# EXHIBIT 20

| FCC Form 497                | L   | IFELINE WORKSHEE           | т                 |   | Avg. Burden E   | OMB Approval<br>3060-0819<br>st. per Respondent: 2.5 Hr <del>s</del> . |
|-----------------------------|---|----------------------------|-------------------|---|-----------------|--|
| (1) USAC Service Pro        | ovider Identification Number                        | 143001568                  |                   | (   | 2) Serving Area | 260406   |
| (3) Filer 499 ID <u>804</u> | 609   | (4) Technology Type (Check | one):             | Wireline X  | _               | Wireless   |
| (5) ETC Designation         | Type (Check one):                                   | Lifeline Only              | High Cost/        | Low Income X  |                 |  |
| (6)                         |   |                            | (7) Filing Ir     | nformation  |                 |  |
| Company Name:               | Foothills Rural Telephone Co                        | operative Corporation Inc. |                   |   |                 |  |
| Mailing Address:            | P.O. Box 240  |                            | a) Submiss        | sion Date   | Janua           | ry 29, 2014  |
|                             | Staffordsville, KY 41256                            |                            |                   |   |                 |  |
|                             |   |                            | b) Data Mo        | onth  | Jan             | uary-14  |
| Contact Name:               |   | a Gamble                   |                   |   |                 |  |
| Telephone Number:           |   | 97-9128                    | c) Type of f      | filing (Check one):   | Original X      | Revision D   |
| Fax Number:                 | (606) 2   | 97-9631                    |                   |   |                 |  |
| E-mail Address:             | charlena@f  | oothills.coop              | d) State Re       | porting   | Ke              | entucky  |
| Tribal Low-Income S         | ral Lifeline Support (8                             |                            | × _               | (b) Lifeline Support/<br>Subscriber<br>\$ 9.25<br>\$ -<br>(not to exceed \$34.25)<br>ral Lifeline Support C | =               | (c ) Total Lifeline <u>18,944.00</u> <u></u>                           |
|                             | ailable only to ETCs receiving H                    | ligh Cost Support)         |                   |   |                 |  |
|                             | Inections waived (14<br>d per Connection (15<br>(no |                            | (for multiple rat | tes, use an average amount)   |                 |  |
| Total Connection            | on charges waived (16                               | i) <u>\$</u>               | _                 |   |                 |  |
| Deferred Interes            | st (17  | ·) <u>\$</u>               | _                 |   |                 |  |
|                             |   |                            | Total             | Tribal Link Up Suppo  | t Claimed (18)  |  |
| ETC Payment                 |   |                            |                   |   |                 |  |
| Total Lifeline              | \$ 18,944.00  |                            |                   | Total Tribal Link Up  |                 | -  |
|                             |   |                            |                   | Τοί   | al Dollars (19) | \$ 18,944.00   |

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Case No. 2016-00059 Exhibit B

FCC Form 497

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.

DATE

OFFICER NAME

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.

OFFICER SIGNATURE

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.

| FCC Form 497                                      |  | LIFELI          | NE WORKSHEI   | EI          |                    | A                              | vg. Burden E | st. per | OMB Approv<br>3060-08<br>Respondent: 2.5 H |
|---|--|-----------------|---|-------------|--------------------|--------------------------------|--------------|---------|--|
| 1) USAC Service Pro                               | ovider Identification Num              | ber             | 143001568   |             |                    | (2) \$                         | Serving Area |         | 260406                                     |
| 3) Filer 499 ID 804                               | 609                                    | (4) Te          | chnology Type (Cheo   | ck one):    |                    | Wireline X                     |              |         | Wireless _                                 |
| 5) ETC Designation                                | Type (Check one):                      | Lifelin         | e Only  | High Co     | ost/Low Inco       | me X                           |              |         |  |
| 6)  |  |                 |   | (7) Filin   | g Information      | 1                              |              |         |  |
| Company Name:                                     | Foothills Rural Telepho                | one Cooperativ  | ve Corporation Inc.   | 1           |                    |                                |              | -       |  |
| Mailing Address:                                  | P.O. Box 240                           |                 |   | a) Subr     | mission Date       |                                | Marc         | h 5, 2  | 2014                                       |
|   | Staffordsville, KY 4125                | 6               |   | _           | in a               |                                | Eab          |         | 14   |
|   |  |                 | 11  | b) Data     | Month              |                                | Feb          | ruary   | -14  |
| Contact Name:                                     |  | rlena Gan       |   | -           |                    |                                |              |         |  |
| Telephone Number:                                 |  | 06) 297-91      |   | c) Type     | of filing (Che     | ck one): Or                    | iginal X     | Revis   | ion  |
| Fax Number:                                       |  | 06) 297-96      |   | _           |                    |                                |              |         |  |
| E-mail Address:                                   | charle                                 | na@foothil      | ls.coop   | d) State    | Reporting          |                                | Ke           | ntuc    | (y   |
| Lifeline<br>Non-Tribal Low-Inco<br>receiving fede | me Subscribers<br>ral Lifeline Support | (8)             | (a) # Lifeline<br><u>Subscribers</u><br>2,006   | x           |                    | ne Support/<br>scriber<br>9.25 | =            | (c) T   | otal Lifeline<br>18,555.50                 |
| Fribal Low-Income S<br>receiving fede             | ubscribers<br>ral Lifeline Support     | (9)             | 0   | x           | \$<br>(not to      | exceed \$34.25)                | =            | \$      |  |
| Tribal Link Up (Av                                | ailable only to ETCs rece              | iving High Co   | st Support)   | Total F     | ederal Lifelin     | e Support Clai                 | med (10)     | \$      | 18,555.50                                  |
|   | nnections waived<br>ad per Connection  | (14)<br>(15) \$ | the second se | (for multip | Ne rates, use an a | iverage amount)                |              |         |  |
| Total Connect                                     | ion charges waived                     | (16) _\$        | -   |             |                    |                                |              |         |  |
| Deferred Intere                                   | est                                    | (17) _\$        | -   |             |                    |                                |              |         |  |
|   |  |                 |   | То          | otal Tribal Lin    | k Up Support                   | Claimed (18) |         |  |
| ETC Payment                                       |  |                 |   |             |                    |                                |              |         |  |
| Total Lifelin                                     | e \$18,555.50                          | Total           | TLS \$  |             | Total Tril         | oal Link Up _\$                | -            | _       |  |
|   |  |                 |   |             |                    |                                |              |         |  |

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Case No. 2016-00059 Exhibit B

FCC Form 497

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.

DATE

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.

OFFICER NAME

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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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.

| FCC Form 497         |  | LIFELINE WORKSH  | EET             |  | Avg. Burde        | n Est. pe | OMB Approv<br>3060-08<br>er Respondent: 2.5 H |
|----------------------|--|--|-----------------|--|-------------------|-----------|---|
| (1) USAC Service Pro | ovider Identification Number   | 143001568  |                 |  | (2) Serving A     | rea       | 260406  |
| (3) Filer 499 ID 804 | 609  | (4) Technology Type (Ch  | eck one):       | Wire   | line X            |           | Wireless                                      |
| 5) ETC Designation   | Type (Check one):  | Lifeline Only  | High Cos        | t/Low Income   | K                 |           |   |
| 6)                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                |  |                 | Information  |                   |           |   |
| Company Name:        | Foothills Rural Telephone  | Cooperative Corporation Inc.   |                 |  |                   |           |   |
| Mailing Address:     | P.O. Box 240   |  |                 | ssion Date   | Mai               | ch 24     | , 2014  |
|                      | Staffordsville, KY 41256   |  | b) Data N       | Aonth  |                   | March     | -14   |
| Contact Name:        | Charle   | ena Gamble   | Di Duta i       |  |                   |           |   |
| Telephone Number:    | (000   | ) 297-9128   | c) Type of      | f filing (Check on   | e): Original X    | Rev       | ision 🛛                                       |
| Fax Number:          |  | ) 297-9631   |                 |  |                   |           |   |
| E-mail Address:      |  | @foothills.coop  | d) State R      | Reporting  |                   | Kentu     | cky   |
| Tribal Low-Income S  | ral Lifeline Support   | (a) # Lifeline<br><u>Subscribers</u><br>(8) <u>2,072</u><br>(9) <u>0</u> |                 | (b) Lifeline St<br><u>Subscrib</u><br>\$<br>(not to excee<br>deral Lifeline Su | <u>9.25</u> =     | \$        | Total Lifeline<br>19,166.00<br>-<br>19,166.00 |
| Number of Co         | ailable only to ETCs receivin<br>nnections waived<br>ad per Connection | g High Cost Support)<br>(14:<br>(15) \$<br>(not to exceed \$100)         | - (for multiple | rates, use an averag   | e amount)         |           |   |
| Total Connect        | ion charges waived   | (16) \$  |                 |  |                   |           |   |
| Deferred Intere      | est  | (17) \$  |                 |  |                   |           |   |
| ETC Payment          |  |  | Tota            | al Tribal Link Up  | Support Claimed ( | 18)       |   |
| Total Lifelin        | e_\$19,166.00_   | Total TLS \$   |                 | Total Tribal Li  | ink Up _\$        |           | 19,166.00                                     |

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Case No. 2016-00059 Exhibit B

