) \$ <u>0.00</u> (not to exceed \$100) (16) \$ <u>0.0</u>	oport,) (for multiple rates,	
Cost of Providing T (the lesser of increment Number of TLS Sub <i>Tribal Link Up</i> (Availab Number of Connect Charges Waived pe Total Connection Cl	LS per Subscriber tal cost or \$3 in 2012 /\$2 i pscribers ole only to ETCs rece tions Waived r Connection	(12) 0 (12) 0 eiving High Cost sup (14) 0 (15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00	oport,) (for multiple rates, 	
Cost of Providing T (the lesser of increment Number of TLS Sub <i>Tribal Link Up</i> (Availab Number of Connect Charges Waived pe Total Connection Cl Deferred Interest	LS per Subscriber tal cost or \$3 in 2012 /\$2 i pscribers ole only to ETCs rece tions Waived r Connection	(12) 0 (12) 0 eiving High Cost sup (14) 0 (15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00	oport,) (for multiple rates, 	use an average amount)
Cost of Providing T (the lesser of increment Number of TLS Sub Tribal Link Up (Availab Number of Connect Charges Waived pe Total Connection Cl Deferred Interest	LS per Subscriber tal cost or \$3 in 2012 /\$2 i pscribers ole only to ETCs rece tions Waived r Connection harges Waived	(11) (12) 0 eiving High Cost sup (14) 0 (15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00 To	pport) (for multiple rates, ribal Link Up Supp	use an average amount) port Claimed (18) \$ <u>0</u>
Cost of Providing T (the lesser of increment Number of TLS Sub <i>Tribal Link Up</i> (Availab Number of Connect Charges Waived pe Total Connection Cl Deferred Interest	LS per Subscriber tal cost or \$3 in 2012 /\$2 i pscribers ole only to ETCs rece tions Waived r Connection harges Waived	(11) (12) 0 eiving High Cost sup (14) 0 (15) \$ 0.00 (not to exceed \$100) (16) \$ 0.0 (17) \$ 0.00 To	pport) (for multiple rates, Tribal Link Up Supp Tribal Link Up \$ <u>0</u>	use an average amount) port Claimed (18) \$ <u>0</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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11/03/2014

TERESA EMERSON

DATE

accountant

OFFICER TITLE

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The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. Section 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. Section 3501, et seq.

OFFICER SIGNATURE

OFFICER NAME

TERESA EMERSON

FCC Form 497 April 2012 Edition				B App 3060-
			Avg. Burden Est. per Responde	nt: 2.:
(1) USAC Service Provid	er Identification Number	143001566	(2) Study Area Code 260401	
(3) Filer 499 ID 801267		(4) Technology Ty	ype (check one) Wireline 🔽 Wireless	
(5) ETC Designation Typ	e (Check one): Lifeline	e Only 🛄 🛛 I	High Cost/Low Income 🔽	
(6) Organization Informa	tion	6	(7) Filing Information	
Company Legal Name:	Duo County Telepho	ne Coop. Corp. Inc.	a) Submission Date 12/02/2014	
Contact Name:	teresa emerson		b) Data Month November 2014	
Mailing Address:	2150 n main		c) Type of Filing (check one)	
			Original Revision	
	jamestown, KY	42629	d) State Reporting KENTUCKY	
Telephone Number:	2703431171			
Fax Number:	2703432600		-	
E-mail Address:	temerson@duo	tel.com		
Lifeline Non-Tribal Low-Income S	Subscribers al Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) _676	(b) Lifeline Support/ Subscriber Support(c) Total Lifex\$ 9.25= \$ 6253	eline
		0	0.00	
Tribal Low-Income Subs Receiving federa	cribers al Lifeline Support	(*)	x \$ 0.00 = \$ 0 (not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ 625	3
Toll Limitation Ser	vices (TLS)			
Cost of Providin (the lesser of increm	g TLS per Subscriber nental cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> in 2013)	00	
Number of TLS	Subscribers	(12) 0		
Tribal Link Up (Ava	ilable only to ETCs rece	iving High Cost su	Total TLS Support Claimed (13) \$ <u>0</u> upport)	
Number of Conr Charges Waived	ections Waived per Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)	(for multiple rates, use an average amount)	
Total Connectio	n Charges Waived	(16) \$ 0.0		
Deferred Interes	t	(17) \$ 0.00		
		т	Fotal Tribal Link Up Support Claimed (18) \$ 0	
ETC Payment				
Total Lifeline \$ <u>6253</u>	Total TLS \$_0		Total Tribal Link Up \$ <u>0</u>	
			Total Dollars (19) \$ <u>6253</u>	

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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12/02/2014

