EXHIBIT 22

					Case I Exhibi	No. 2016-00059 t B
500 F (07						orm 497
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est	. per Respondent: 2.5 Hrs.
(1) USAC Service Provider	dentification Numbe	r143001630		(2) Stu	dy Area Co	de_290565
(3) Filer 499 ID <u>815162</u>		(4) Technology T	ype (check one) Wireli	ne 🖌	Wireless 🔲
(5) ETC Designation Type (Check one): Lifelir	ne Only 🖌	High	Cost/Low Income		
(6) Organization Information	n		(7)	Filing Information		
Company Legal Name:	Highland Telephone Coo	perative, Inc.	a)	Submission Date	2/06/2	014
Contact Name:	David Crawford		b)	Data Month	January	2014
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 11	9			Original Revision	
	Sunbright,		d)		TENNE	SSEE
Telephone Number: Fax Number:	423 628-212		_			
	423 628-535		-			
E-mail Address:	dave@highlandt	el.net				
Lifeline	oscribers	(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Receiving federal L		(8) <u>1,835</u>		x \$ <u>9.2</u>	25	=\$ <u>16,974</u>
Tribal Low-Income Subscri		(9)		x \$		= \$
Receiving federal L	ifeline Support	Т	otal F	not to exce) Federal Lifeline Sup		ed (10) \$ <u>16,974</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing T (the lesser of increment	FLS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013)				
Number of TLS Sul	oscribers	(12)				
					oort Claime	d (13) \$
Tribal Link Up (Availal	ble only to ETCs rec	eiving High Cost su	ippol	rt)		
Number of Connec Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
Total Connection C	charges Waived	(16) \$		_		
Deferred Interest		(17) \$				
		г	otal	Tribal Link Up Sup	port Claim	ed (18) \$
ETC Payment						
Total Lifeline \$ <u>16,974</u>	Total TLS \$		Tota	Tribal Link Up \$ _		

Total Dollars (19) \$ <u>16,974</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

February 7, 2014

DATE

General Manager/CEO

G. Mark Patterson

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.

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.

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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.

					Exhibit B	2016-00059
FCC Form 497					FCC Form	497
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est. per	Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Code	290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelin	ne 🖌	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	•	
Company Legal Name:	Highland Telephone Coope	erative, Inc.	a)	Submission Date	3/11/2014	
Contact Name:	David Crawford		b)	Data Month	February 20)14
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119				Original 🛛 🕅 Revision	
	Sunbright, T	N 37872	d)	State Reporting	TENNESSE	E
Telephone Number:	423 628-2121					
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	l.net				
Lifeline Non-Tribal Low-Income Sub		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup	port) Total Lifeline
Receiving federal Li	feline Support	(8) <u>1,858</u>		x \$ 9.2		\$ <u>17,187</u>
Tribal Low-Income Subscrib Receiving federal Li		(9)		x \$ (not to exce		\$
J		Тс	otal F	ederal Lifeline Sup		10)\$ <u>17,187</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 1 2013)				
Number of TLS Sub	scribers	(12)				
					ort Claimed (1	3) \$
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su	ppor	t)		
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	, use an average a	amount)
Total Connection Cl	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claimed (1	8) \$
ETC Payment						
Total Lifeline \$_17,187	Total TLS \$		Fotal	Tribal Link Up \$		17 107

Total Dollars (19) \$ <u>17,187</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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March 11, 2014

DATE

General Manager/CEO

G. Mark Patterson

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

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					Case No Exhibit I FCC Fo		59
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEI	=т	FCCFU		B Approval
					Durdon Eat		3060-0819
				Ū.		ber Responde	ni. 2.5 mis.
(1) USAC Service Provider Id	lentification Number _	143001630		(2) Stuc	ly Area Cod	<u>e</u> 290565	
(3) Filer 499 ID 815162		(4) Technology Ty	/pe (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	Γ		(7)	Filing Information			
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	4/08/20	14	
Contact Name:	David Crawford		b)	Data Month	March 20	14	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119			(Original Revision	X	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121		_				
Fax Number:	423 628-5356		_				
E-mail Address:	dave@highlandte	l.net					
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>	port/ port	(c) Total Life	eline
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,853</u>		x \$ <u>9.2</u> 5	5	=\$ <u>17,14</u>)
Tribal Low-Income Subscrib Receiving federal Li		(9)	otal F	x \$ (not to exce ederal Lifeline Sup		= \$	
Toll Limitation Servic	es (TLS)			-		- () + <u> </u>	
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	ving High Cost su	ppor	Total TLS Supp t)	ort Claimed	(13) \$	
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Cl	narges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal ⁻	Fribal Link Up Supp	oort Claimed	l (18) \$	
ETC Payment							
Total Lifeline \$ <u>17,140</u>	Total TLS \$		Fotal	Tribal Link Up \$			
				Total	Dollars (19)) <u>\$ 17,140</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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April 9, 2014

DATE

General Manager/CEO

OFFICER NAME

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

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					Exhibit E	
FCC Form 497					FCC For	m 497
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	lentification Number	143001630		(2) Stu	dy Area Code	290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wireli	ne ଯ	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🖌 🛛 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	5/09/201	4
Contact Name:	David Crawford		b)	Data Month	April 2014	ł
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9		, , ,	Original Revision	
	Sunbright, T	N 37872	d)		TENNESS	SEE
Telephone Number:	423 628-2121	-	_			
Fax Number:	423 628-5356	•	4			
E-mail Address:	dave@highlandte	el.net				
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1,859		x \$ 9.2		= \$ _17,196
-					5	
Tribal Low-Income Subscrib Receiving federal Li		(9) To	otal F	_ x \$ (not to exce Federal Lifeline Sup		Ŧ
Toll Limitation Servic	es (TLS)				-	
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)				
Number of TLS Sub	scribers	(12)				
					ort Claimed	(13) \$
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor	t)		
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, use an averag	e amount)
Total Connection C	narges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claimed	(18) \$
ETC Payment						
Total Lifeline \$ <u>17,196</u>	Total TLS \$		Fotal	Tribal Link Up \$		-