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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| FCC Form 497                |                                | LIFELINE WORKSHEE                          | ΕT                  |   | Avg. Burden E        | OMB Approva<br>3060-081<br>st. per Respondent: 2.5 Hr |
|-----------------------------|--------------------------------|--|---------------------|---|----------------------|---|
| (1) USAC Service Pro        | ovider Identification Number   | 143001568                                  |                     | (2)   | Serving Area         | 260406  |
| (3) Filer 499 ID <u>804</u> | 609                            | (4) Technology Type (Chec                  | k one):             | Wireline X  |                      | Wireless  |
| (5) ETC Designation         | Type (Check one):              | Lifeline Only                              | High Cost/Lo        | w Income X  |                      |   |
| (6)                         |                                |  | (7) Filing Info     | ormation  |                      |   |
| Company Name:               | Foothills Rural Telephone (    | Cooperative Corporation Inc.               |                     |   |                      |   |
| Mailing Address:            | P.O. Box 240                   |  | a) Submissio        | on Date   | April                | 28, 2014  |
|                             | Staffordsville, KY 41256       |  |                     |   | ۸.                   |   |
|                             | 01.1                           | <u>A</u>                                   | b) Data Mont        | h   | A                    | oril-14   |
| Contact Name:               |                                | na Gamble                                  | -                   |   |                      |   |
| Telephone Number:           |                                | 297-9128                                   | c) Type of fili     | ng (Check one): (   | Driginal X           | Revision D  |
| Fax Number:                 |                                | 297-9631                                   | _                   |   |                      |   |
| E-mail Address:             | charlena(                      | ofoothills.coop                            | d) State Repo       | orting  | Ke                   | ntucky  |
| Tribal Low-Income S         | ral Lifeline Support           | Subscribers<br>(8)<br>(9)0                 | x _\$               | 9.25<br>(not to exceed \$34.25)<br>I Lifeline Support Cli | =<br>=<br>aimed (10) | \$ 19,092.00<br>\$ -<br>\$ 19,092.00                  |
| Tribal Link Up (Av          | ailable only to ETCs receiving | High Cost Support)                         |                     |   |                      |   |
|                             | ed per Connection              | (14)<br>(15) \$ -<br>(not to exceed \$100) | (for multiple rates | , use an average amount)                                  |                      |   |
| Total Connect               | ion charges waived             | (16) <u>\$</u>                             |                     |   |                      |   |
| Deferred Intere             | est                            | (17) <u>\$</u>                             | _                   |   |                      |   |
|                             |                                |  | Total Tr            | ibal Link Up Suppor                                       | t Claimed (18)       |   |
| ETC Payment                 |                                |  |                     |   |                      |   |
| Total Lifelin               | e \$19,092.00                  | Total TLS \$                               | Т                   | otal Tribal Link Up _                                     | \$ -                 | -   |
|                             |                                |  |                     | Tot   | al Dollars (19)      | \$ 19,092.00  |

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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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| FCC Form 497        |                                       | LIFELINE WORKS                           | HEET                           |  | Avg. Burden f        | OMB Appro<br>3060-08<br>Est. per Respondent: 2.5 I |
|---------------------|---------------------------------------|--|--------------------------------|--|----------------------|--|
| 1) USAC Service Pr  | ovider Identification Number          | 1430015                                  | 68                             | (2)  | ) Serving Area       | 260406   |
| 3) Filer 499 ID 804 | 609                                   | (4) Technology Type                      | (Check one):                   | Wireline X   |                      | Wireless _   |
| 5) ETC Designation  | Type (Check one):                     | Lifeline Only                            | Lifeline Only High Cost/Low In |  |                      |  |
| 6)                  |                                       |  | (7) Filing I                   | nformation   |                      |  |
| Company Name:       | Foothills Rural Telephone             | Cooperative Corporation I                | nc.                            |  |                      |  |
| Mailing Address:    | P.O. Box 240                          |  | a) Submis                      | sion Date  | May                  | 28, 2014   |
|                     | Staffordsville, KY 41256              |  |                                |  |                      |  |
|                     | 01                                    | 0  | b) Data Mo                     | onth   | IV                   | lay-14   |
| Contact Name:       |                                       | ena Gamble                               |                                |  |                      |  |
| Telephone Number    |                                       | ) 297-9128                               | c) Type of                     | filing (Check one):  | Original X           | Revision   |
| Fax Number:         |                                       | ) 297-9637                               |                                |  |                      |  |
| E-mail Address:     | charlena(                             | @foothills.coop                          | d) State Re                    | porting  | Ke                   | entucky  |
| ribal Low-Income S  | ral Lifeline Support                  | (8) <u>2,018</u><br>(9) <u>0</u>         | x                              | \$ 9.25<br>(not to exceed \$34.25)<br>rral Lifeline Support Cl | =<br>=<br>aimed (10) | \$ 18,666.50<br>\$ -<br>\$ 18,666.50               |
| ribal Link Up (Av   | ailable only to ETCs receiving        | g High Cost Support)                     |                                |  |                      |  |
|                     | nnections waived<br>ad per Connection | (14)<br>(15) \$<br>(not to exceed \$100) | (for multiple ra               | ites, use an average amount)                                   |                      |  |
| Total Connect       | ion charges waived                    | (16) \$                                  | -                              |  |                      |  |
| Deferred Inter      | est                                   | (17) \$                                  | -                              |  |                      |  |
|                     |                                       |  | Total                          | Tribal Link Up Suppor  | t Claimed (18)       |  |
| ETC Payment         |                                       |  |                                |  |                      |  |
| Total Lifelin       | \$ 18,666.50                          | Total TLS \$                             |                                | Total Tribal Link Up _   | <del>\$</del>        | _  |
|                     |                                       |  |                                |  | al Dollars (19)      | \$ 18,666,50                                       |

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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.

**OFFICER SIGNATURE** 

OFFICER NAME

#### **OFFICER TITLE**

DATE

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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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.

| FCC Form 497         |                              | LIFELINE WORKSHE   | ET                 |  | Avg. Burden E    | OMB Approva<br>3060-0819<br>Est. per Respondent: 2.5 Hr  |
|----------------------|------------------------------|--|--------------------|--|------------------|--|
| (1) USAC Service Pro | ovider Identification Number | 143001568  |                    | (2   | 2) Serving Area  | 260406   |
| (3) Filer 499 ID 804 | 609                          | (4) Technology Type (Che   | ck one):           | Wireline X   | -                | Wireless   |
| (5) ETC Designation  | Type (Check one):            | Lifeline Only  | High Cost/L        | .ow Income X   |                  |  |
| (6)                  |                              |  | (7) Filing In      | formation  |                  |  |
| Company Name:        | Foothills Rural Telephone C  | Cooperative Corporation Inc.   |                    |  |                  |  |
| Mailing Address:     | P.O. Box 240                 |  | a) Submiss         | ion Date   | July             | 7, 2014  |
|                      | Staffordsville, KY 41256     |  |                    |  | 1.               | 100 14   |
| 0                    | Charle                       | na Gamble  | b) Data Mor        | hth  | JL               | une-14   |
| Contact Name:        |                              |  | -                  |  |                  | Budden B   |
| Telephone Number:    |                              | 297-9128   | c) Type of fi      | ling (Check one):                                    | Original X       | Revision D   |
| Fax Number:          |                              | 297-9637   | -                  |  |                  |  |
| E-mail Address:      | charlena(c                   | ofoothills.coop  | d) State Rep       | porting  | Ke               | entucky  |
| Tribal Low-Income S  | ral Lifeline Support         | (a) # Lifeline<br><u>Subscribers</u><br>(8) <u>2,043</u><br>(9) <u>0</u> | x                  | (b) Lifeline Support/<br>Subscriber<br>\$ 9.25<br>\$ | -                | (c ) Total Lifeline           \$         18,897.75           \$         -           \$         18,897.75 |
| Number of Co         | ed per Connection            | (14)<br>(15) <u>\$</u>   | (for multiple rate | es, use an average amount)                           |                  |  |
| Total Connect        |                              | (not to exceed \$100)<br>(16) _\$  |                    |  |                  |  |
| Deferred intere      | est                          | (17) \$  |                    |  |                  |  |
| ETC Payment          |                              |  | Total 1            | ribał Link Up Suppo                                  | rt Claimed (18)  |  |
| Total Lifelin        | e \$18,897.75                | Total TLS \$   |                    | Total Tribal Link Up                                 | \$ -             |  |
|                      |                              |  |                    | То   | tal Dollars (19) | \$ 18,897.75   |

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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.

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DATE

**OFFICER SIGNATURE** 

OFFICER TIT

OFFICER NAME

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| FCC Form 497  |                                       | LIFEL        | INE WORKSHE                                   | EI          |                    | A                              | vg. Burden   | Est. per | OMB Appro<br>3060-08<br>Respondent: 2.5 I |
|---|---------------------------------------|--------------|---|-------------|--------------------|--------------------------------|--------------|----------|---|
| 1) USAC Service Pro                                 | ovider Identification Num             | ber          | 143001568                                     |             |                    | (2) \$                         | Serving Area | a        | 260406                                    |
| 3) Filer 499 ID 8040                                | 509                                   | (4) T        | echnology Type (Che                           | ck one):    |                    | Wireline X                     |              |          | Wireless                                  |
| 5) ETC Designation                                  | Type (Check one):                     | Lifeti       | ine Only                                      | High C      | ost/Low Inco       | me <u>X</u>                    |              |          |   |
| 6)  |                                       |              |   | (7) Filir   | ng Information     | 1                              |              |          |   |
| Company Name:                                       | Foothills Rural Telepho               | ne Cooperat  | ive Corporation Inc.                          |             |                    |                                |              |          |   |
| Mailing Address:                                    | P.O. Box 240                          |              |   | a) Sub      | mission Date       |                                | Augu         | ist 5, 2 | 2014                                      |
|   | Staffordsville, KY 41256              | 3            |   | -           |                    |                                |              |          |   |
|   | Ohe                                   | alama Ca     |   | b) Data     | Month              |                                | J            | uly-14   | +   |
| Contact Name:                                       |                                       | rlena Ga     |   | _           |                    |                                |              |          |   |
| Telephone Number:                                   |                                       | 06) 297-9    |   | c) Type     | of filing (Chee    | ck one): Or                    | iginal X     | Revis    | ion                                       |
| Fax Number:   |                                       | 06) 297-9    |   | _           |                    |                                |              |          |   |
| E-mail Address:                                     | charler                               | na@foothi    | ills.coop                                     | d) State    | Reporting          |                                | Ke           | entuc    | <y< td=""></y<>                           |
| Lifeline<br>Non-Tribal Low-Incon<br>receiving feder | me Subscribers<br>al Lifeline Support | (8) _        | (a) # Lifeline<br><u>Subscribers</u><br>1,994 | x           |                    | ne Support/<br>scriber<br>9.25 | -            | (c)T     | otal Lifeline<br>18,444.50                |
| ribal Low-Income S                                  |                                       |              |   |             |                    |                                |              |          |   |
| receiving feder                                     | al Lifeline Support                   | (9) _        | 0   | ×           | \$                 | exceed \$34.25)                | =            | \$       | -   |
|   |                                       |              |   | Total F     |                    | e Support Clai                 | med (10)     | \$       | 18,444.50                                 |
| Tribal Link Up (Ava                                 | ailable only to ETCs recei            | ving High Co | ost Support)                                  |             |                    |                                |              |          |   |
|   | nections waived<br>d per Connection   | (14)<br>(15) |   | (for multip | le rates, use an a | verage amount)                 |              |          |   |
| Total Connection                                    | on charges waived                     | (16)         | \$  |             |                    |                                |              |          |   |
| Deferred Intere                                     | st                                    | (17) _       | \$  |             |                    |                                |              |          |   |
|   |                                       |              |   | Тс          | otal Tribal Lin    | k Up Support (                 | Claimed (18  | )        |   |
| ETC Payment   |                                       |              |   |             |                    |                                |              |          |   |
| Total Lifeline                                      | \$ 18,444.50                          | Tota         | I TLS \$                                      |             | Total Trib         | al Link Up _\$                 | -            | _        |   |
|   |                                       |              |   |             |                    | Total                          | Dollars (19) | e        | 18,444.50                                 |