teresa emerson

DATE

OFFICER SIGNATURE

teresa emerson

accountant

OFFICER NAME

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET			3 Approval
)				Avg.	Burden Est. per		3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143001566		(2) Stud	dy Area Code <u>2</u>	60401	
(3) Filer 499 ID 801267		(4) Technology Ty	/pe (check one) Wirelir	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🖵 🛛 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Duo County Telepho	one Coop. Corp. Inc.		Submission Date	01/08/2015	5	
Contact Name:	TERESA EMER	RSON	b)	Data Month	December	2014	
Mailing Address:	2150 NORTHA	MAIN	c)	Type of Filing			
			1		Driginal 🗸		
	JAMESTOWN,	KY 42629	d)	State Reporting	KENTUCK	Y	
Telephone Number:	2703433131				REITTOOR		
Fax Number:	2703432600		1				
E-mail Address:	temerson@duo	tel.com	1				
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup) Total Life	line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 680		x \$9.25	<u>; </u>	\$ 6290	
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00	=	\$ 0	
Receiving federal Li	feline Support	То	tal F	(not to excee ederal Lifeline Supp		10) \$ 6290)
Toll Limitation Servic	es (TLS)				(
	00 (120)						
Cost of Providing TI (the lesser of incrementa	-S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Subs	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (13	3) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	opor	<i>t)</i>			
Number of Connecti		(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average a	mount)	
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Тс	otal	Fribal Link Up Supp	ort Claimed (18	B) \$ <u>0</u>	
ETC Payment							
Total Lifeline <u>\$ 6290</u>	Total TLS \$ 0	т	otal	Tribal Link Un \$ 0			
T T					Dollars (19) \$ _	6290	
				Iotal	Dollars (19) \$ -		

(1)

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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01/08/2015

TERESA EMERSON

DATE

accountant

TERESA EMERSON

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
				Avg.	Burden Est	3060-0819 . per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143001566		(2) Stu	dy Area Co	de 260401
(3) Filer 499 ID 801267		(4) Technology T	ype (check one) Wireli		Wireless
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Duo County Telepho	one Coop. Corp. Inc.		Submission Date	02/09/20	015
Contact Name:	TERESA EMER	RSON	b)	Data Month	January	2015
Mailing Address:	2150 n main		c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	jamestown, KY	42629	d)	State Reporting	KENTU	CKY
Fax Number:	270-343-3131		-			
E-mail Address:	270-343-2600 temerson@duo	tal com	{			
	ternerson@duo					
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 675		x \$ 9.2	5	= \$ 6244
Tribal Low-Income Subscribe	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal Li	feline Support		tal F	(not to exce ederal Lifeline Sup		
Toll Limitation Servic	os (TIS)		tur r		port Glanne	50 (10) \$ <u>0244</u>
Ton Linitation Servic	es (1L3)					
Cost of Providing TL (the lesser of incrementa	S per Subscriber Il cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0			
Number of TLS Subs	scribers	(12) 0				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Available	e only to ETCs rece	iving High Cost sup	opon	t)		
Number of Connection	ons Waived	(14) 0				
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)
Total Connection Ch	arges Waived	(16) \$ 0.0		_		
Deferred Interest		(17) \$ 0.00				
		Тс	otal T	ribal Link Up Supp	ort Claimed	d (18) \$ 0
ETC Payment						
Total Lifeline \$_6244		т	otal	Tribal Link Up \$ 0		
					Dollars (19)	
				.544	_ 01110 (10)	, +

1

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

02/09/2015

TERESA EMERSON

DATE

OFFICER SIGNATURE

TERESA EMERSON

accountant

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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L'and					Exhit	e No. 2016-0005 bit B Form 497
T					-	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEE	г		OMB Ap
		-x:		Avg.	Burden Est.	3060 per Respondent: 2
(1) USAC Service Provide	er Identification Number	143001566		(2) Stu	dy Area Coo	te <u>260401</u>
(3) Filer 499 ID 801267		(4) Technology Ty	ype (cł	neck one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type	e (Check one): Lifelin	e Only 🛄 🛛 I	High C	ost/Low Income		
(6) Organization Informat	ion		(7) Fi	ling Information		
Company Legal Name:	Duo County Telepho	one Coop. Corp. Inc.	a)	Submission Date	03/12/20	015
Contact Name:	TERESA EMER	RSON	b)	Data Month	Februar	y 2015
Mailing Address:	2150 N MAIN			Type of Filing (check one)		
	PO BOX 80				Original Revision	
	JAMESTOWN,	KY 42629	d)	State Reporting	KENTU	CKY
Telephone Number:	2703431171		-			
Fax Number:	2703432600		-			
E-mail Address:	TEMERSON@	DUOTEL.COM				
Tribal Low-Income Subso	al Lifeline Support	<u>Subscribers</u> (8) <u>667</u> (9) <u>0</u> To	 otal Fe	x \$ 0.00	25 eed \$34.25)	= \$ 6170 $= $ 0$ ed (10) \$ <u>6170</u>
Toll Limitation Ser	vices (TLS)					
	g TLS per Subscriber nental cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00	_		
Number of TLS \$	Subscribers	(12) 0				
				Total TLS Supp	oort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Ava	llable only to ETCs rec	eiving High Cost su	ipport))		
Number of Conn Charges Waived	ections Waived per Connection	(14) (15) \$ (not to exceed \$100))	(for multiple rates	s, use an avera	age amount)
Total Connectio	n Charges Waived	(16) \$ 0.0		_		
Deferred Interes	t	(17) \$ 0.00		_		
		. 1	Total T	ribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_6170	Total TLS \$_0		Total ⁻	Tribal Link Up \$ _)	

FCC Form 497 April 2012 Edition

Contain.