Total Dollars (19) \$ <u>17,196</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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May 9, 2014

DATE

General Manager/CEO

G. Mark Patterson

OFFICER SIGNATURE

OFFICER TITLE

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OFFICER NAME

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					Exhibit E		9
FCC Form 497			euri		FCC Fo		D Approval
April 2012 Edition		LIFELINE WORK	SHE				B Approval 3060-0819
				Avg.	Burden Est. p	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number _	143001630		(2) Stud	dy Area Cod	e 290565	
(3) Filer 499 ID 815162		(4) Technology Ty	ype (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	High	Cost/Low Income			
(6) Organization Information	Γ		(7)	Filing Information	Γ		
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	6/05/20	14	
Contact Name:	David Crawford		b)	Data Month	May 2014	ł	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119) í	Original Revision	X	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356		_				
E-mail Address:	dave@highlandte	l.net					
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	eline
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,754</u>		x \$ <u>9.2</u>	5	=\$ <u>16,22</u>	5
Tribal Low-Income Subscrib		(9)		x \$		= \$	
Receiving federal Li	feline Support	Тс	otal F	not to exce) ederal Lifeline Sup	ed \$34.25) port Claime	d (10) \$ <u>16,</u> 2	25
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	ving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connect Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an averaç	ge amount)	
Total Connection Cl	narges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal	Fribal Link Up Supp	port Claimed	l (18) \$	
ETC Payment							
Total Lifeline \$ 16,225	Total TLS \$		Fotal	Tribal Link Up \$			
						\$ <u>16,225</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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June 5, 2014

General Manager/CEO

OFFICER SIGNATURE

OFFICER NAME

G. Mark Patterson

OFFICER TITLE

DATE

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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.

					Exhibit	
FCC Form 497					FCC Fo	orm 497
April 2012 Edition			SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143001630		(2) Stu	dy Area Coo	de_290565
(3) Filer 499 ID 815162		(4) Technology Ty	/pe (check one) Wireli	ne ଯ	Wireless 🔲
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🖵 🛛 H	ligh	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	7/09/20	014
Contact Name:	David Crawford		b)	Data Month	June 201	4
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119	9			Original Revision	
	Sunbright, T	'N 37872	d)		TENNES	SSEE
Telephone Number:	423 628-2121	-				
Fax Number:	423 628-5356	5	_			
E-mail Address:	dave@highlandte	el.net				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						
Receiving federal L	ifeline Support	(8) <u>1,710</u>		x \$ <u>9.2</u>		=\$ <u>15,818</u>
Tribal Low-Income Subscrib Receiving federal L		(9)		x \$ (not to exce	od \$24.25)	= \$
Receiving rederar L	neine Support	То	tal F	ederal Lifeline Sup		ed (10) \$ <u>15,818</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11)				
Number of TLS Sub		(12)				
Number of TEO Out		(12)				L (40) ¢
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppor		ort Claimed	l (13) \$
Number of Connect	ions Waived	(14)				
Charges Waived pe	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claime	d (18) \$
ETC Payment						
Total Lifeline \$_15,818	Total TLS \$	r	[otal	Tribal Link Up \$		
· · · · · · · · · · · · · · · · · · ·	<u> </u>					—

Total Dollars (19) \$ 15,818

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.

July 9, 2014

DATE

General Manager / CEO

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.

					Case N Exhibit FCC Fc		59
FCC Form 497 April 2012 Edition			SHE	FT	10010		B Approval
					Durden Fet		3060-0819
				0		per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r <u>143001630</u>		(2) Stud	ly Area Cod	e 290565	
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (0	Check one): Lifelir	ne Only 🖵	High	Cost/Low Income			
(6) Organization Information	۱ _,		(7)	Filing Information			
Company Legal Name:	Highland Telephone Coo	perative, Inc.	a)	Submission Date	8/11/20	14	
Contact Name:	David Crawford		b)	Data Month	July 2014	ŀ	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 11	.9			Original 🛛 Revision 🗖		
	Sunbright,	IN 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-212	1					
Fax Number:	423 628-535	6					
E-mail Address:	dave@highlandt	tel.net					
Non-Tribal Low-Income Subscribers		(a) # Lifeline <u>Subscribers</u> (8) <u>1,692</u>		(b) Lifeline Sup <u>Subscriber Sup</u> x \$ <u>9.2</u> 3	port	(c) Total Life	
_					0		
Tribal Low-Income Subscrit Receiving federal L		(9) To	otal F	x \$ (not to excent rederal Lifeline Sup			551
Toll Limitation Servio	ces (TLS)						
Cost of Providing T (the lesser of incremen	"LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013)					
Number of TLS Sub	oscribers	(12)					
Tribal Link Up (Availab	ole only to ETCs rec	eiving High Cost su	ippoi	Total TLS Supp	ort Claimed	(13) \$	
Number of Connec Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal	Tribal Link Up Supp	oort Claime	d (18) \$	
ETC Payment							
Total Lifeline \$ <u>15,651</u>	Total TLS \$		Total	Tribal Link Up \$		_	
				Total	Dollars (19) \$ <u>15,651</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