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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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DATE OFFICER TITLE

OFFICER SIGNATURE

#### OFFICER NAME

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| FCC | Form | 497 |
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# LIFELINE WORKSHEET

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

| (1) USAC Service Provid                                  | der Identification Numb                | er                                       | 143001568                                     |              |                               | (2) 5                          | Serving Area  | a           | 260406          |  |
|--|--|--|---|--------------|-------------------------------|--------------------------------|---------------|-------------|-----------------|--|
| (3) Filer 499 ID <u>804609</u>                           |  | (4) Te                                   | chnology Type (Che                            | ck one):     | v                             | /ireline <u>X</u>              |               |             | Wireless        |  |
| (5) ETC Designation Ty                                   | pe (Check one):                        | Lifelin                                  | ne Only                                       | High C       | ost/Low Incom                 | Low Income X                   |               |             |                 |  |
| (6)  |  |  |   | (7) Filin    | ng Information                |                                |               |             |                 |  |
|  | oothills Rural Telephor<br>.O. Box 240 | ne Cooperati                             | ooperative Corporation Inc.                   |              |                               | a) Submission Date August      |               |             |                 |  |
| -  | taffordsville, KY 41256                |  |   | _            | a Month                       |                                |               | igust-      |                 |  |
| Contact Name:  | Cha                                    | rlena Gar                                | na Gamble                                     |              |                               |                                |               | 9           |                 |  |
| Telephone Number:  |  | 6) 297-91                                |   | c) Type      | e of filing (Check            | (one): Or                      | riginal X     | Revis       | ion 🖵           |  |
| Fax Number:  |  |  | 297-9637                                      |              | g (ener                       | , one pr                       | igna A        |             |                 |  |
| E-mail Address:  |  | a@foothi                                 |   | d) Stat      | e Reporting                   |                                | Ke            | entucl      | <y< td=""></y<> |  |
| Lifeline<br>Non-Tribal Low-Income<br>receiving federal I |  | (8)                                      | (a) # Lifeline<br><u>Subscribers</u><br>1,900 | x            | (b) Lifeling<br><u>Subs</u>   |                                | -             | (c) T<br>\$ | otal Lifeline   |  |
| ribal Low-Income Sub<br>receiving federal I              |  | (9)                                      | 0   | X<br>Total F | (not to ex<br>ederal Lifeline | cceed \$34.25)<br>Support Clai | =<br>med (10) | \$          | 17,575.00       |  |
| ribal Link Up (Availa                                    | ble only to ETCs receiv                | ving High Co                             | st Support)                                   |              |                               |                                |               |             |                 |  |
| Number of Conne<br>Charges waived p                      |  | (14)<br>(15) <u>\$</u><br>(not to excert |   | (for multi   | ple rates, use an ave         | erage amount)                  |               |             |                 |  |
| Total Connection   | charges waived                         | (16) _\$                                 |   |              |                               |                                |               |             |                 |  |
| Deferred Interest  |  | (17) _\$                                 |   |              |                               |                                |               |             |                 |  |
|  |  |  |   | Т            | otal Tribal Link              | Up Support                     | Claimed (18   | )           |                 |  |
| ETC Payment  |  |  |   |              |                               |                                |               |             |                 |  |
| Total Lifeline   | 17,575.00                              | Total                                    | TLS \$  |              | Total Triba                   | I Link Up _\$                  | -             | _           |                 |  |
|  |  |  |   |              |                               | Total                          | Dollars (19   | ) \$        | 17,575.00       |  |

Case No. 2016-00059 Exhibit B

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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DATE

OFFICER SIGNATURE OFFICER NAME

OFFICER TITLE

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| FCC Form 497                |   | LIFELI                         | NE WORKSHE   | ET                |                  |                                       | Avg. Burden      | Est. per              | OMB Approva<br>3060-0819<br>r Respondent: 2.5 Hr |
|-----------------------------|---|--------------------------------|--|-------------------|------------------|---------------------------------------|------------------|-----------------------|--|
| (1) USAC Service Pro        | ovider Identification Number  |                                | 143001568  |                   |                  | (                                     | 2) Serving Are   | a                     | 260406   |
| (3) Filer 499 ID <u>804</u> | 609   | (4) Tec                        | hnology Type (Cheo                                 | ck one):          |                  | Wireline X                            | <u> </u>         |                       | Wireless   |
| (5) ETC Designation         | Type (Check one):   | Lifelin                        | e Only   | High C            | ost/Low Inc      | come X                                |                  |                       |  |
| (6)                         |   |                                |  | (7) Filin         | ng Informat      | ion                                   |                  |                       |  |
| Company Name:               | Foothills Rural Telephone   | Cooperativ                     | e Corporation Inc.                                 |                   |                  |                                       |                  |                       |  |
| Mailing Address:            | P.O. Box 240  |                                |  | a) Sub            | mission Dat      | e                                     | Octo             | ber 7,                | 2014   |
|                             | Staffordsville, KY 41256  |                                |  | _                 |                  |                                       | Can              | to make               | . 14   |
|                             | Charle  |                                | hla  | b) Dat            | a Month          |                                       | Sep              | lempe                 | er-14  |
| Contact Name:               |   | na Gam                         |  | -                 |                  |                                       |                  |                       | D  |
| Telephone Number:           |   | 297-912                        |  | c) Type           | e of filing (Cl  | neck one):                            | Original X       | Revi                  | sion   |
| Fax Number:                 |   | 297-963                        |  | -                 |                  |                                       |                  |                       | 1.0.0  |
| E-mail Address:             | charlena  | <i>wfoothill</i>               | s.coop   | d) Stat           | e Reporting      |                                       | K                | entuc                 | ку   |
| Tribal Low-Income S         | ral Lifeline Support  | (8)<br>(9)                     | (a) # Lifeline<br><u>Subscribers</u><br>1,916<br>0 | X<br>X<br>Total F | \$               | bline Support<br>bscriber<br>9.25<br> |                  | (c)<br>\$<br>\$<br>\$ | Total Lifeline<br>17,723.00<br>-<br>17,723.00    |
| Number of Co                | ailable only to ETCs receiving<br>nnections waived<br>ad per Connection | (14)<br>(14)<br>(15) <u>\$</u> | t Support)   | (for multi        | ole rates, use a | n average amount                      | 0                |                       |  |
| Total Connect               | ion charges waived  | (not to exceed                 | 1\$100)  |                   |                  |                                       |                  |                       |  |
| Deferred Intere             | est   | (17) <u>\$</u>                 | -  |                   |                  |                                       |                  |                       |  |
|                             |   |                                |  | Т                 | otal Tribal L    | ink Up Supp                           | ort Claimed (18  | 3)                    |  |
| ETC Payment                 |   |                                |  |                   |                  |                                       |                  |                       |  |
| Total Lifelin               | e \$17,723.00   | Total 1                        | LS \$  |                   | Total T          | ribal Link Up                         | <u>\$</u> -      | _                     |  |
|                             |   |                                |  |                   |                  | Т                                     | otal Dollars (19 | ) \$                  | 17,723.00  |

LIFELINE WORKSHEET

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FCC Form 497

Case No. 2016-00059 Exhibit B

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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Rith Conly

DATE

OFFICER NAME

OFFICER TITLE

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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.

| FCC Form 497                  |   | LIFEL                                | INE WORKSHE  | ET        |                 | P                              | vg. Burden ( | Est. per          | OMB Appro<br>3060-08<br>Respondent: 2.5 |
|-------------------------------|---|--------------------------------------|--|-----------|-----------------|--------------------------------|--------------|-------------------|---|
| 1) USAC Service Pr            | ovider Identification Number  | er                                   | 143001568  |           |                 | (2) 5                          | Serving Area | ·                 | 260406                                  |
| 3) Filer 499 ID804            | 1609  | (4) T                                | echnology Type (Che                                | ck one):  |                 | Wireline X                     |              |                   | Wireless_                               |
| 5) ETC Designation            | Type (Check one):   | Lifeli                               | ine Only   | High C    | ost/Low Inco    | me_X_                          |              |                   |   |
| 6)                            |   |                                      |  | (7) Filir | ng Information  | n                              |              |                   |   |
| Company Name:                 | Foothills Rural Telephon  | e Cooperat                           | ive Corporation Inc.                               | 1.7.1.1   | ganonado        |                                |              | -                 |   |
| Mailing Address:              | P.O. Box 240  |                                      |  | a) Sub    | mission Date    |                                | Octob        | er 29,            | 2014                                    |
|                               | Staffordsville, KY 41256  |                                      |  | _         |                 |                                | 0            |                   |   |
|                               |   |                                      |  | b) Data   | a Month         |                                | ÜC           | tober-            | 14                                      |
| Contact Name:                 |   | lena Ga                              |  | _         |                 |                                |              |                   |   |
| Telephone Number              |   | 6) 297-9                             |  | c) Type   | of filing (Che  | ck one): Or                    | iginal X     | Revis             | ion                                     |
| Fax Number:                   | the second se | 6) 297-9                             |  | _         |                 |                                |              |                   |   |
| E-mail Address:               | charlen   | a@foothi                             | ills.coop  | d) State  | Reporting       |                                | Ke           | entucl            | <y< td=""></y<>                         |
| ribal Low-Income S            | eral Lifeline Support   | (8)                                  | (a) # Lifeline<br><u>Subscribers</u><br>1,826<br>0 | x         | \$\$            | ne Support/<br>scriber<br>9,25 | =            | (c) T<br>\$<br>\$ | otal Lifeline<br>16,890.50              |
|                               |   | ing High Co                          | and Support  | Total F   |                 | e Support Clai                 | med (10)     | \$                | 16,890.50                               |
| Number of Co<br>Charges waive | ailable only to ETCs receive<br>nnections waived<br>ed per Connection<br>tion charges waived<br>est             | (14)<br>(15)<br>(not to exce<br>(16) | \$   |           |                 |                                |              |                   |   |
|                               |   |                                      |  | Т         | otal Tribal Lin | k Up Support                   | Claimed (18  | )                 |   |
| ETC Payment                   |   |                                      |  |           |                 |                                |              |                   |   |
| Total Lifelin                 | ne_\$16,890.50  | Tota                                 | I TLS \$   |           | Total Tril      | bal Link Up _\$                |              | _                 |   |
|                               |   |                                      |  |           |                 |                                | Dollars (19  |                   | 16,890.50                               |

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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.