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

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03/12/2015

OFFICER TITLE

TERESA EMERSON

DATE

OFFICER SIGNATURE

TERESA EMERSON

ACCOUNTANT

OFFICER NAME

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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FCC Form 497 April 2012 Edition			306
			Avg. Burden Est. per Respondent: 2
(1) USAC Service Provide	er Identification Numbe	r 143001566	(2) Study Area Code <u>260401</u>
(3) Filer 499 ID 801267			ype (check one) Wireline 🔽 🦳 Wireless 🗖
(5) ETC Designation Type	e (Check one): Lifelir	ne Only 🖵	High Cost/Low Income 🖸
(6) Organization Informat	ion		(7) Filing Information
Company Legal Name:		one Coop. Corp. Inc	a) Submission Date 04/10/2015
Contact Name:	TERESA EME	RSON	b) Data Month March 2015
Mailing Address:	1250 n main		c) Type of Filing (check one)
			Original Revision
	jamestown, KY	42629	d) State Reporting KENTUCKY
Telephone Number:	2703431171		-
Fax Number:	2703432600		-
E-mail Address:	temerson@duo	otel.com	
Lifeline	Subscribers	(a) # Lifeline Subscribers	(b) Lifeline Support/ (c) Total Lifelin Subscriber Support
	al Lifeline Support	(8) 665	x \$ <u>9.25</u> = \$ <u>6151</u>
Tribal Low-Income Subse		(9) 0	$x \ (0.00) = \ 0$
Receiving federa	al Lifeline Support	т	(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ <u>6151</u>
Toll Limitation Ser	g TLS per Subscriber	(11) <u>0.0000</u>	00
(the lesser of increm	mental cost or \$3 in 2012 /\$2	-	
Number of TLS S	Subscribers	(12) 0	
Tribal Link Up (Ava	ilable only to ETCs red		Total TLS Support Claimed (13) \$ <u>0</u>
Number of Conn Charges Waived	nections Waived I per Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100	(for multiple rates, use an average amount)
Total Connectio	n Charges Waived	(16) \$ 0.0	
Deferred Interes	it	(17) \$ 0.00	
			Total Tribal Link Up Support Claimed (18) \$ <u>0</u>
ETC Payment			Total Tribal Link Up Support Claimed (18) \$
<i>ETC Payment</i> Total Lifeline \$ 6151	Total TLS \$_0		Total Tribal Link Up Support Claimed (18) \$ <u></u>

If you have any questions, please call USAC at (866) 873-4727 Toll Free

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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04/10/2015

TERESA EMERSON

DATE

OFFICER SIGNATURE

TERESA EMERSON

accountant

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OFFICER NAME

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FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET						3 Approval 3060-0819
				Avg. E	Burden Est. pe		
	autification Number	143001566		(2) Stud	y Area Code	260401	
(1) USAC Service Provider Id	entification Number_					Wireless	_ _
(3) Filer 499 ID 801267		_		check one) Wirelin		Willeless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 🖁	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	0.5/0.4/0.04	-	
Company Legal Name:	Duo County Telephor	ne Coop. Corp. Inc.	a)	Submission Date	05/04/201		
Contact Name:	teresa emerson		b)	Data Month	April 2015	5	
Mailing Address:	p o box 80		c)	Type of Filing (check one)	Original I		
				I	Original Revision		
- <u> </u>	jamestown, KY 4	42629	d)	State Reporting	KENTUCI	KY	
Telephone Number:	2703431171		-				
Fax Number:	2703432600		-				
E-mail Address:	temerson@duot	el.com					
Lifeline							
Lineinite		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub						♠ 6151	
Receiving federal Li	ifeline Support	(8) 665		x \$		= \$ 6151	
Tribal Low-Income Subscrib	ers	(9) 0		_ x \$ <u>0.00</u> (not to exce		= \$	
Receiving federal L	iteline Support	Тс	otal I	Federal Lifeline Sup	port Claimed	(10) \$ 615	1
Toll Limitation Servio	es (TLS)						
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	00				
		0					
Number of TLS Sub	scribers	(12) <u>0</u>				(10) 0	
Tribal Link Up (Availab	le only to ETCs rece	ivina Hiah Cost su	סממו	Total TLS Supp	ort Claimed	(13) \$ <u> </u>	
		n ng ngn oool oa	ppo				
Number of Connect		$(14) \frac{0}{0.00}$		(for multiple rates		a amount)	
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100))	(for multiple rates	s, use an averag	e amount)	
		(16) \$ 0.0					
Total Connection C	narges waived						
Deferred Interest		(17) \$ 0.00				0	
		٦	Гota	l Tribal Link Up Sup	port Claimed	(18) \$ <u>(</u>	
ETC Payment							
Total Lifeline \$ <u>6151</u>			Tot	al Tribal Link Lin \$ ()		
rotal Liteline \$_0101					al Dollars (19)		
)				i ota	ai Dollars (19)	φ	

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FCC Form 497 April 2012 Edition

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LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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05/04/2015