August 11, 2014

DATE

General Manager / CEO

G Mark Patterson

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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FCC Form 497 April 2012 Edition DMB Approx 3000-0081 .Arg. Burden Est. per Respondent: 2.5 His .dy. Burden Est. per Respondent Est. per						Case N Exhibit	lo. 2016-00059 B
April 2012 Edition UIFELINE WORKSHEET OMB Approve (1) USAC Service Provider Identification Number 143001630 (2) Study Area Code 290565 (3) Filer 499 ID 815162 (4) Technology Type (check one) Wireline (2) Wireless (2) (3) Etradition Type (Check one): (4) Technology Type (check one) (2) Study Area Code 290565 (6) Organization Information (7) Filing Information (7) Filing Information (7) Filing Information (7) Experimentation (7) Filing Information (7) Filing Information (7) Filing Information Contract Name: David Crawford b Data Month August 2014 Mailing Address: 7840 Morgan Country Hwy (7) Type of Filing (1) (Phote Kone) (P.O. Box 119 Fax Number: 423 628-2121 Fax Number: 423 628-2121 Fax Mumber: 423 628-2356 (P.O. Box 119) (P.O. Box 119) Teilephone Subscribers (9) x \$ \$	500 Fame 407						
Arg. Burden Est. per Respondent: 2.5 His (1) USAC Service Provider Identification Number 143001630 (2) Study Area Code_290565 (3) Filer 499 ID. 815162 (4) Technology Type (check one) Wireless (7) (6) ETC Designation Type (Check one) Wireless (7) Filing Information (7) Filing Information Company Legal Name: inghtand Telephone Cooperative, Inc. (9) Data Month August 2014 Maining Address: 78400 Moregan County Hwy (7) Filing Information Context Name: Valid Crawford (b) Data Month August 2014 Maining Address: Valid Crawford (b) Data Month August 2014 Maining Address: Valid Crawford (b) Data Month August 2014 Maining Address: Valid Crawford (c) Data Lifeline SunDright, TN 37872 (d) State Reporting (c) Total Lifeline SunDright, TN 37872 (d) State Reporting (c) Total Lifeline SunDright, TN 37872 (d) State Reporting (c) Total Lifeline				SHE	ET		OMB Approval
(a) Filer 499 ID. 815162					Avg.	Burden Est.	
(c) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income (c) Organization Information (7) Filing Information Company Legal Name: Highland Telephone Cooperative, Inc. a) Submission Date 9/2/2014 Contact Name: David Crawford b) Data Month August 2014 Mailing Address: 7840 Morgan County Hwy o) Type of Filing (check one) Gravitation Filing (check one) Telephone Number: 423 628-2121 Fax Number: 423 628-2356 Email Address: dave@highlandtel.net (b) Lifeline Support (c) Total Lifeline Subscribers Non-Tribal Low-Income Subscribers (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Support Receiving federal Lifeline Support (e) 1.536 x \$	(1) USAC Service Provider I	dentification Numbe	r_143001630		(2) Stu	dy Area Co	de_290565
(6) Organization Information (7) Filing Information Company Legal Name: Highland Telephone Cooperative, Inc. a) Submission Date 9/2/2014 Contact Name: David Crawford b) Data Month August 2014 Mailing Address: 7840 Morgan County Hwy o) Type of Filing (check one) Original Previous Telephone Number: 423 628-2121 a) State Reporting TENNESSEE East Number: 423 628-2356 a) State Reporting TENNESSEE Email Address: dave@highlandtel.net (b) Lifeline Support (c) Total Lifeline Non-Tribal Low-Income Subscribers (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Receiving federal Lifeline Support (g)	(3) Filer 499 ID <u>815162</u>		(4) Technology T	ype (check one) Wireli	ne 🔽	Wireless 🔲
Company Legal Name: sighland Telephone Cooperative, Inc. a) Submission Date 9/2/2014 Contact Name: David Crawford b) Data Month August 2014 Mailing Address: 7840 Morgan County Hwy o' Type of Filing (check one) Original Energian Telephone Number: 423 628-5356 Email Address: dave@highlandtel.net Lifeline (a) # Lifeline Subscribers (c) Total Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline (b) Lifeline Support/ Subscribers (c) Total Lifeline Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Total Federal Lifeline Support (a) # Lifeline Support (c) Total Lifeline (c) Total Lifeline Number of Connections (TLS) (cost of Providing TLS per Subscribers (11)	(5) ETC Designation Type (0	Check one): Lifelin	e Only 🖌	High	Cost/Low Income		
Contact Name: David Crawford b) Data Month August 2014 Mailing Address: 7840 Morgan County Hwy o' Type of Fling (check one) orginal Revision Orginal Revision Telephone Number: 423 628-2121 Fax Number: 423 628-2121 Fax Number: 423 628-5356 Email Address: dave@highlandtel.net Lifeline (a) # Lifeline Subscribers (c) Total Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Tribal Low-Income Subscribers Receiving federal Lifeline Support (e) 1.536 x \$ \$	(6) Organization Information	<u>ו</u>		(7)	Filing Information	1	
Mailing Address: 7840 Morgan County Hwy e) Type of Filing (check one) original Environmental for the second state reporting to the second state reporting to the second state report of the	Company Legal Name:	Highland Telephone Coo	perative, Inc.	a)	Submission Date	9/2/201	4
P.O. Box 119 reference of the provision P.O. Box 119 reference of the provision Sumbright, TN 37872 d) State Reporting Telephone Number: 423 628-2121 Fax Number: 423 628-2121 Fax Number: 423 628-5356 E-mail Address: dave@highlandtel.net Lifeline (a) # Lifeline Subscribers Subscribers Receiving federal Lifeline Support (a) = 1.536 x \$ \$	Contact Name:	David Crawford		b)	Data Month	August 2	2014
P.O. Box 119 Original Revision SubDright, TN 37872 d) State Reporting TENNESSEE Telephone Number: 423 628-2121 Fax Number: 423 628-2121 Fax Number: 423 628-2121 Fax Number: 423 628-2121 Fax Number: 423 628-5356 Email Address: dave@highlandtel.net Lifeline (a) # Lifeline Subport (c) Total Lifeline Subport Non-Tribal Low-Income Subscribers (a) # Lifeline Support (b) Lifeline Support (c) Total Lifeline Support Tribal Low-Income Subscribers (a) # Lifeline Support (b)	Mailing Address:	7840 Morgan	County Hwy	c)			
Sunbright, TN 37872 d) State Reporting TENNESSEE Telephone Number: 423 628-2121 Fax Number: 423 628-2121 Fax Number: 423 628-5356 E-mail Address: dave@highlandtel.net Lifeline (a) # Lifeline Non-Tribal Low-Income Subscribers (a) # Lifeline Receiving federal Lifeline Support (a) 1.536 x \$		P.O. Box 11	9				X
Fax Number: 423 628-5356 E-mail Address: dave@highlandtel.net Lifeline (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a)		Sunbright, 5	FN 37872	d)	State Reporting		SEE
E-mail Address: dave@highlandtel.net Lifeline (a) # Lifeline Non-Tribal Low-Income Subscribers (a) # Lifeline Receiving federal Lifeline Support (b) Lifeline Support (c) Total Lifeline Subscribers Subscribers (c) Total Lifeline Tribal Low-Income Subscribers (b)	-	423 628-212	1	_			
Lifeline (a) # Lifeline (b) Lifeline Support (c) Total Lifeline Non-Tribal Low-Income Subscribers (b) Lifeline Support (c) Total Lifeline Receiving federal Lifeline Support (b)	Fax Number:			_			
(a) # Lifeline Subscribers (b) Lifeline Support/ Subscriber Support (c) Total Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) 1.536 x \$	E-mail Address:	dave@highlandt	el.net				
Receiving federal Lifeline Support (8) 1.536 × \$ 9.25 = \$ 14.208 Tribal Low-Income Subscribers Receiving federal Lifeline Support (9)							(c) Total Lifeline
Receiving federal Lifeline Support Inot to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 14,208 Total Limitation Services (TLS) Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012/\$2 in 2013) Number of TLS Subscribers (12) Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived 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) \$ Total Connection Charges Waived (16) \$ ETC Payment			(8) <u>1,536</u>		x \$ <u>9.2</u>	25	= \$ <u>14,208</u>
Total Federal Lifeline Support Claimed (10) \$ 14,208 Toll Limitation Services (TLS) Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) Total TLS Support Claimed (13) \$			(9)		× \$		= \$
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) Total TLS Support Claimed (13) \$	Receiving federal L	ifeline Support	т	otal F	not to exce) Federal Lifeline Sup	eed \$34.25) oport Claime	ed (10) \$ <u>14,208</u>
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) Total TLS Support Claimed (13) \$ Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived Charges Waived per Connection (14) (15) \$ (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived Deferred Interest (16) \$ (17) \$ Total Tribal Link Up Support Claimed (18) \$ ETC Payment	Toll Limitation Servi	ces (TLS)					
Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived Charges Waived per Connection (14) (15) \$ (15) \$ (15) \$ (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived Deferred Interest (16) \$ (17) \$ Total Tribal Link Up Support Claimed (18) \$ ETC Payment							
Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived Charges Waived per Connection (14) (15) \$ (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived Deferred Interest (16) \$ (17) \$ Total Tribal Link Up Support Claimed (18) \$ ETC Payment	Number of TLS Sub	oscribers	(12)				
Number of Connections Waived Charges Waived per Connection (14) (15) \$						oort Claimed	l (13) \$
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	Tribal Link Up (Availat	ole only to ETCs rec	eiving High Cost sι	ippol	rt)		
Total Connection Charges Waived (16) \$ Deferred Interest (17) \$ Total Tribal Link Up Support Claimed (18) \$ ETC Payment			(15) \$			s, use an avera	age amount)
Deferred Interest (17) \$ Total Tribal Link Up Support Claimed (18) \$ ETC Payment	T (10)		, , , , , , , , , , , , , , , , , , ,				
Total Tribal Link Up Support Claimed (18) \$		narges waived					
ETC Payment	Deferred Interest		(17) \$				
			٦	otal	Tribal Link Up Sup	port Claime	d (18) \$
	ETC Payment						
Total Lifeline \$ <u>14,208</u> Total TLS \$ Total Tribal Link Up \$	Total Lifeline \$ <u>14,208</u>	Total TLS \$		Tota	Tribal Link Up \$ _		_