DATE

OFFICER

OFFICER SIGNATURE

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         |                           | LIFEL        | INE WORKSHEE                                       | Т                 |                      | A              | vg. Burden         | Est. per | OMB Approval<br>3060-0819<br>Respondent: 2.5 Hrs           |
|----------------------|---------------------------|--------------|--|-------------------|----------------------|----------------|--------------------|----------|--|
| (1) USAC Service Pr  | ovider Identification Nu  | mber         | 143001568  |                   |                      | (2) 5          | Serving Are        | a        | 260406   |
| (3) Filer 499 ID 804 | 1609                      | (4)          | Technology Type (Chec                              | k one):           | v                    | Vireline X     |                    |          | Wireless   |
| (5) ETC Designation  | Type (Check one):         | Life         | line Only  | High C            | ost/Low Incom        | ne X           |                    |          |  |
| (6)                  |                           |              |  | (7) Fili          | ng Information       |                |                    |          |  |
| Company Name:        | Foothills Rural Teleph    | none Coopera | tive Corporation Inc.                              |                   |                      |                |                    |          |  |
| Mailing Address:     | P.O. Box 240              |              | and Burger and Andrews                             | a) Sub            | mission Date         |                | Novem              | ber 2    | 6, 2014  |
|                      | Staffordsville, KY 412    | 56           |  |                   |                      |                | Nov                | embe     | - 14   |
| 0                    | Ch                        | arlena Ga    | mblo   | b) Dat            | a Month              |                | INOV               | empe     | 1-14   |
| Contact Name:        |                           |              |  | -                 |                      |                |                    | Davis    |  |
| Telephone Number     |                           | 606) 297-9   |  | c) Type           | e of filing (Check   | k one): Or     | riginal X          | Revis    | sion 🗆   |
| Fax Number:          |                           | 606) 297-9   |  | -                 |                      |                |                    |          |  |
| E-mail Address:      | charle                    | ena@footh    | <u>ills.coop</u>                                   | d) Stat           | e Reporting          |                | K                  | entuc    | ку   |
| Tribal Low-Income    | eral Lifeline Support     | (8)<br>(9)   | (a) # Lifeline<br><u>Subscribers</u><br>1,886<br>0 | X<br>X<br>Total F | <u>Subs</u>          | xceed \$34.25) | =<br>=<br>med (10) | \$       | otal Lifeline<br><u>17,445.50</u><br>-<br><u>17,445.50</u> |
| Number of Co         | railable only to ETCs rec | (14)         |  |                   |                      |                |                    |          |  |
|                      | ed per Connection         | (not to exc  | ceed \$100)  |                   | ple rates, use an av | erage amount)  |                    |          |  |
| Total Connect        | tion charges waived       | (16)         | \$ -   |                   |                      |                |                    |          |  |
| Deferred Inter       | est                       | (17)         | \$   |                   |                      |                |                    |          |  |
|                      |                           |              |  | Т                 | otal Tribal Link     | Up Support     | Claimed (18        | s)       |  |
| ETC Payment          |                           |              |  |                   |                      |                |                    |          |  |
| Total Lifelin        | ne \$17,445.50            | Tota         | al TLS \$  |                   | Total Triba          | al Link Up _\$ | -                  | _        |  |
|                      |                           |              |  |                   |                      | Total          | Dollars (19        | ) _\$    | 17,445.50  |

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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.

OFFICER SIGNATURE

DATE OFFICER TITL

# OFFICER NAME

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| FCC Form 497         |                                     |                                  | ET                                     | Avg. Burden E      | OMB Approval<br>3060-0819<br>st. per Respondent: 2.5 Hrs |
|----------------------|-------------------------------------|----------------------------------|--|--------------------|--|
| (1) USAC Service Pro | ovider Identification Number        | 143001568                        |  | (2) Serving Area   | 260406   |
| (3) Filer 499 ID 804 | 609                                 | (4) Technology Type (Chec        | k one): Wireline                       | X                  | Wireless   |
| (5) ETC Designation  | Type (Check one):                   | Lifeline Only                    | High Cost/Low Income X                 |                    |  |
| (6)                  |                                     |                                  | (7) Filing Information                 |                    |  |
| Company Name:        | Foothills Rural Telephone C         | Cooperative Corporation Inc.     |  |                    |  |
| Mailing Address:     | P.O. Box 240                        |                                  | a) Submission Date                     | Decemb             | er 30, 2014  |
|                      | Staffordsville, KY 41256            |                                  | b) Data Month                          | Dece               | mber-14  |
|                      | Charle                              | na Gamble                        | b) Data Montri                         | Dece               |  |
| Contact Name:        |                                     |                                  | The subscription of the                |                    | Burlishe D   |
| Telephone Number:    |                                     | 297-9128                         | c) Type of filing (Check one):         | Original X         | Revision D   |
| Fax Number:          |                                     | 297-9637                         | _                                      |                    |  |
| E-mail Address:      | charlena                            | ofoothills.coop                  | d) State Reporting                     | Ke                 | ntucky   |
| Tribal Low-Income S  | ral Lifeline Support<br>Subscribers | (8) <u>1,893</u><br>(9) <u>0</u> |  |                    | \$ 17,510.25<br>\$ -<br>\$ 17,510.25                     |
| Tribal Link Up (Ava  | ailable only to ETCs receiving      | High Cost Support)               |  |                    |  |
|                      | ed per Connection                   | (14)<br>(15) \$ -                | (for multiple rates, use an average am | ount)              |  |
| Total Connecti       | ion charges waived                  | (16) \$ -                        |  |                    |  |
| Deferred Intere      | est                                 | (17) <u>\$</u>                   |  |                    |  |
|                      |                                     |                                  | Total Tribal Link Up Su                | pport Claimed (18) |  |
| ETC Payment          |                                     |                                  |  |                    |  |
| Total Lifelin        | \$ 17,510.25                        | Total TLS \$                     | Total Tribal Link                      | Up_\$              | -  |
|                      |                                     |                                  |  | Total Dollars (19) | \$ 17,510.25   |

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.

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DATE

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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| FCC Form 497                            |                                       | LIFELINE WORKSHEET                |                    |             | 4                              | Avg. Burden E  | ist. per l         | OMB Approv<br>3060-081<br>Respondent: 2.5 H |  |
|---|---------------------------------------|-----------------------------------|--------------------|-------------|--------------------------------|----------------|--------------------|---|--|
| (1) USAC Service Pr                     | ovider Identification Number          |                                   | 143001568          |             |                                | (2) 5          | Serving Area       | _   | 260406   |
| (3) Filer 499 ID 804                    | 609                                   | (4) Tec                           | hnology Type (Chee | ck one):    | v                              | Vireline X     |                    |   | Wireless   |
| 5) ETC Designation                      | Type (Check one):                     | Lifeline                          | only               | High Co     | ost/Low Incom                  | 1e X           |                    |   |  |
| 6)                                      |                                       |                                   |                    | (7) Filin   | g Information                  |                |                    |   |  |
| Company Name:                           | Foothills Rural Telephone             | Cooperative                       | e Corporation Inc. |             |                                |                |                    |   |  |
| Mailing Address:                        | P.O. Box 240                          |                                   |                    | a) Sub      | mission Date                   |                | Januar             | y 31,                                       | 2015   |
|   | Staffordsville, KY 41256              |                                   |                    |             |                                |                |                    |   |  |
|   |                                       |                                   |                    | b) Data     | Month                          |                | Jan                | uary-                                       | 15   |
| Contact Name:                           |                                       | ena Gam                           |                    | _           |                                |                |                    |   |  |
| Telephone Number                        |                                       | ) 297-912                         |                    | c) Type     | of filing (Check               | k one): Or     | riginal X          | Revisi                                      | on 🛛   |
| Fax Number:                             |                                       | ) 297-963                         |                    |             |                                |                |                    |   |  |
| E-mail Address:                         | charlena                              | @foothills                        | s.coop             | d) State    | Reporting                      |                | Ke                 | ntuck                                       | У  |
| ribal Low-Income S                      | eral Lifeline Support                 | (8)<br>(9)                        | 1,895<br>0         |             | \$<br>(not to endered Lifeline | xceed \$34.25) | =<br>=<br>med (10) | \$<br>\$<br>\$                              | <u>17,528.75</u><br><u>-</u><br><u>17,528.75</u> |
| ribal Link Up (Av                       | vailable only to ETCs receivin        | g High Cost                       | Support)           |             |                                |                |                    |   |  |
|   | nnections waived<br>ed per Connection | (14)<br>(15) \$<br>(not to exceed | -                  | (for multip | de rates, use an av            | erage amount)  |                    |   |  |
| Total Connect                           | tion charges waived                   | (16) \$                           |                    |             |                                |                |                    |   |  |
| Deferred Inter-                         | est                                   | (17) \$                           |                    |             |                                |                |                    |   |  |
|   |                                       |                                   |                    | То          | otal Tribal Link               | Up Support     | Claimed (18)       | 1   |  |
| ETC Payment                             |                                       |                                   |                    |             |                                |                |                    |   |  |
| Total Lifeline \$17,528.75 Total TLS \$ |                                       | LS \$                             |                    | Total Triba | al Link Up _\$                 |                | -                  |   |  |
|   |                                       |                                   |                    |             |                                | Total          | Dollars (19)       | \$  | 17,528.75  |
|   |                                       |                                   |                    |             |                                |                |                    | -   |  |

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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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#### OFFICER SIGNATURE