TERESA EMERSON

DATE

OFFICER SIGNATURE TERESA EMERSON

ACCOUNTANT

OFFICER NAME

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEET			OMB Appro 3060-08
				Avg.	Burden Est.	per Respondent: 2.5 H
(1) USAC Service Provide	r Identification Number	r <u>143001566</u>		(2) Stu	dy Area Co	de <u>260401</u>
(3) Filer 499 ID 801267		(4) Technology Ty	/pe (check	one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type	(Check one): Lifelin	ne Only 🖵 🛛 I	High Cost/L	ow Income		
(6) Organization Informat			(7) Filing l	nformation		
Company Legal Name:		one Coop. Corp. Inc.	a) Subm	ission Date	06/02/2	015
Contact Name:	TERESA EME	RSON		Month	May 20	15
Mailing Address:	2150 N MAIN 5	ST		of Filing k one)	Original	
	JAMESTOWN	KY 42629	d) State	Reporting	Revision KENTU	
Telephone Number:	2703433131					
Fax Number:	2703432600		4			
E-mail Address:	TEMERSON@	DUOTEL.COM				
Lifeline Non-Tribal Low-Income S Receiving federa	Subscribers al Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>659</u>				(c) Total Lifeline = \$ <u>6096</u>
Tribal Low-Income Subs Receiving federa	cribers al Lifeline Support	(9) 0	x	\$ <u>0.00</u> (not to exc	eed \$34.25)	= \$ 0
		т	otal Federa	I Lifeline Su	pport Claim	ied (10) \$ <u>6096</u>
Toll Limitation Ser	vices (TLS)					
Cost of Providin (the lesser of increment	g TLS per Subscriber nental cost or \$3 in 2012 /\$3	(11) 0.0000 2 in 2013)	00			
Number of TLS		(12) 0				
			То	tal TLS Sup	port Claime	ed (13) \$ 0
Tribal Link Up (Ava	ilable only to ETCs red	ceiving High Cost s				
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ 0.00 (not to exceed \$100		or multiple rate	es, use an ave	rage amount)
Total Connection	n Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interes	st	(17) \$ 0.00				
			Total Triba	Link Up Su	pport Claim	ned (18) \$ <u>0</u>
ETC Payment						
					0	
Total Lifeline \$ 6096	Total TLS \$)	Total Triba	I Link Up \$	0	

FCC Form 497 April 2012 Edition

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LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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06/02/2015

TERESA EMERSON

DATE

OFFICER SIGNATURE TERESA EMERSON

ACCOUNTANT

OFFICER NAME

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FCC Form 497 April 2012 Edition		OMB Approval 3060-0819 Est. per Respondent: 2.5 Hrs.		
(1) USAC Service Provider Io	dentification Number _	143001566	(2) Study Area	a Code <u>260401</u>
(3) Filer 499 ID 801267		(4) Technology Ty	pe (check one) Wireline 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 🖁	ligh Cost/Low Income 🛛	
(6) Organization Information	I	26	(7) Filing Information	
Company Legal Name:	Duo County Telephor	e Coop. Corp. Inc.	a) Submission Date 07/0	8/2015
Contact Name:	teresa emerson			e 2015
Mailing Address:	2150 n main		 c) Type of Filing (check one) 	/
			Origina Revisio	
	jamestown, KY 4	12629	d) State Reporting KEN	ITUCKY
Telephone Number:	2703431171			
Fax Number:	2703432600			
E-mail Address:	temerson@duot	el.com		
Lifeline Non-Tribal Low-Income Sub Receiving federal L		(a) # Lifeline <u>Subscribers</u> (8) <u>648</u>	(b) Lifeline Support/ Subscriber Support x \$ 9.25	(c) Total Lifeline = \$ <u>5994</u>
Tribal Low-Income Subscrib Receiving federal L	oers .ifeline Support	(9) <u>0</u> To	x \$ 0.00 (not to exceed \$34) otal Federal Lifeline Support C	
Toll Limitation Servio Cost of Providing T (the lesser of increment		(11) <u>0.00000</u>	00	
Number of TLS Sub	oscribers	(12) 0		
Tribal Link Up (Availal	ble only to ETCs rece	iving High Cost su	Total TLS Support Cla pport)	aimed (13)\$ <u>0</u>
Number of Connec Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)	(for multiple rates, use an	n average amount)
Total Connection C	Charges Waived	(16) \$ 0.0		
Deferred Interest		(17) \$ <u>0.00</u>	otal Tribal Link Up Support C	laimed (18) \$ <u>0</u>
ETC Payment				
•	Total TLS \$_0		Total Tribal Link Up \$ _0	
)				ars (19) \$ <u>5994</u>

10
FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

07/08/2015

TERESA EMERSON

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET					30	Approval 60-0819
				Avg.	Burden Est. pe	er Respondent:	2.5 Hrs.
(1) USAC Service Provider Id	entification Number_	143001566		(2) Stud	dy Area Code	260401	
(3) Filer 499 ID 801267		(4) Technology Ty	pe (o	check one) Wirelin	ne 🗸	Wireless)
(5) ETC Designation Type (Cl	heck one): Lifeline	Only 🖵 🛛 H	igh	Cost/Low Income			
(6) Organization Information			(7) I	iling Information	1		
Company Legal Name:	Duo County Telephor	ne Coop. Corp. Inc.	a)	Submission Date	08/05/201		_
Contact Name:	teresa emerson		b)	Data Month	July 2015		_
Mailing Address:	2150 n main		c)	Type of Filing (check one)		_	
					Original 🛛 🗸 Revision		
	jamestown, KY 4	42629	d)	State Reporting	KENTUC	KY	
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	temerson@duot	el.com					
1.16-11							
Lifeline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeli	ne
	ih - + -	Subscribers		Subscriber Su	pport		
Non-Tribal Low-Income Sub Receiving federal Li	ifeline Support	(8) 639		x \$9.2	25	= \$ 5911	
Tribal Low-Income Subscrib	ers	(9) 0		× \$ 0.00		= \$ _0	
Receiving federal Li	ifeline Support		otal F	(not to exce ederal Lifeline Su	eed \$34.25) pport Claimed	i (10) \$ <u>5911</u>	
Toll Limitation Servio	es (TLS)						
		(11) 0.00000	0				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i		0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Sup	port Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рро	rt)			
Number of Connect	tions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rate	s, use an averag	ge amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
Deletted interest				Tribal Link Up Su	oport Claimed	1 (18) \$ 0	
			otal	Thoat Ellik op ou	short praimer		
ETC Payment							
Total Lifeline \$ 5911	Total TLS \$_0		Tota	I Tribal Link Up \$ _	0		
				Tot	al Dollars (19))\$ <u>5911</u>	
- And	If you have any gues	tions please call []	SAC				