Total Dollars (19) \$ 14,208

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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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.

September 2, 2014

DATE

General Manager / CEO

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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					Exhibit I		9
FCC Form 497					FCC Fo		
April 2012 Edition		LIFELINE WORK	SHE	ET			B Approval 3060-0819
				Avg. I	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number _	143001630		(2) Stuc	ly Area Cod	e 290565	
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	/pe (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	[
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	9/30/20	14	
Contact Name:	David Crawford		b)	Data Month	Septemb	er 2014	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119				Original Revision		
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121		_				
Fax Number:	423 628-5356		_				
E-mail Address:	dave@highlandte	l.net					
Lifeline (a) # Lifeline <u>Subscribers</u>				(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	eline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1,429		x \$9.25	5	=\$ <u>13,218</u>	3
Tribal Low-Income Subscrib		(9)		× \$		= \$	
Receiving federal Li			tal F	(not to exce ederal Lifeline Sup			
Toll Limitation Servic	es (TLS)					u (10) ¢ <u>-10/2</u>	
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	ving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connect Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Cl	harges Waived	(16) \$		_			
Deferred Interest		(17) \$					
		т	otal	Fribal Link Up Supp	oort Claimed	d (18) \$	
ETC Payment							
Total Lifeline \$ 13,218	Total TLS \$		Fotal	Tribal Link Up \$		_	
) \$ 13,218	

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.