OFFICER NAME

#### OFFICER TITLE

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| FCC Form 497  |                                       | LIFELINE WORKSHE                         | ET                   |   | Avg. Burden E        | OMB Approv<br>3060-08<br>st. per Respondent: 2.5 h |
|---|---------------------------------------|--|----------------------|---|----------------------|--|
| (1) USAC Service Pr                                 | rovider Identification Number         | 143001568                                |                      | (2) :   | Serving Area         | 260406   |
| (3) Filer 499 ID 804                                | 4609                                  | (4) Technology Type (Che                 | ck one):             | Wireline X  |                      | Wireless _   |
| (5) ETC Designation Type (Check one): Lifeline Only |                                       | Lifeline Only                            | High Cost/Los        | w Income X  |                      |  |
| (6)   |                                       |  | (7) Filing Info      | rmation   |                      |  |
| Company Name:                                       | Foothills Rural Telephone             | Cooperative Corporation Inc.             |                      |   |                      |  |
| Mailing Address:                                    | P.O. Box 240                          |  | a) Submission        | n Date  | April                | 7, 2015  |
|   | Staffordsville, KY 41256              |  |                      |   | Esh                  |  |
|   | 01                                    | and On white                             | b) Data Month        | 1   | Feb                  | ruary-15   |
| Contact Name:                                       |                                       | na Gamble                                | _                    |   |                      |  |
| Telephone Number                                    |                                       | 297-9128                                 | c) Type of filin     | ng (Check one): O                                       | riginal X            | Revision 🗆   |
| Fax Number:   |                                       | 297-9637                                 | _                    |   |                      |  |
| E-mail Address:                                     | <u>charlena(</u>                      | Dfoothills.coop                          | d) State Report      | rting   | Ke                   | ntucky   |
| Fribal Low-Income                                   | eral Lifeline Support                 | (8) <u>1,876</u><br>(9) <u>0</u>         | x _\$                | 9.25<br>(not to exceed \$34.25)<br>Lifeline Support Cla | =<br>=<br>iimed (10) | \$ 17,353.00<br>\$ -<br>\$ 17,353.00               |
| Tribal Link Up (Av                                  | vailable only to ETCs receiving       | High Cost Support)                       |                      |   |                      |  |
|   | nnections waived<br>ed per Connection | (14)<br>(15) \$<br>(not to exceed \$100) | (for multiple rates, | use an average amount)                                  |                      |  |
| Total Connect                                       | tion charges waived                   | (16) \$                                  |                      |   |                      |  |
| Deferred Inter                                      | rest                                  | (17) _\$                                 | -                    |   |                      |  |
|   |                                       |  | Total Tri            | bal Link Up Support                                     | Claimed (18)         | 5  |
| ETC Payment   |                                       |  |                      |   |                      |  |
| Total Lifelin                                       | ne_\$17,353.00                        | Total TLS \$                             | То                   | otal Tribal Link Up _\$                                 | 5 -                  | _  |
|   |                                       |  |                      | Tota  | Dollars (19)         | \$ 17,353.00                                       |
|   |                                       |  |                      | 1014  | , soluto (10)        | 11,000,00  |

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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.

DATE OFFICER TITI

OFFICER SIGNATURE

# OFFICER NAME

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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.

| FCC | Form | 497 |
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# LIFELINE WORKSHEET

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

| (1) USAC Service Provider Identification Number |                                 |                                      | 143001568                            |                        | (2) Serving Area               |                                 |                 |          | 260406        |  |
|---|---------------------------------|--------------------------------------|--------------------------------------|------------------------|--------------------------------|---------------------------------|-----------------|----------|---------------|--|
| (3) Filer 499 ID <u>80460</u>                   | 9                               | (4) Tech                             | (4) Technology Type (Check           |                        | w                              | ireline <u>X</u>                |                 |          | Wireless      |  |
| (5) ETC Designation T                           | ype (Check one):                | Lifeline                             | Lifeline Only                        |                        | ost/Low Income                 | X                               |                 |          |               |  |
| (6)   |                                 |                                      |                                      | (7) Filing Information |                                |                                 |                 |          |               |  |
| Company Name:                                   | Foothills Rural Telephone       | Cooperative                          | Corporation Inc.                     |                        |                                |                                 |                 |          |               |  |
| Mailing Address:                                | P.O. Box 240                    |                                      |                                      | a) Sub                 | mission Date                   |                                 | Apr             | ril 7, 2 | 015           |  |
|   | Staffordsville, KY 41256        |                                      |                                      | b) Data                | Month                          |                                 | M               | larch-   | 15            |  |
| Contact Name:                                   | Charle                          | ena Gamb                             | ole                                  |                        |                                |                                 |                 |          |               |  |
| elephone Number: (606) 297-9128                 |                                 |                                      | c) Type                              | of filing (Check       | one):                          | Original X                      | Revis           | sion     |               |  |
| Fax Number:                                     |                                 | 297-963                              |                                      |                        |                                |                                 |                 |          |               |  |
| E-mail Address:                                 |                                 | @foothills.                          |                                      | d) State               | Reporting                      |                                 | к               | entuc    | ky            |  |
| Lifeline<br>Non-Tribal Low-Incom                |                                 |                                      | (a) # Lifeline<br><u>Subscribers</u> |                        | (b) Lifeline<br><u>Subsc</u>   | riber                           |                 |          | otal Lifeline |  |
| receiving federa                                | I Lifeline Support              | (8)                                  | 1,894                                | x                      | \$                             | 9.25                            |                 | \$       | 17,519.50     |  |
| Tribal Low-Income Su<br>receiving federa        | bscribers<br>I Lifeline Support | (9)                                  | 0                                    | X<br>Total Fe          | (not to exe<br>ederal Lifeline | -<br>ceed \$34.25)<br>Support C |                 | \$       | 17,519.50     |  |
| Tribal Link Up (Avail                           | lable only to ETCs receiving    | g High Cost S                        | Support)                             |                        |                                |                                 |                 |          |               |  |
| Number of Conn<br>Charges waived                | per Connection                  | (14)<br>(15) \$<br>(not to exceed \$ | :100)                                |                        | le rates, use an aver          | rage amount                     |                 |          |               |  |
| Total Connectio                                 | n charges waived                | (16) _\$                             |                                      |                        |                                |                                 |                 |          |               |  |
| Deferred Interes                                | t                               | (17) \$                              |                                      |                        |                                |                                 |                 |          |               |  |
|   |                                 |                                      |                                      | То                     | tal Tribal Link                | Up Suppo                        | ort Claimed (18 | 3)       |               |  |
| ETC Payment                                     |                                 |                                      |                                      |                        |                                |                                 |                 |          |               |  |
| Total Lifeline                                  | \$ 17,519.50                    | Total TL                             | S\$                                  |                        | Total Tribal                   | Link Up                         | \$ -            | _        |               |  |
|   |                                 |                                      |                                      |                        |                                | То                              | tal Dollars (19 | ) \$     | 17,519.50     |  |

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.

DATE OFFICER TITLE

# OFFICER SIGNATURE

#### OFFICER NAME

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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.

| FCC Form 497                                       |   | LIFELINE WORKSHI  | EET           |  | Avg. Burden I        | OMB Approva<br>3060-081<br>Est. per Respondent: 2.5 Hr |
|--|---|---|---------------|--|----------------------|--|
| (1) USAC Service Pr                                | ovider Identification Number                                | 143001568   |               | (2)  | Serving Area         | 260406   |
| 3) Filer 499 ID804609                              |   | (4) Technology Type (Ch   | eck one):     | Wireline X   |                      | Wireless   |
| 5) ETC Designation Type (Check one): Lifeline Only |   | High Cost/L   | ow Income X   |  |                      |  |
| (6)  |   |   | (7) Filing In | formation  |                      |  |
| Company Name:                                      | Foothills Rural Telephone                                   | Cooperative Corporation Inc.                                    |               |  |                      |  |
| Mailing Address:                                   | P.O. Box 240  |   | a) Submiss    | ion Date   | May                  | / 1, 2015  |
| Staffordsville, KY 41256                           |   |   |               |  |                      |  |
|  | 01 1  |   | b) Data Mor   | nth  | A                    | pril-15  |
| Contact Name:                                      |   | ena Gamble  | _             |  |                      |  |
| Telephone Number:                                  |   | 297-9128  | c) Type of fi | ling (Check one): (  | Original X           | Revision   |
| Fax Number:  |   | 297-9637  |               |  |                      |  |
| E-mail Address:                                    | -mail Address: charlena@foothills.coop                      |   | d) State Rep  | porting  | entucky              |  |
| Tribal Low-Income S<br>receiving fede              | ral Lifeline Support  | Subscribers           (8)         1,878           (9)         0 |               | Subscriber<br>9.25<br>(not to exceed \$34.25)<br>al Lifeline Support Cli | =<br>=<br>aimed (10) | \$ 17,371.50<br>\$ -<br>\$ 17,371.50                   |
| Number of Con<br>Charges waive                     | nnections waived<br>ed per Connection<br>ion charges waived | (14)  |               | es, use an average amount)   |                      |  |
| Deferred Intere                                    |   | (17) <u>\$</u>  |               |  |                      |  |
| CT0 D  |   |   | Total 1       | ribal Link Up Suppor   | t Claimed (18)       |  |
| ETC Payment  |   |   |               |  |                      |  |
| Total Lifelin                                      | e \$17,371.50   | Total TLS \$  |               | Total Tribal Link Up _   | \$ -                 | -  |
|  |   |   |               | Tota   | al Dollars (19)      | \$ 17,371.50   |

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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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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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DATE