If you have any questions, p

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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08/05/2015

TERESA EMERSON

TERESA EMERSON

DATE

accountant

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	C	MB App
				Ava. I	Burden Est. per Respon	3060- dent: 2.5
		1 10001 500				
(1) USAC Service Prov	ider Identification Numbe	r <u>143001566</u>		(2) Stud	ly Area Code <u>260401</u>	
(3) Filer 499 ID 80120	67	(4) Technology T	ype (o	check one) Wirelin	ne 🗹 🛛 Wireles	s 🔲
(5) ETC Designation T	ype (Check one): Lifelin	ne Only 🗖	High	Cost/Low Income		
(6) Organization Inform	nation		(7)	Filing Information		
Company Legal Name:	Duo County Teleph	one Coop. Corp. Inc	. a)	Submission Date	09/04/2015	
Contact Name:	TERESA EME	RSON	b)	Data Month	August 2015	
Mailing Address:	2150 n main		c)	Type of Filing (check one)		
				(Original ✓ Revision	
	JAMESTOWN	, KY 42629	d)	State Reporting	KENTUCKY	
Telephone Number:	2703431171					
Fax Number:	2703432600		_			
E-mail Address:	temerson@du	otel.com				
Non-Tribal Low-Incom Receiving fed	e Subscribers eral Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>636</u>		(b) Lifeline Sup Subscriber Sup × \$ 9.25	5 = \$ <u>588</u>	
Tribal Low-Income Subscribers (9) <u>C</u> Receiving federal Lifeline Support		(9) 0		x \$ 0.00	= \$	
		Т	otal F		port Claimed (10) \$ 58	383
	ervices (TLS) ding TLS per Subscriber cremental cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> 2 in 2013)	00			
Number of TL	S Subscribers	(12) 0				
				Total TLS Supp	ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (A	vailable only to ETCs red	ceiving High Cost su	ippor			
	onnections Waived ved per Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100))	(for multiple rates,	, use an average amount)	
Total Conneg	tion Charges Waived	(16) \$ <u>0.0</u>		_		
Total Connec						
Deferred Inter	rest	(17) \$ 0.00				
	rest		Гotal	 Tribal Link Up Sup	port Claimed (18) \$ <u>0</u>	
Deferred Inte				Tribal Link Up \$ _0		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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09/04/2015

teresa emerson

DATE

OFFICER SIGNATURE

accountant

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OFFICER TITLE

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEE	3
				Avg. Burden Est. per Responden
(1) USAC Service Provid	er Identification Numbe	r <u>143001566</u>		(2) Study Area Code <u>260401</u>
(3) Filer 499 ID 801267	7	(4) Technology T	ype (c	heck one) Wireline 🗹 🛛 Wireless [
(5) ETC Designation Typ	e (Check one): Lifeli	ne Only 📮	High (Cost/Low Income
(6) Organization Informa	ition		(7) F	Filing Information
Company Legal Name:	Duo County Teleph	one Coop. Corp. Inc	a)	Submission Date 10/05/2015
Contact Name:	TERESA EME	RSON	b)	Data Month September 2015
Mailing Address:	2150 n main		c)	Type of Filing (check one)
				Original Revision
Telephone Number	jamestown, K	(42629	d)	State Reporting KENTUCKY
Telephone Number: Fax Number:	2703431171 2703432600		-	
E-mail Address:	temerson@du	otel.com	1	
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Support/ (c) Total Life Subscriber Support
Non-Tribal Low-Income Receiving fede	Subscribers ral Lifeline Support	(8) 625		x \$ 9.25 = \$ 5781
Tribal Low-Income Sub		(9) 0		x \$ 0.00 = \$ 0
	ral Lifeline Support		atal E	(not to exceed \$34.25) rederal Lifeline Support Claimed (10) \$ 5781
		1	otal r	
Toll Limitation Se	rvices (TLS)			
Cost of Providi (the lesser of incre	ing TLS per Subscriber emental cost or \$3 in 2012 /\$	(11) <u>0.0000</u> (2 in 2013)	00	
Number of TLS	Subscribers	(12) 0		
				Total TLS Support Claimed (13)\$ <u>0</u>
Tribal Link Up (Av	ailable only to ETCs re	ceiving High Cost s	uppor	rt)
	nections Waived	(14) 0		
Number of Cor	ed per Connection	(15) \$ 0.00 (not to exceed \$100))	(for multiple rates, use an average amount)
Number of Cor Charges Waive		(1101 10 010000 \$100	,	
Charges Waive	on Charges Waived	(16) \$ 0.0		
Charges Waive		(16) \$ <u>0.0</u> (17) \$ <u>0.00</u>		
Charges Waive Total Connecti		(17) \$ 0.00	Total	 Tribal Link Up Support Claimed (18) \$ <u>0</u>
Charges Waive Total Connecti Deferred Intere		(17) \$ 0.00	Total	 Tribal Link Up Support Claimed (18) \$ <u>0</u>
Charges Waive Total Connecti Deferred Intere ETC Payment	est	(17) \$ <u>0.00</u>		
Charges Waive Total Connecti Deferred Intere	est	(17) \$ <u>0.00</u>		I Tribal Link Up \$_0
Charges Waive Total Connecti Deferred Intere ETC Payment	est Total TLS \$ <u>(</u>	(17)\$ <u>0.00</u>	Tota	