September 30, 2014

DATE

General Manager / CEO

G Mark Patterson

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.

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.

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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.

					Case N Exhibit FCC Fo		59
FCC Form 497 April 2012 Edition			CUE		FUU FU	-	P. Approval
April 2012 Edition			SHE				B Approval 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143001630		(2) Stud	dy Area Cod	le 290565	
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	Check one): Lifeline	e Only 🖌	High	Cost/Low Income			
(6) Organization Information	l		(7)	Filing Information			
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	11/5/20	14	
Contact Name:	David Crawford		b)	Data Month	October	2014	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119	9		` (Original Revision		
	Sunbright, T	'N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121	-					
Fax Number:	423 628-5356	0					
E-mail Address:	dave@highlandte	el.net					
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Life	eline
Receiving federal L		(8) <u>1,416</u>		x \$9.25	5	=\$ <u>13,098</u>	8
Tribal Low-Income Subscrib Receiving federal L		(9)	otal F	x \$ (not to exce ederal Lifeline Sup)98
Toll Limitation Servic	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)			multiple rates, use an average amount)		
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		T	otal ⁻	Tribal Link Up Supp	oort Claime	d (18) \$	
ETC Payment							
Total Lifeline \$ <u>13,098</u>	Total TLS \$		Total	Tribal Link Up \$		_	
				Total	Dollars (19) \$	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

November 5, 2014

DATE

General Manager / CEO

G Mark Patterson

OFFICER SIGNATURE

OFFICER TITLE

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

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

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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.

					Case No Exhibit I FCC Fo		9
FCC Form 497			QUE		FCC F0		P Approval
April 2012 Edition		LIFELINE WORK	SHE				B Approval 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143001630		(2) Stud	ly Area Cod	e 290565	
(3) Filer 499 ID 815162		(4) Technology Ty	/pe (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	Γ		(7)	Filing Information	r		
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	12/11/20	014	
Contact Name:	David Crawford		b)	Data Month	Novembe	er 2014	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119) í	Original Revision	X	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121		_				
Fax Number:	423 628-5356		_				
E-mail Address:	dave@highlandte	l.net					
Lifeline	it	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	eline
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,408</u>		x \$ <u>9.2</u>	5	=\$ <u>13,024</u>	4
Tribal Low-Income Subscrib	ers	(9)		x \$		= \$	
Receiving federal Li	feline Support	Тс	otal F	not to exce) ederal Lifeline Sup		d (10) \$ 13,0)24
Toll Limitation Servic	es (TLS)				-		
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	ving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connect Charges Waived per		(14) (15) \$ (not to exceed \$100)			for multiple rates, use an average amount)		
Total Connection Cl	narges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal	Tribal Link Up Supp	oort Claimed	l (18) \$	
ETC Payment							
Total Lifeline \$_13,024	Total TLS \$		Fotal	Tribal Link Up \$			
		_		-) <u>\$ 13,024</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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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.

December 11, 2014

DATE

General Manager / CEO

OFFICER SIGNATURE

G Mark Patterson

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.

					Case N Exhibit FCC Fo		59
FCC Form 497 April 2012 Edition			CUE		FUUFU		P Approval
April 2012 Edition			SHE				B Approval 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Cod	e 290565	
(3) Filer 499 ID 815162		(4) Technology Ty	ype (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 🛛	High	Cost/Low Income			
(6) Organization Information	Γ		(7)	Filing Information	1		
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	1/7/201	5	
Contact Name:	David Crawford		b)	Data Month	Decembe	er 2014	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119) í	Original Revision	× I	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	l.net					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	eline
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,367</u>		x \$ 9.2		= \$ <u>12,64</u>	5
Tribal Low-Income Subscrib				x \$	<u> </u>	= \$	
Receiving federal Li		(9)		(not to exce			
		IC	otal F	ederal Lifeline Sup	port Claime	a (10) \$ <u>12,0</u>	945
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connect	ions Waived	(14)					
Charges Waived per		· · /		(for multiple rates,	use an avera	ge amount)	
		(
Total Connection Cl	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal	Tribal Link Up Supp	oort Claimee	d (18) \$	
ETC Payment							
Total Lifeline \$ <u>12,645</u>	Total TLS \$		Fotal	Tribal Link Up \$		_	
				-) \$ 12,645	
						/ + <u> </u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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January 7, 2015

DATE

General Manager / CEO

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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					Case N Exhibit	o. 2016-00059 B	
500 F (07					FCC Fc		
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval	
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.	
(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Cod	le_290565	
(3) Filer 499 ID 815162			/pe (check one) Wirelir	ne 🔽	Wireless 🔲	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Highland Telephone Coope	erative, Inc.	a)	Submission Date	2/3/201	5	
Contact Name:	David Crawford		b)	Data Month	January 2	2015	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119	l i i i i i i i i i i i i i i i i i i i) í	Original Revision		
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	l.net					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline	
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup			
Receiving federal Li	ifeline Support	(8) <u>1,241</u>		x \$9.2	5	=\$ <u>11,479</u>	
Tribal Low-Income Subscrib		(9)		x \$ (not to exce		= \$	
Receiving federal Li	iteline Support	Тс	tal F	ederal Lifeline Sup		d (10) \$ <u>11,479</u>	
Toll Limitation Servic	es (TLS)						
Cost of Providing T		(11)					
(the lesser of increment	al cost or \$3 in 2012 /\$2 ir	n 2013)					
Number of TLS Sub	scribers	(12)					
					ort Claimed	(13) \$	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	<i>t)</i>			
Number of Connect	ions Waived	(14)					
Charges Waived pe	r Connection	(15) \$ (for multiple r (not to exceed \$100)			ple rates, use an average amount)		
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal [·]	Tribal Link Up Supp	port Claime	d (18) \$	
ETC Payment							
Total Lifeline \$ <u>11,479</u>	Total TI S \$	-	[otal	Tribal Link Up \$			
$ \nabla(a) = = = \frac{1}{2} $	<u> </u>		Jual			_	

Total Dollars (19) \$ _ 11,479

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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February 3, 2015

DATE

General Manager / CEO

OFFICER SIGNATURE

OFFICER TITLE

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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.