OFFICER SIGNATURE

# OFFICER NAME

OFFICER TITLE

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| FCC Form 497                          |                                 | LIFELINE WORKSHE  | ET                      | Av   | g. Burden Es       | OMB Approv<br>3060-081<br>st. per Respondent: 2.5 H |  |
|---------------------------------------|---------------------------------|---|-------------------------|--|--------------------|---|--|
| (1) USAC Service Pr                   | ovider Identification Number    | 143001568   |                         | (2) Se   | rving Area         | 260406  |  |
| (3) Filer 499 ID 804                  | 1609                            | (4) Technology Type (Che  | ck one):                | Wireline X   |                    | Wireless  |  |
| (5) ETC Designation Type (Check one): |                                 | Lifeline Only   | High Cost/Low           | Income X   |                    |   |  |
| (6)                                   |                                 |   | (7) Filing Inform       | nation   |                    |   |  |
| Company Name:                         | Foothills Rural Telephone       | Cooperative Corporation Inc.                                    |                         |  |                    |   |  |
| Mailing Address:                      | P.O. Box 240                    |   | a) Submission           | Date   | June               | 1, 2015   |  |
|                                       | Staffordsville, KY 41256        |   | -                       |  | 844                | May-15  |  |
|                                       | Ohada                           | and Comphile  | b) Data Month           |  | IVIa               | ay-15   |  |
| Contact Name:                         |                                 | na Gamble   | -                       |  |                    |   |  |
| Telephone Number                      |                                 | 297-9128  | c) Type of filing       | (Check one): Orig  | ginal X            | Revision  |  |
| Fax Number:                           |                                 | 297-9637  | _                       |  |                    |   |  |
| E-mail Address:                       | <u>charlena(</u>                | ofoothills.coop   | d) State Reporti        | ng   | Ker                | ntucky  |  |
| Tribal Low-Income S                   | eral Lifeline Support           | Subscribers           (8)         1,832           (9)         0 | x _\$                   | 9.25<br>(not to exceed \$34.25)<br>ifeline Support Claim | =<br>=<br>1ed (10) | \$ 16,946.00<br>\$ -<br>\$ 16,946.00                |  |
| Tribal Link Up (Av                    | vailable only to ETCs receiving | High Cost Support)  |                         |  |                    |   |  |
|                                       |                                 | (14)<br>(15) \$   | (for multiple rates, us | e an average amount)                                     |                    |   |  |
| Total Connect                         | tion charges waived             | (16) \$   |                         |  |                    |   |  |
| Deferred Inter                        | rest                            | (17) <u>s</u>   | <u> </u>                |  |                    |   |  |
|                                       |                                 |   | Total Triba             | al Link Up Support Cl                                    | aimed (18)         |   |  |
| ETC Payment                           |                                 |   |                         |  |                    |   |  |
| Total Lifelin                         | ne \$ 16,946.00                 | Total TLS \$  | Tota                    | il Tribal Link Up 💲                                      |                    |   |  |
|                                       |                                 |   |                         | Total D  | Dollars (19)       | \$ 16,946.00  |  |
|                                       |                                 |   |                         | i otal b   |                    | 4 10,340.00   |  |

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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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# LIFELINE WORKSHEET

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

| (1) USAC Service Provider Identification Number        |                             | 143001568   |                          |  | a 260406          |                                     |  |  |
|--|-----------------------------|---|--------------------------|--|-------------------|-------------------------------------|--|--|
| (3) Filer 499 ID 804609                                | 9                           | (4) Technology Type (Chec                         | ck one):                 | one): Wireline X                       |                   |                                     |  |  |
| (5) ETC Designation Ty                                 | rpe (Check one):            | Lifeline Only                                     | High Cost/Low Income X   |  |                   |                                     |  |  |
| (6)  |                             |   | (7) Filing Information   |  |                   |                                     |  |  |
|  | Foothills Rural Telephone ( | Cooperative Corporation Inc.                      |                          |  |                   |                                     |  |  |
|  | P.O. Box 240                |   | a) Submission E          | Date                                   | Jul               | y 6, 2015                           |  |  |
| -  | Staffordsville, KY 41256    |   | b) Data Month            |  | J                 | une-15                              |  |  |
| Contact Name:  | Charle                      | na Gamble   |                          |  |                   |                                     |  |  |
| Telephone Number: (606) 297-9128                       |                             |   | c) Type of filing (      | Check one):                            | Original X        | Revision D                          |  |  |
| Fax Number: (606) 297-9637                             |                             |   |                          |  |                   |                                     |  |  |
| E-mail Address:  |                             | ofoothills.coop                                   | d) State Reportin        | g                                      | K                 | entucky                             |  |  |
| Lifeline<br>Non-Tribal Low-Income<br>receiving federal |                             | (a) # Lifeline<br><u>Subscribers</u><br>(8) 1,828 |                          | ifeline Suppor<br>Subscriber<br>9.2    |                   | (c ) Total Lifeline<br>\$ 16,909.00 |  |  |
| ribal Low-Income Sub<br>receiving federal              |                             | (9)0  |                          | not to exceed \$34.2<br>feline Support | :5)               | \$                                  |  |  |
| Tribal Link Up (Availa                                 | able only to ETCs receiving | High Cost Support)                                |                          |  |                   |                                     |  |  |
| Number of Conne<br>Charges waived                      | per Connection              | (14)<br>(15) \$ -<br>(not to exceed \$100)        | (for multiple rates, use | e an average amou                      | nt)               |                                     |  |  |
| Total Connection                                       | charges waived              | (16) <u>\$</u> -                                  |                          |  |                   |                                     |  |  |
| Deferred Interest                                      |                             | (17) \$   |                          |  |                   |                                     |  |  |
|  |                             |   | Total Triba              | Link Up Sup                            | port Claimed (18  | 3)                                  |  |  |
| ETC Payment  |                             |   |                          |  |                   |                                     |  |  |
| Total Lifeline   | \$ 16,909.00                | Total TLS \$                                      | Tota                     | l Tribal Link Uj                       | p <u>\$</u> -     | _                                   |  |  |
|  |                             |   |                          | 1                                      | Fotal Dollars (19 | \$ 16,909.00                        |  |  |
LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

FCC Form 497 April 2012 Edition

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.

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OFFICER SIGNATURE

DATE

OFFICER TITLE

OFFICER NAME

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| FCC Form 497                                    |                                     | LIFEL                        | INE WORKSHE          | ET                |                   |   | Avg. Burden E        | st. per | OMB Appro<br>3060-08<br>Respondent: 2.5 H |
|---|-------------------------------------|------------------------------|----------------------|-------------------|-------------------|---|----------------------|---------|---|
| (1) USAC Service Provider Identification Number |                                     |                              | 143001568            |                   |                   | (2)                                       | Serving Area         |         | 260406                                    |
| 3) Filer 499 ID 8046                            | 509                                 | (4) T                        | echnology Type (Che  | ck one);          |                   | Wireline X                                |                      |         | Wireless _                                |
| 5) ETC Designation                              | Type (Check one):                   | Lifeli                       | ne Only              | High C            | ost/Low Inco      | me X                                      |                      |         |   |
| (6)   |                                     |                              |                      | (7) Filir         | g Informatio      | 0   |                      |         |   |
| Company Name:                                   | Foothills Rural Teleph              | one Cooperat                 | ive Corporation Inc. |                   | ginomate          |   |                      |         |   |
| Mailing Address:                                | P.O. Box 240                        | tone ecoperat                |                      | a) Sub            | mission Date      |   | Augus                | t 11,   | 2015                                      |
|   | Staffordsville, KY 412              | 56                           |                      |                   |                   |   |                      |         |   |
|   |                                     |                              |                      | b) Data           | Month             |   | Ju                   | uly-15  | 5   |
| Contact Name:                                   | Ch                                  | arlena Ga                    | mble                 |                   |                   |   |                      |         |   |
| Telephone Number:                               | (1                                  | 606) 297-9                   | 128                  | c) Type           | of filing (Che    | ck one): C                                | riginal X            | Revis   | ion 🗅                                     |
| Fax Number:                                     | ()                                  | 606) 297-9                   | 637                  |                   |                   |   |                      |         |   |
| E-mail Address:                                 | charle                              | ena@foothi                   | IIS.COOD             | d) State          | Reporting         |   | Ke                   | ntuck   | (V  |
| ribal Low-Income S<br>receiving feder           | ral Lifeline Support                | (8) _<br>(9) _               | 0                    | ×<br>×<br>Total F |                   | 9.25<br>exceed \$34.25)<br>te Support Cla | =<br>=<br>iimed (10) | \$      | 16,594.50<br>-<br>16,594.50               |
| Tribal Link Up (Ava                             | ailable only to ETCs rec            | eiving High Co               | ost Support)         |                   |                   |   |                      |         |   |
|   | nections waived<br>d per Connection | (14)<br>(15)<br>(not to exce |                      | (for multip       | ole rates, use an | average amount)                           |                      |         |   |
| Total Connecti                                  | on charges waived                   | (16)                         | \$                   |                   |                   |   |                      |         |   |
| Deferred Intere                                 | st                                  | (17)                         | \$                   |                   |                   |   |                      |         |   |
|   |                                     |                              |                      | Т                 | otal Tribal Li    | k Up Support                              | Claimed (18)         |         |   |
| ETC Payment                                     |                                     |                              |                      |                   |                   |   |                      |         |   |
| Total Lifelin                                   | e \$16,594.50                       | Tota                         | I TLS \$             |                   | Total Tri         | bal Link Up                               | s -                  | -       |   |
|   |                                     |                              |                      |                   |                   | Tota                                      | Dollars (19)         |         | 16.594.50                                 |

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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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| FCC Form 497                |                                       | LIFELINE WORKSHEI                                 | ET                  |  | Avg. Burden E       | OMB Approv<br>3060-081<br>st. per Respondent: 2.5 H |
|-----------------------------|---------------------------------------|---|---------------------|--|---------------------|---|
| (1) USAC Service Pr         | ovider Identification Number          | 143001568   |                     | (2)  | Serving Area        | 260406  |
| (3) Filer 499 ID <u>804</u> | 609                                   | (4) Technology Type (Chee                         | ck one):            | Wireline X   |                     | Wireless  |
| (5) ETC Designation         | Type (Check one):                     | Lifeline Only                                     | High Cost/Lo        | w Income X   |                     |   |
| (6)                         |                                       |   | (7) Filing Info     | ormation   |                     |   |
| Company Name:               | Foothills Rural Telephone             | Cooperative Corporation Inc.                      |                     |  |                     |   |
| Mailing Address:            | P.O. Box 240                          |   | a) Submissio        | on Date  | Septem              | ber 1, 2015   |
|                             | Staffordsville, KY 41256              |   |                     |  | A                   | auch 1E   |
| -                           | Charle                                | and Comphile                                      | b) Data Mont        | h  | Aug                 | gust-15   |
| Contact Name:               |                                       | ena Gamble  | -                   |  |                     |   |
| Telephone Number:           |                                       | 297-9128  | c) Type of fili     | ng (Check one): O  | riginal X           | Revision  |
| Fax Number:                 |                                       | 297-9637  | -                   |  |                     |   |
| E-mail Address:             | charlena                              | @foothills.coop                                   | d) State Repo       | orting   | Ke                  | ntucky  |
| Tribal Low-Income S         | ral Lifeline Support                  | Subscribers   (8) 1,805   (9) 0                   |                     | <u>Subscriber</u><br>9.25<br>(not to exceed \$34.25)<br>I Lifeline Support Cla | =<br>=<br>imed (10) | \$ 16,696.25<br>\$ -<br>\$ 16,696.25                |
| Tribal Link Up (Av          | ailable only to ETCs receiving        | g High Cost Support)                              |                     |  |                     |   |
|                             | nnections waived<br>ed per Connection | (14)<br>(15) <u>\$</u> -<br>(not to exceed \$100) | (for multiple rates | , use an average amount)   |                     |   |
| Total Connect               | ion charges waived                    | (16) <u>\$</u> -                                  |                     |  |                     |   |
| Deferred Intere             | est                                   | (17) <u>\$</u>                                    |                     |  |                     |   |
|                             |                                       |   | Total Tr            | ibal Link Up Support   | Claimed (18)        |   |
| ETC Payment                 |                                       |   |                     |  |                     |   |
| Total Lifelin               | e_\$16,696.25                         | Total TLS\$                                       | Т                   | otal Tribal Link Up 🔄  |                     | _   |
|                             |                                       |   |                     | <b>T</b> -4-1  | Dollars (19)        | \$ 16,696.25  |