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10/05/2015

teresa emerson

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teresa emerson

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OFFICER SIGNATURE

accountant

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FCC Form 497 April 2012 Edition							B Approval 3060-0819
				Avg. I	Burden Est. p	er Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Identification Number <u>143001566</u> (2) Study Area Code <u>260401</u>							
(3) Filer 499 ID 801267 (4) Technology Type (check one) Wireline 🗹 Wireless 🔲							
(5) ETC Designation Type (Check one): Lifeline Only 🛄 High Cost/Low Income 🔽							
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Duo County Telephor	ne Coop. Corp. Inc.	a)	Submission Date	11/04/20	15	
Contact Name:	TERESA EMER	SON	b)	Data Month	October 2	2015	
Mailing Address:	2150 N MAIN		c)	Type of Filing (check one)			
					Original Revision	4	
	JAMESTOWN,	KY 42629	d)	State Reporting	KENTUC	KY	
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	temerson@duot	el.com					
Lifeline							
Lifeline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lif	eline
Non-Tribal Low-Income Sub	aaribara	Subscribers		Subscriber Sup	oport		
Receiving federal Li	feline Support	(8) 612		x \$9.2	5	= \$ 5661	
0		(9) 0		x <u>\$</u> 0.00		= \$ 0	
Receiving federal Li	feline Support		otal F	(not to exce ederal Lifeline Sup		d (10) \$ 566	51
			, curr				
Toll Limitation Servic	es (ILS)						
Cost of Providing T	I S per Subscriber	(11) 0.00000	00				
(the lesser of increment	al cost or \$3 in 2012 /\$2 i						
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	рро				
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rates	s, use an avera	ge amount)	
-		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ 0.0					
	nargee traiter	(17) \$ 0.00					
Deferred Interest		· · ·	. , .			440) 6 ()	
		1	otal	Tribal Link Up Sup	port Claimed	u (18) \$ <u> </u>	
ETC Payment							
Total Lifeline \$ 5661	Total TLS \$ 0		Tota	I Tribal Link Up \$ _	0		
					al Dollars (19		
						, •	

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FCC Form 497 April 2012 Edition

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11/04/2015

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TERESA EMERSON

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FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	ET		OMB A
				Avg.	Burden Est.	per Respondent: 2
(1) USAC Service Provid	er Identification Numbe	r <u>143001566</u>		(2) Stud	iy Area Cod	e <u>260401</u>
(3) Filer 499 ID <u>801267</u>			Туре (check one) Wirelin	ne 🗹	Wireless 🔲
(5) ETC Designation Typ		ne Only 📮	High	Cost/Low Income		
(6) Organization Informa			(7)	Filing Information		
Company Legal Name:	Duo County Teleph	one Coop. Corp. I	nc. a)	Submission Date	12/01/20)15
Contact Name:	TERESA EME	RSON	b)	Data Month	Novemb	er 2015
Mailing Address:	2150 n main		c)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	jamestown, KY 2703431171	42629	d)	State Reporting	KENTU	JKY
Fax Number:	2703431171					
E-mail Address:	TEMERSON@	DUOTEL.CO	Л			
Lifeline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifelin
Non-Tribal Low-Income		Subscribers		Subscriber Su		= \$ 5596
Receiving feder	al Lifeline Support	(8) 605		x \$ <u>9.2</u>	5	
Tribal Low-Income Subs	cribers al Lifeline Support	(9) 0		_ x \$ <u>0.00</u>	ed \$34.25)	= \$ _0
Receiving reder	al chemie Support		Total I	ederal Lifeline Sup		ed (10) \$ <u>5596</u>
Toll Limitation Se	rvices (TLS)					
Cost of Providin (the lesser of incre	ng TLS per Subscriber mental cost or \$3 in 2012 /\$	(11) <u>0.000</u> 2 in 2013)	000			
Number of TLS	Subscribers	(12) 0				
				Total TLS Supp	ort Claimed	i (13) \$ <u>0</u>
Tribal Link Up (Ava	ailable only to ETCs red	ceiving High Cost	suppo	rt)		
Number of Con	nections Waived	(14) 0				
	d per Connection			(for multiple rates	s, use an aver	age amount)
Charges Waive	a per connection	(15) \$ 0.00 (not to exceed \$1	00)			
Charges Waive		(not to exceed \$1	00)			
Charges Waive	on Charges Waived	(not to exceed \$1	00)			
Charges Waive	on Charges Waived	(not to exceed \$1	00)			0
Charges Waive Total Connectio	on Charges Waived	(not to exceed \$1	00)	Tribal Link Up Sup	oport Claime	ed (18) \$ <u>0</u>
Charges Waive Total Connectio	on Charges Waived st	(not to exceed \$1 (16) \$ <u>0.0</u> (17) \$ <u>0.00</u>	00) Total	 Tribal Link Up Sup		
Charges Waive Total Connectio Deferred Intere	on Charges Waived st	(not to exceed \$1 (16) \$ <u>0.0</u> (17) \$ <u>0.00</u>	00) Total	 Tribal Link Up Sup I Tribal Link Up \$ <u>(</u>)	
Charges Waive Total Connectio Deferred Intere ETC Payment	on Charges Waived st	(not to exceed \$1 (16) \$ <u>0.0</u> (17) \$ <u>0.00</u>	00) Total	 Tribal Link Up Sup I Tribal Link Up \$ <u>(</u>		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

I certify that my company will pass through the full amount of all Non-Tribal and Tribal federal Lifeline support for which it seeks reimbursement, as well as all applicable intrastate Lifeline support, to all qualifying low-income subscribers by an equivalent reduction in the subscriber's monthly bill for voice telephony service, or by offering a pre-paid wireless plan that includes a set number of minutes of use per month.