					Exhibit	lo. 2016-0005 B orm 497	59
FCC Form 497 April 2012 Edition			SHF	FT	10010		B Approval
					Rurdon Est		3060-0819
				C C		per Responde	пі. 2.5 піз.
(1) USAC Service Provider	Identification Numbe	er <u>143001630</u>		(2) Stud	dy Area Co	de 290565	
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelin	ne ଯ	Wireless	
(5) ETC Designation Type (Check one): Lifeli	ne Only 🖵	High	Cost/Low Income			
(6) Organization Informatio	n		(7)	Filing Information			
Company Legal Name:	Highland Telephone Cod	operative, Inc.	a)	Submission Date	3/3/201	5	
Contact Name:	David Crawford		b)	Data Month	February	/ 2015	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 11	L9			Original Revision	×	
	Sunbright,	TN 37872	d)	State Reporting	TENNES	SSEE	
Telephone Number:	423 628-212	1					
Fax Number:	423 628-535	6					
E-mail Address:	dave@highland	tel.net					
Lifeline Non-Tribal Low-Income Su	bscribers	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>	port	(c) Total Life	eline
Receiving federal	Lifeline Support	(8) <u>1,318</u>		x \$ <u>9.2</u>	5 =\$ <u>12,1</u>		2
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)To	otal F	_ x \$ (not to exce Federal Lifeline Sup		=\$ ed (10)\$_ <u>12,1</u>	
Toll Limitation Servi	ices (TLS)						
	TLS per Subscriber ntal cost or \$3 in 2012 /\$;	(11) 2 in 2013)					
Number of TLS Su	bscribers	(12)					
Tribal Link Up (Availa	ble only to ETCs red	ceiving High Cost su	ippoi	Total TLS Supp	ort Claimed	d (13) \$	
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	, use an avera	age amount)	
Total Connection (Charges Waived	(16) \$					
Deferred Interest		(17) \$					
		г	[otal]	Tribal Link Up Sup	port Claime	ed (18) \$	
ETC Payment							
Total Lifeline \$_12,192	Total TLS \$		Total	Tribal Link Up \$			
				Total	Dollars (19	9) \$ <u>12,192</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

March 3, 2015

DATE

General Manager / CEO

officer signature G. Mark Patterson

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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					Case N Exhibit FCC Fo		59	
FCC Form 497 April 2012 Edition			CHE	-T	10010	-	B Approval	
			SHE		Dundan Est	OMB Approv 3060-081		
				0		per Responde	nt: 2.5 Hrs.	
(1) USAC Service Provider le	dentification Number	143001630		(2) Stud	dy Area Cod	le 290565		
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wirelir	ne 🔽	Wireless		
(5) ETC Designation Type (C	check one): Lifeline	e Only 🖵 🗌	High	Cost/Low Income				
(6) Organization Information	1		(7)	Filing Information	I			
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	4/6/201	5		
Contact Name:	David Crawford		b)	Data Month	March 20)15		
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)				
	P.O. Box 119	9		· · · ·	Original Revision	<u>۳</u>		
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE		
Telephone Number:	423 628-2121							
Fax Number:	423 628-5356							
E-mail Address:	dave@highlandte	el.net						
Lifeline Non-Tribal Low-Income Sub		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup	port	(c) Total Life		
Receiving federal L	ifeline Support	(8) <u>1,366</u>		x \$ 9.2	5			
Tribal Low-Income Subscrib Receiving federal L		(9) To	otal F	x \$ (not to exce ederal Lifeline Sup		= \$ ed (10) \$ <u>12,6</u>		
Toll Limitation Servic	ces (TLS)							
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)						
Number of TLS Sub	scribers	(12)						
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$		
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)		
Total Connection C	harges Waived	(16) \$						
Deferred Interest		(17) \$						
		т	otal ⁻	Tribal Link Up Supp	oort Claime	d (18) \$		
ETC Payment								
Total Lifeline \$_12,636	Total TLS \$		Total	Tribal Link Up \$		_		
				Total	Dollars (19) \$ 12,636		

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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April 6, 2015

DATE

General Manager / CEO

officer signature G. Mark Patterson

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

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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.

					Case No Exhibit I FCC Fo		9
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEI	ΞŦ	FCCFU		B Approval
					Purdon Est		3060-0819
		1 1 2 2 2 1 6 2 2		C C		ber Responde	п. 2.5 піз.
(1) USAC Service Provider Ic	lentification Number	143001630		(2) Stuc	ly Area Cod	e_290565	
(3) Filer 499 ID 815162		(4) Technology Ty	ype (e	check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	High	Cost/Low Income			
(6) Organization Information	Γ		(7)	Filing Information			
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	4/29/20	15	
Contact Name:	David Crawford		b)	Data Month	April 201	5	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119			(Original 🕅 Revision 🗖		
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121		4				
Fax Number:	423 628-5356		-				
E-mail Address:	dave@highlandte	l.net					
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>	port/ port	(c) Total Life	eline
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,383</u>		x \$ <u>9.2</u>	5	=\$ <u>12,793</u>	3
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		x \$ (not to exce		= \$	
Toll Limitation Servic	es (TLS)			ederal Lifeline Sup	port Claime	a (10)\$ <u>12,7</u>	
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Charges Waived (16) \$		(16) \$		_			
Deferred Interest		(17) \$					
		т	otal ⁻	Tribal Link Up Supp	oort Claimed	l (18) \$	
ETC Payment							
Total Lifeline \$_12,793	Total TLS \$		Fotal	Tribal Link Up \$		_	
				Total	Dollars (19	\$ <u>12,793</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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April 29, 2015