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FCC Form 497 April 2012 Edition

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

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CEO GM

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> OMB Approval 3060-0819

| 1) USAC Service Pro        | ovider Identification Nu | mber            | 143001568                            |            |                                | (2) \$        | Serving Are | a      | 260406        |
|----------------------------|--------------------------|-----------------|--------------------------------------|------------|--------------------------------|---------------|-------------|--------|---------------|
| 3) Filer 499 ID <u>804</u> | 609                      | (4              | ) Technology Type (Chec              | ck one):   | N                              | reline X      |             |        | Wireless      |
| 5) ETC Designation         | Type (Check one):        | L               | feline Only                          | High C     | ost/Low Incom                  | e <u>X</u>    |             |        |               |
| 6)                         |                          |                 |                                      | (7) Fili   | ng Information                 |               |             |        |               |
| Company Name:              | Foothills Rural Telep    | hone Coope      | rative Corporation Inc.              |            |                                |               |             |        | 1             |
| Mailing Address:           | P.O. Box 240             |                 |                                      | a) Sub     | mission Date                   |               | Octo        | per 6, | 2015          |
|                            | Staffordsville, KY 412   | 256             |                                      | -          |                                |               | Con         | lamba  | - 15          |
|                            | 01                       | hadana (        |                                      | b) Dat     | a Month                        |               | Sep         | tembe  | 1-15          |
| Contact Name:              |                          | harlena (       |                                      | -          |                                |               |             | Deside |               |
| Telephone Number:          |                          | (606) 297       |                                      | c) Typ     | e of filing (Check             | (one): Or     | riginal X   | Revis  | ion 🛛         |
| Fax Number:                |                          | (606) 297       |                                      | _          |                                |               |             |        |               |
| E-mail Address:            | charl                    | ena@toc         | thills.coop                          | d) Stat    | e Reporting                    | _             | K           | entucl | (y            |
| Lifeline                   |                          |                 | (a) # Lifeline<br><u>Subscribers</u> |            | (b) Lifeline<br><u>Subs</u> e  |               |             | (c ) T | otal Lifeline |
| on-Tribal Low-Inco         |                          |                 |                                      |            |                                |               |             |        |               |
| receiving feder            | ral Lifeline Support     | (8)             | 1,785                                | x          | \$                             | 9.25          | =           | \$     | 16,511.25     |
| ribal Low-Income S         | ubscribers               |                 |                                      |            |                                |               |             |        |               |
| receiving feder            | ral Lifeline Support     | (9)             | 0                                    | ×          | \$                             | -             | =           | \$     | -             |
|                            |                          |                 |                                      | Total F    | (not to ex<br>Federal Lifeline | support Clai  | imed (10)   | \$     | 16,511.25     |
| Tribal Link Up (Ava        | ailable only to ETCs re  | ceiving High    | Cost Support)                        |            |                                |               |             |        |               |
| Number of Cor              | nnections waived         | (14)            |                                      |            |                                |               |             |        |               |
| Charges waive              | d per Connection         | (15)            |                                      | (for multi | ple rates, use an ave          | erage amount) |             |        |               |
| Total Connecti             | on charges waived        | (not to<br>(16) | exceed \$100)<br>\$ -                |            |                                |               |             |        |               |
| Deferred Intere            |                          | (17)            | \$ -                                 |            |                                |               |             |        |               |
|                            |                          |                 |                                      |            | otal Tribal Link               | Up Support    | Claimed (18 | ()     |               |
|                            |                          |                 |                                      |            |                                |               |             |        |               |
| ETC Payment                |                          |                 |                                      |            |                                |               |             |        |               |

LIFELINE WORKSHEET

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FCC Form 497

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| FCC Form 497                                   |  | LIFEL                               | INE WORKSHE                      | ΞT                    |                   |  | Avg. Burden    | i Est. pe | OMB Approva<br>3060-0819<br>or Respondent: 2.5 Hrs |
|--|--|-------------------------------------|----------------------------------|-----------------------|-------------------|--|----------------|-----------|--|
| (1) USAC Service Pr                            | ovider Identification Numbe  | r                                   | 143001568                        |                       |                   | (  | 2) Serving Are | ea        | 260406   |
| (3) Filer 499 ID 804                           | 1609   | (4) 7                               | Technology Type (Chec            | k one):               |                   | Wireline X   | _              |           | Wireless   |
| (5) ETC Designation                            | Type (Check one):  | Life                                | line Only                        | High (                | Cost/Low in       | come X   |                |           |  |
| (6)  |  |                                     |                                  | (7) Fil               | ing Informat      | ion  |                |           |  |
| Company Name:                                  | Foothills Rural Telephone  | e Coopera                           | tive Corporation Inc.            |                       |                   |  |                |           |  |
| Mailing Address:                               | P.O. Box 240   |                                     |                                  | a) Su                 | bmission Dat      | te   | Nover          | nber      | 4, 2015  |
|  | Staffordsville, KY 41256   |                                     |                                  | _                     |                   |  | 0              |           |  |
|  |  |                                     |                                  | b) Da                 | ta Month          |  | 00             | ctobe     | r-15   |
| Contact Name:                                  |  | lena Ga                             |                                  | _                     |                   |  |                |           |  |
| <b>Telephone Number</b>                        |  | 5) 297-9                            |                                  | c) Typ                | e of filing (Cl   | neck one):   | Original X     | Rev       | ision 🛛  |
| Fax Number:                                    | (608   | 5) 297-9                            | 637                              |                       |                   |  |                |           |  |
| E-mail Address:                                | charlena   | @footh                              | ills.coop                        | d) State Reporting Ke |                   |  | entud          | ckv       |  |
| Tribal Low-Income S<br>receiving fede          | aral Lifeline Support<br>Subscribers<br>ral Lifeline Support                                 | (9)                                 | <u>Subscribers</u><br>1,753<br>0 | x<br>x<br>Total       | \$(not            | 9.25<br>9.25<br>to exceed \$34.25)<br>line Support C | =              | \$        | 16,215.25<br>-<br>16,215.25                        |
| Number of Co<br>Charges waive<br>Total Connect | ailable only to ETCs receivi<br>nnections waived<br>ed per Connection<br>tion charges waived | (14)<br>(15)<br>(not to exc<br>(16) | \$<br>eed \$100)<br>\$           |                       | iple rates, use a | n average amount;                                    |                |           |  |
| Deferred Intere                                | est  | (17)                                | \$                               |                       | otal Tribal L     | ink Up Suppo   | rt Claimed (1  | 8)        |  |
|  | e <u>\$16,215.25</u>   | Tota                                | N TLS \$                         |                       | Total T           | nbal Link Up<br>To                                   |                | _         | 16,215.25  |

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| FCC Form 497                  |  | LIFELINE  | WORKSHEE   | ΞT          |                                    | Av                             | vg. Burden E      | st. per | OMB Approval<br>3060-0819<br>Respondent: 2.5 Hrs. |
|-------------------------------|--|---|--|-------------|------------------------------------|--------------------------------|-------------------|---------|---|
| (1) USAC Service Pre          | ovider Identification Number             |   | 143001568  |             |                                    | (2) Se                         | erving Area       |         | 260406  |
| (3) Filer 499 ID804           | 609                                      | (4) Techn   | ology Type (Chec                                   | k one):     | w                                  | ireline X                      |                   |         | Wireless  |
| (5) ETC Designation           | Type (Check one):                        | Lifeline O  | nly  | High C      | ost/Low Income                     | X                              |                   |         |   |
| (6)                           |  |   |  | (7) Filir   | g Information                      |                                |                   |         |   |
| Company Name:                 | Foothills Rural Telephone (              | Cooperative C                                     | orporation Inc.                                    |             |                                    |                                |                   |         |   |
| Mailing Address:              | P.O. Box 240                             |   |  | a) Sub      | mission Date                       |                                | Decemb            | per 14  | 4, 2015   |
|                               | Staffordsville, KY 41256                 |   | 123  |             |                                    |                                | Nove              | mbo     | - 15  |
|                               | Oharda                                   | na Cambl  | -  | b) Data     | Month                              |                                | NUVE              | mbe     | -15   |
| Contact Name:                 | (222)                                    | na Gambl  | e  | -           |                                    |                                |                   | -       |   |
| Telephone Number:             |  | 297-9128  |  | c) Type     | of filing (Check                   | one): Orig                     | ginal X           | Revis   | ion   |
| Fax Number:                   |  | 297-9637  |  |             |                                    |                                |                   |         |   |
| E-mail Address:               | charlena(                                | ofoothills.                                       | <u>qoop</u>  | d) State    | Reporting                          | _                              | Ke                | ntuck   | (y  |
| Tribal Low-Income S           | aral Lifeline Support                    | (8)   | (a) # Lifeline<br><u>Subscribers</u><br>1,750<br>0 | X           | (b) Lifeline<br><u>Subsc</u><br>\$ |                                | -                 | (c) T   | otal Lifeline<br>16,187.50                        |
| Number of Co<br>Charges waive | ed per Connection<br>tion charges waived | (14)<br>(15) \$<br>(not to exceed \$1)<br>(16) \$ |  | (for multi; | ederal Lifeline                    |                                | ned (10)          | \$      | 16,187.50   |
| Delened inter                 |  | ()  |  |             | otal Tribal Link                   | Up Support C                   | laimed (18)       | -       |   |
| ETC Payment                   |  |   |  |             |                                    |                                |                   |         |   |
| Total Lifelin                 | ne <u>\$ 16,187.50</u>                   | Total TLS   | \$   |             | Total Triba                        | I Link Up <u>\$</u><br>Total I | -<br>Dollars (19) | \$      | 16,187.50   |

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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.