I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

Persons willfully making false statements on this form can be punished by fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. §1001.

12/01/2015

TERESA EMERSON

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER TITLE

OFFICER NAME

OFFICER SIGNATURE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

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FCC Form 497 April 2012 Edition			SHEI		3	Approval 8060-0819	
				Avg. E	Burden Est. per	r Responden	t: 2.5 Hrs.
(1) USAC Service Provider Identification Number <u>143001566</u> (2) Study Area Code <u>260401</u>							
(3) Filer 499 ID 801267 (4) Technology Type (check one) Wireline 🗹 Wireless 🔲							
(5) ETC Designation Type (Check one): Lifeline Only 🛄 High Cost/Low Income 🗹							
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Duo County Telephor	ne Coop. Corp. Inc.	a)	Submission Date	01/06/2016	6	
Contact Name:	TERESA EMER	SON	b)	Data Month	December	2015	
Mailing Address:	2150 NORTH M	AIN	c)	Type of Filing (check one)			
					Driginal ↓ Revision		
	JAMESTOWN, H	KY 42629	d)	State Reporting	KENTUCK	(Y	
Telephone Number:	270 3433131						
Fax Number:	TENEDOONOE						
E-mail Address:	TEMERSON@D	DUOTEL.COM]				
Lifeline	Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support						
Non-Tribal Low-Income Sub		(8) 591		x \$ 9.25		s 5467	
Receiving federal Li		0		0.00		= \$ 0	
Tribal Low-Income Subscrib Receiving federal Li		(•)	otal F	x \$ (not to excent Federal Lifeline Sup	ed \$34.25)		7
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 0.00000 n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рро				
Number of Connections Waived Charges Waived per Connection(14)0(15) \$0.00 (not to exceed \$100)				(for multiple rates,	, use an average	e amount)	
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Sup	port Claimed ((18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>5467</u>			Tota	I Tribal Link Lin \$ 0)		
lotal Lifeline \$_0+07	TOTAL 125 \$		ioid			- • 5467	
				Tota	I Dollars (19)	\$	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

(20) CERTIFICATIONS AND SIGNATURES

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I certify that my company is in compliance with all of the Lifeline program rules, and, to the extent required, have obtained valid certifications for each subscriber for whom my company seeks reimbursement.

Based on the information known to me or provided to me by employees responsible for the preparation of the data being submitted, I certify under penalty of perjury that the data contained in this form has been examined and reviewed and is true, accurate, and complete.

I acknowledge the Fund Administrator's authority to request additional supporting information as may be necessary.

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01/06/2016

TERESA EMERSON

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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1						Exhib	No. 2016-00059 it B Form 497
	FCC Form 497 April 2012 Edition			SHEE			OMB Approval 3060-0819
.)					Avg.	Burden Est.	per Respondent: 2.5 Hrs.
\smile	(1) USAC Service Provider Id	lentification Number	143001566		(2) Stud	dy Area Co	de <u>260401</u>
	(3) Filer 499 ID 801267		(4) Technology Ty	pe (o	check one) Wirelin	ne 🗹	Wireless 🔲
	(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 H	ligh	Cost/Low Income		
	(6) Organization Information			(7)	Filing Information		
	Company Legal Name:	Duo County Telephor	ne Coop. Corp. Inc.	a)	Submission Date	02/05/2	016
	Contact Name:	TERESA EMER	SON	b)	Data Month	January	/ 2016
	Mailing Address:	2150 n main		C)	Type of Filing (check one)		
						Original Revision	
		jamestown, KY	42629	d)	State Reporting	KENTU	CKY
	Telephone Number:	270 323 3131					
	Fax Number:	2703432600					
	E-mail Address:	TEMERSON@D	DUOTEL.COM				
	Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
	Non-Tribal Low-Income Sub Receiving federal L		(8) 592		x \$9.2	5	= \$ 5476
	Tribal Low-Income Subscrib Receiving federal L		(9) <u>0</u>	otal F	x \$ 0.00 (not to exce ederal Lifeline Sup	eed \$34.25)	$= $ $\frac{0}{10}$
\sim	Toll Limitation Servio	ces (TLS)				•	
	Cost of Providing T (the lesser of increment	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00			
	Number of TLS Sub	oscribers	(12) 0				
					Total TLS Supp	oort Claime	ed (13) \$ <u>0</u>
	Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	рро	rt)		
	Number of Connect Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an ave	erage amount)
	Total Connection C	harges Waived	(16) \$ 0.0				
	Deferred Interest		(17) \$ 0.00				
			т	otal	Tribal Link Up Sup	oport Claim	ned (18) \$ 0
	ETC Payment						
	Total Lifeline \$ 5476	Total TLS \$_0		Tota			
					Tota	al Dollars (19) \$ _5476

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs.