DATE

General Manager/CEO

G. Mark Patterson

OFFICER SIGNATURE

OFFICER TITLE

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

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

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					Exhibit E	
FCC Form 497					FCC Fo	rm 497
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est. p	ber Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143001630		(2) Stud	dy Area Cod	e 290565
(3) Filer 499 ID <u>815162</u>		(4) Technology Ty	ype (check one) Wirelii	ne 🖌	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coope	erative, Inc.	a)	Submission Date	6/4/2015	5
Contact Name:	David Crawford		b)	Data Month	May 2015	;
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)			Original Revision	×
	Sunbright, T		d)		TENNES	SEE
Telephone Number:	423 628-2121					
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	el.net				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport	
Receiving federal Li	feline Support	(8) <u>1,382</u>		x \$ <u>9.2</u>	5	=\$ 12,784
Tribal Low-Income Subscrib		(9)		x \$		= \$
Receiving federal Li	feline Support	Тс	otal F	not to exce) ederal Lifeline Sup		d (10)\$ <u>12,784</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) n 2013)				
Number of TLS Sub	scribers	(12)				
				Total TLS Supp	ort Claimed	(13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	rt)		
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, use an averaç	ge amount)
Total Connection C	harges Waived	(16) \$		_		
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claimed	l (18) \$
ETC Payment						
Total Lifeline \$_12,784	Total TLS \$		Fotal	Tribal Link Up \$		-

Total Dollars (19) \$ 12,784

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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June 4, 2015

DATE

General Manager/CEO

OFFICER NAME

OFFICER SIGNATURE

G. Mark Patterson

OFFICER TITLE

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					Case N Exhibit FCC Fo		59
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	=т	10010		B Approval
					Burden Est		3060-0819
		142001620		C C			11. 2.3 113.
(1) USAC Service Provider Ic	lentification Number	143001630		(2) Stud	dy Area Coo	le_290565	
(3) Filer 499 ID 815162		(4) Technology Ty	ype (e	check one) Wirelin	ne <table-cell></table-cell>	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	I		
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	6/30/20	15	
Contact Name:	David Crawford		b)	Data Month	June 201	5	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119			(Original X Revision		
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356		_				
E-mail Address:	dave@highlandte	l.net					
Lifeline	aaribara	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup	port/ port	(c) Total Life	eline
Receiving federal Li		(8) <u>1,359</u>		x \$9.2	5 =\$ <u>12,571</u>		1
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)	otal F	x \$ (not to exce ederal Lifeline Sup		= \$	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ige amount)	
Total Connection Charges Waived (16) \$		(16) \$		_			
Deferred Interest		(17) \$					
		т	otal	Fribal Link Up Supp	oort Claime	d (18) \$	
ETC Payment							
Total Lifeline \$ <u>12,571</u>	Total TLS \$		Γotal	Tribal Link Up \$			
				-)\$_12,571	
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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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.

June 30, 2015

DATE

General Manager/CEO

G. Mark Patterson

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.

					Exhibit E	
FCC Form 497					FCC Fo	rm 497
April 2012 Edition			SHE	ET		OMB Approval
				Avg.	Burden Est. p	3060-0819 Der Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143001630		(2) Stud	dy Area Cod	e_290565
(3) Filer 499 ID <u>815162</u>		(4) Technology T	ype (check one) Wirelii	ne 🖌	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵	High	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	Highland Telephone Coope	erative, Inc.	a)	Submission Date	8/4/2015	5
Contact Name:	David Crawford		b)	Data Month	July 2015	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119)			Original Revision	x
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE
Telephone Number: Fax Number:	423 628-2121					
rax number.	423 628-5356					
E-mail Address:	dave@highlandte	l.net				
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1,318		x \$ 9.2		= \$ _12,192
-					<u> </u>	= \$
Tribal Low-Income Subscrib Receiving federal Li		(9)		x \$ (not to exce		
Toll Limitation Servic	es (TLS)			ederal Lifeline Sup		a (10) \$ <u>12,192</u>
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 1 2013)				
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	nogai		ort Claimed	(13) \$
•	-					
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	, use an avera	ge amount)
Total Connection Cl	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claimec	l (18) \$
ETC Payment						
Total Lifeline \$_12,192	Total TLS \$		Total	Tribal Link Up \$		-

Total Dollars (19) \$ <u>12,192</u>

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.