DATE

OFFICER TITL

OFFICER SIGNATURE

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                          |   | LIFELINE WORKSH  | EET          |                    | ,  | Avg. Burden E       | ist. per | OMB Approva<br>3060-081<br>Respondent: 2.5 Hr |
|---------------------------------------|---|--|--------------|--------------------|--|---------------------|----------|---|
| (1) USAC Service Pro                  | ovider Identification Number                                | 143001568  | 3            |                    | (2) \$   | Serving Area        | _        | 260406  |
| (3) Filer 499 ID804                   | 609   | (4) Technology Type (Cl  | heck one):   | v                  | vireline X                                     |                     |          | Wireless                                      |
| (5) ETC Designation                   | Type (Check one):   | Lifeline Only  | High Co      | st/Low Incom       | e X  |                     |          |   |
| (6)                                   |   |  | (7) Filing   | Information        |  |                     |          |   |
| Company Name:                         | Foothills Rural Telephone C                                 | ooperative Corporation Inc                                     |              |                    |  |                     |          |   |
| Mailing Address:                      | P.O. Box 240  |  |              | nission Date       |  | Janua               | ry 6,    | 2016  |
|                                       | Staffordsville, KY 41256                                    |  | b) Data      | Month              |  | Dece                | ember-15 |   |
| Contact Name:                         | Charles   | na Gamble  |              |                    |  |                     |          |   |
| Telephone Number:                     | (606)   | 297-9128   | c) Type      | of filing (Check   | ( one): Or                                     | riginal X           | Revis    | sion 🗆  |
| Fax Number:                           | (606)   | 297-9637   |              |                    |  |                     |          |   |
| E-mail Address:                       | charlena@   | foothills.coop   | d) State     | Reporting          |  | Ke                  | ntuc     | ky  |
| Tribal Low-Income S<br>receiving fede | ral Lifeline Support<br>Subscribers<br>ral Lifeline Support | Subscribers   (8) 1,783   (9) 0                                |              | \$                 | 9.25<br>9.25<br>xceed \$34.25)<br>Support Clai | =<br>=<br>imed (10) | \$       | 16,492.75<br>-<br>16,492.75                   |
| Number of Co<br>Charges waive         | ad per Connection   | 14:<br>15) <u>\$</u><br>(not to exceed \$100)<br>16) <u>\$</u> | (for multipl | e rates, use an av | erage amount)                                  |                     |          |   |
| Deferred Intere                       | est (   | 17) <u>\$</u>  |              | tal Tribal Link    | Up Support                                     | Claimed (18)        | _        |   |
| ETC Payment                           |   |  |              |                    |  |                     |          |   |
| Total Lifelin                         | e_\$16,492.75   | Total TLS \$   |              | Total Trib         | al Link Up _\$<br>Tota                         | Dollars (19)        | _        | 18,492.75                                     |

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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.

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DATE OFFICER TITLE

OFFICER SIGNATURE

OFFICER NAM

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| FCC Form 497                          |   | LIFELINE WORKSHE   | ET                                     | Avg. Burden E                | OMB Approval<br>3060-0819<br>st. per Respondent: 2.5 Hrs.   |
|---------------------------------------|---|--|--|------------------------------|---|
| (1) USAC Service Pr                   | ovider Identification Number                                  | 143001568  |  | (2) Serving Area             | 260406  |
| (3) Filer 499 ID 804                  | 1609  | (4) Technology Type (Chec  | k one): Wireline                       | X                            | Wireless  |
| (5) ETC Designation                   | Type (Check one):   | Lifeline Only  | High Cost/Low Income X                 |                              |   |
| (6)                                   |   |  | (7) Filing Information                 |                              |   |
| Company Name:                         | Foothills Rural Telephone C                                   | Cooperative Corporation Inc.   |  | _                            |   |
| Mailing Address:                      | P.O. Box 240  |  | a) Submission Date                     | Februa                       | ary 1, 2016   |
|                                       | Staffordsville, KY 41256                                      |  |  | lan                          | 1000/16   |
|                                       | Oharla  | na Camble  | b) Data Month                          | Jan                          | uary-16   |
| Contact Name:                         |   | na Gamble  | -                                      |                              | Devision D  |
| Telephone Number                      |   | 297-9128   | c) Type of filing (Check one):         | Original X                   | Revision D  |
| Fax Number:                           |   | 297-9637   | _                                      |                              |   |
| E-mail Address:                       | charlena(c  | ofoothills.coop  | d) State Reporting                     | Ke                           | ntucky  |
| Tribal Low-Income s<br>receiving fede | oral Lifeline Support<br>Subscribers<br>oral Lifeline Support | (a) # Lifeline<br><u>Subscribers</u><br>(8) <u>1,557</u><br>(9) <u>0</u> |  | <u>.25</u> =<br>- =<br>4.25) | \$ 14,402.25<br>\$ -<br>\$ 14,402.25  |
| Number of Co<br>Charges waive         | ed per Connection   | (14)   | (for multiple rates, use an average am | ount)                        |   |
| Deferred Inter                        | est   | (17) <u>\$</u>   |  | pport Claimed (18)           |   |
| ETC Payment                           |   |  |  |                              |   |
| Total Lifelir                         | ne <u>\$14,402.25</u>   | Total TLS \$   | Total Tribal Link                      | Up <u>\$</u> .               | \$ 14,402.25  |
|                                       |   |  |  | ,,                           | and the second se |

LIFELINE WORKSHEET

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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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DATE

#### OFFICER TITLE

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OFFICER NAME

OFFICER SIGNATURE

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OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. 143001568 (2) Serving Area 260406 (1) USAC Service Provider Identification Number (3) Filer 499 ID 804609 (4) Technology Type (Check one): Wireline X Wireless (5) ETC Designation Type (Check one): High Cost/Low Income X Lifeline Only \_\_\_\_\_ (7) Filing Information (6) Foothills Rural Telephone Cooperative Corporation Inc. Company Name: March 2, 2016 Mailing Address: P.O. Box 240 a) Submission Date Staffordsville, KY 41256 February-16 b) Data Month **Charlena Gamble** Contact Name: (606) 297-9128 Revision D **Telephone Number:** c) Type of filing (Check one): Original X (606) 297-9637 Fax Number: d) State Reporting E-mail Address: charlena@foothills.coop Kentucky Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscriber Subscribers Non-Tribal Low-Income Subscribers receiving federal Lifeline Support 1,587 (8) 9.25 \$ 14,679.75 х \$ ≐ Tribal Low-Income Subscribers receiving federal Lifeline Support (9) 0 х \$ -\_\$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 14,679.75 Tribal Link Up (Available only to ETCs receiving High Cost Support) Number of Connections waived (14 Charges waived per Connection (15) \$ (for multiple rates, use an average amount) (not to exceed \$100) Total Connection charges waived (16) \$ Deferred Interest (17) \$ Total Tribal Link Up Support Claimed (18) ETC Payment Total Lifeline \$14,679.75 Total TLS \$ Total Tribal Link Up \$ -Total Dollars (19) \$ 14,679.75

LIFELINE WORKSHEET

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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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| FCC Form 497         |                                       | LIFELINE WORKSHE   | ET                                     | Avg. Burden Es     | OMB Approva<br>3060-0819<br>st. per Respondent: 2.5 Hr   |
|----------------------|---------------------------------------|--|--|--------------------|--|
| (1) USAC Service Pro | ovider Identification Number          | 143001568  |  | (2) Serving Area   | 260406   |
| (3) Filer 499 ID 804 | 609                                   | (4) Technology Type (Che   | ck one): Wireline                      | e <u>X</u>         | Wireless   |
| (5) ETC Designation  | Type (Check one):                     | Lifeline Only  | High Cost/Low Income X                 |                    |  |
| 6)                   |                                       |  | (7) Filing Information                 |                    |  |
| Company Name:        | Foothills Rural Telephone             | Cooperative Corporation Inc.   |  |                    |  |
| Mailing Address:     | P.O. Box 240                          |  | a) Submission Date                     | April              | 1, 2016  |
|                      | Staffordsville, KY 41256              |  | _                                      | Ma                 | rch-16   |
|                      | Oheede                                | and Complete   | b) Data Month                          | IVIA               | 101-10   |
| Contact Name:        |                                       | na Gamble  | _                                      |                    | -  |
| Telephone Number:    |                                       | 297-9128   | c) Type of filing (Check one):         | Original X         | Revision D   |
| Fax Number:          |                                       | 297-9637   | _                                      |                    |  |
| E-mail Address:      | charlena                              | @foothills.coop  | d) State Reporting                     | Ker                | ntucky   |
| Tribal Low-Income S  | ral Lifeline Support                  | (a) # Lifeline<br><u>Subscribers</u><br>(8) <u>1,608</u><br>(9) <u>0</u> |  | <u>.25</u> =       | (c ) Total Lifeline   \$ 14,874.00   \$ -   \$ 14,874.00 |
| Tribal Link Up (Av   | ailable only to ETCs receiving        | High Cost Support)   |  |                    |  |
|                      | nnections waived<br>ed per Connection | (14)<br>(15) \$  | (for multiple rates, use an average an | nount)             |  |
| Total Connect        | ion charges waived                    | (16) \$ -  |  |                    |  |
| Deferred Intere      | est                                   | (17) _\$   |  |                    |  |
|                      |                                       |  | Total Tribal Link Up Su                | pport Claimed (18) |  |
| ETC Payment          |                                       |  |  |                    |  |
| Total Lifelin        | e \$14,874.00                         | Total TLS \$   | Total Tribal Link                      | Up_\$              |  |
|                      |                                       |  |  | Total Dollars (19) | \$ 14,874.00   |
|                      |                                       |  |  |                    |  |

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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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OFFICER SIGNATURE Buth Conley

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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.