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02/05/2016

TERESA EMERSON

DATE

ACCOUNTANT

TERESA EMERSON

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition				ET	OMB Approval 3060-0819	
				Avg. I	Burden Est. per Respondent: 2.5 Hrs.	
(1) USAC Service Provider Identification Number <u>143001566</u> (2) Study Area Code <u>260401</u>						
(3) Filer 499 ID 801267		(4) Technology Ty	pe (check one) Wirelin	e 🗹 🛛 Wireless 🗖	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Duo County Telephor	ne Coop. Corp. Inc.	a)	Submission Date	03/04/2016	
Contact Name:	teresa emerson		b)	Data Month	February 2016	
Mailing Address:	2150 n main		c)	Type of Filing (check one)		
					Original V Revision	
W to Low Manham	jamestown, KY 4	42629	d)	State Reporting	KENTUCKY	
Telephone Number: Fax Number:	270 343 1171		1		255	
	270 343 2600	ol com	1		A A	
E-mail Address:	temerson@duot					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		
Non-Tribal Low-Income Sub	scribers	(8) 593		x \$ 9.2	E 10E	
Receiving federal L		0		0.00	= \$ 0	
Tribal Low-Income Subscrib Receiving federal L	eers ifeline Support	(•)	otal I	(not to exce		
Toll Limitation Servio	ces (TLS)				1	
Cost of Providing T	"LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00			
Number of TLS Sub		(12) 0				
				Total TLS Supr	oort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availat	ble only to ETCs rece	iving High Cost su	ippo	ort)		
Number of Connec Charges Waived pe		(14) 0 (15) \$ 0.00 (not to exceed \$100))	(for multiple rates	s, use an average amount)	
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		,	Tota	l Tribal Link Up Sup	oport Claimed (18) \$ <u>0</u>	
ETC Payment					n	
Total Lifeline \$_5485	Total TLS \$_0		Tota	al Tribal Link Up \$ _	5/85	
				Tota	al Dollars (19) \$ _5485	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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03/04/2016

teresa emerson

DATE

accountant

teresa emerson

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHEET				B Approval 3060-0819	
				Avg.	Burden Est. per Re			
(1) USAC Service Provider Id	entification Number	143001566		(2) Stud	dy Area Code <u>26</u> 0	0401		
(3) Filer 499 ID <u>801267</u>		(4) Technology Ty	pe (check one) Wirelin	ne 🗹 🛛 W	ireless		
(5) ETC Designation Type (C	(5) ETC Designation Type (Check one): Lifeline Only 🛄 High Cost/Low Income 🗹							
(6) Organization Information			(7)	Filing Information	1			
Company Legal Name:	Duo County Telephor	ne Coop. Corp. Inc.	a)	Submission Date	03/31/2016			
Contact Name:	TERESA EMER	SON	b)	Data Month	March 2016			
Mailing Address:	2150 n main		c)	Type of Filing (check one)	_			
					Original V I I I I I I I I I I I I I I I I I I			
	jamestown, KY	42629	d)	State Reporting	KENTUCKY			
Telephone Number:	270-343-1171		-					
Fax Number:	270-343-2600		-					
E-mail Address:	temerson@duot	el.com						
Lifeline								
Luenne		(a) # Lifeline		(b) Lifeline Sup		Total Life	eline	
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Su				
Receiving federal L		(8) 585		x \$9.2	= \$	5411		
Tribal Low-Income Subscrib		(9) 0		× \$ <u>0.00</u>	= \$	0		
Receiving federal L	ifeline Support	Тс	otal I	not to exce) Federal Lifeline Sup	eed \$34.25) oport Claimed (10) \$ 541	1	
Toll Limitation Servic	es (TLS)							
Cost of Providing T	LS per Subscriber	(11) 0.00000	00					
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	n 2013)						
Number of TLS Sub	scribers	(12) 0				0		
		i in a Uinto On at an			oort Claimed (13)	\$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippo	rt)				
Number of Connect	ions Waived	(14) 0						
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an average an	nount)		
		(10110 exceed \$100)						
Total Connection C	harges Waived	(16) \$ 0.0						
Deferred Interest		(17) \$ 0.00						
Dolotion interees			Total	Tribal Link Up Sup	nort Claimed (18	0 \$ 0		
			otal	The click of Sup		, •		
ETC Payment								
Total Lifeline \$_5411	Total TLS \$_0		Tota	l Tribal Link Up \$ _	00			
				Tot	al Dollars (19) \$ _	5411		
				104				

3. ··· 4

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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03/31/2016

TERESA EMERSON

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

NOTICE: To implement section 254 of the Communications Act of 1934, as amended, the Federal Communications Commission has adopted changes to the federal low-income programs.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative Company (USAC) for their participation in these programs. Failing to collect the information, or collecting it less frequently, would prevent the Commission from implementing sections 214 and 254 of the Act, would thwart Congress' goals of providing affordable service and access to advanced services throughout the nation, and would result in eligible telecommunications carriers not receiving universal service support reimbursements in a timely fashion.

We have estimated that each response to this collection of information will take, on average, three hours for each respondent. Our estimate includes the time to read this data request, review existing records, gather and maintain required data, and complete and review the response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0819). We will also accept your comments on the burden estimate via the Internet if you send them to PRA@fcc.gov. Please DO NOT SEND the data requested to this e-mail address.

Remember -- An agency may not conduct or sponsor, and a person is not required to respond to a collection of information sponsored by the Federal government unless it displays a currently valid OMB control number. This information collection has been assigned OMB Control Number: 3060-0819.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your worksheet may be referred to the Federal, state or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your worksheets may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on the form, the FCC may delay processing of your worksheet or may return your worksheet without action.