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

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August 4, 2015

DATE

General Manager/CEO

G. Mark Patterson

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

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

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					Case Exhibi	No. 2016-00059 t B
						Form 497
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
				Avg.	Burden Est	3060-0819 t. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Numbe	r 143001630		(2) Stu	dy Area Co	ode_290565
(3) Filer 499 ID <u>815162</u>		(4) Technology T	ype (check one) Wireli	ne 🛙	Wireless 🔲
(5) ETC Designation Type (0	Check one): Lifelir	e Only 🖵	High	Cost/Low Income		
(6) Organization Information	<u>ו</u>		(7)	Filing Information	-	
Company Legal Name:	Highland Telephone Coo	perative, Inc.	a)	Submission Date	9/4/20	15
Contact Name:	David Crawford		b)	Data Month	August	2015
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 11	9		. ,	Original Revision	×
	Sunbright, '	IN 37872	d)		TENNE	SSEE
Telephone Number:	423 628-212					
Fax Number:	423 628-535					
E-mail Address:	dave@highlandt	el.net				
Lifeline	oscribers	(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Receiving federal L		(8) <u>1,309</u>		x \$ <u>9.2</u>	25	=\$ <u>12,108</u>
Tribal Low-Income Subscril		(9)		x \$		= \$
Receiving federal L	ifeline Support	Тс	otal F	not to exce) Federal Lifeline Sup		ned (10) \$ <u>12,108</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing 1 (the lesser of incremen	"LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013)				
Number of TLS Sub	oscribers	(12)				
					oort Claime	d (13) \$
Tribal Link Up (Availat	ole only to ETCs rec	eiving High Cost su	ippol	rt)		
Number of Connec Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	s, use an ave	rage amount)
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		Т	otal	Tribal Link Up Sup	port Claim	ed (18) \$
ETC Payment						
Total Lifeline \$_12,108	Total TLS \$		Tota	Tribal Link Up \$ _		

Total Dollars (19) \$ 12,108

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

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

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September 4, 2015

DATE

General Manager/CEO

G. Mark Patterson

OFFICER SIGNATURE

OFFICER TITLE

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

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

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					Exhibit I		9
FCC Form 497			0.15		FCC Fo		
April 2012 Edition		LIFELINE WORK	SHEI	=1			B Approval 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number _	143001630		(2) Stuc	dy Area Cod	e 290565	
(3) Filer 499 ID 815162		(4) Technology Ty	/pe (o	check one) Wirelir	ne 🖾	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	Γ		(7)	Filing Information	1		
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	10/8/20	15	
Contact Name:	David Crawford		b)	Data Month	Septemb	er 2015	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119) í	Original Revision	X	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121		_				
Fax Number:	423 628-5356		_				
E-mail Address:	dave@highlandte	l.net					
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Sup		(c) Total Life	line
Receiving federal Li		(8) <u>1,311</u>		x \$9.2	5	=\$ <u>12,12</u>	7
Tribal Low-Income Subscrib Receiving federal Li		(9)	tal F	x \$ (not to exce ederal Lifeline Sup		= \$	
Toll Limitation Servic	es (TLS)				P	- (, + <u> </u>	
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Charges Waived per Connection (15) \$		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Cl	narges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal ⁻	Tribal Link Up Supp	oort Claimed	l (18) \$	
ETC Payment							
Total Lifeline \$_12,127	Total TLS \$		Γotal	Tribal Link Up \$			
				-) <u>\$ 12,127</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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October 9, 2015

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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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					Case N Exhibit FCC Fo		59
FCC Form 497			CUE	ET.		-	D Approval
April 2012 Edition			SHE				B Approval 3060-0819
				Avg.	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143001630		(2) Stud	dy Area Cod	le 290565	
(3) Filer 499 ID <u>815162</u>		(4) Technology T	ype (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📡	High	Cost/Low Income			
(6) Organization Information	I		(7)	Filing Information			
Company Legal Name:	Highland Telephone Coop	perative, Inc.	a)	Submission Date	11/2/20	15	
Contact Name:	David Crawford		b)	Data Month	October	2015	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 11	9		· (Original Revision	<u>۳</u>	
	Sunbright, 7	IN 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2123	1					
Fax Number:	423 628-5356	5					
E-mail Address:	dave@highlandt	el.net					
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	eline
Receiving federal L		(8) <u>1,322</u>		x \$9.2	5	=\$ <u>12,229</u>	9
Tribal Low-Income Subscrib Receiving federal L		(9)T	otal F	x \$ (not to exce ederal Lifeline Sup		=\$	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	, use an avera	ge amount)	
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		T	otal	Tribal Link Up Supp	port Claime	d (18) \$	
ETC Payment							
Total Lifeline \$_12,229	Total TLS \$		Total	Tribal Link Up \$			
				Total	l Dollars (19) \$ 12,229	

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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November 2, 2015

DATE

General Manager/CEO

G. Mark Patterson

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

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					Case N Exhibit I FCC Fo		9
FCC Form 497 April 2012 Edition		LIFELINE WORK	CUE	-T	FCCFU		R Approval
April 2012 Edition			SHE				B Approval 3060-0819
				Avg. I	Burden Est.	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143001630		(2) Stuc	dy Area Cod	e 290565	
(3) Filer 499 ID 815162		(4) Technology Ty	/pe (check one) Wirelir	ne 🖾	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	ſ		(7)	Filing Information			
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	12/4/20	15	
Contact Name:	David Crawford		b)	Data Month	Novembe	er 2015	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119			` (Original Revision	×	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121						
Fax Number:	423 628-5356						
E-mail Address:	dave@highlandte	l.net					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	eline
Non-Tribal Low-Income Sub Receiving federal Li		(8) <u>1,328</u>		x \$9.25	5	=\$ <u>12,284</u>	ł
Tribal Low-Income Subscrib		(9)		x \$	<u> </u>	= \$	
Receiving federal Li			tal E	(not to exce ederal Lifeline Sup			
Toll Limitation Servic	es (TLS)		nai r			u (10)	
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connect Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Cl	narges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal	Tribal Link Up Supp	oort Claimed	d (18) \$	
ETC Payment							
Total Lifeline \$ <u>12,284</u>	Total TLS \$		Fotal	Tribal Link Up \$			
				-) \$ 12,284	

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.

December 4, 2015

DATE

General Manager/CEO

officer signature G. Mark Patterson

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.

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.

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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.

					Exhibit I		9
FCC Form 497			<u></u>		FCC Fo		
April 2012 Edition		LIFELINE WORK	SHE	=1			B Approval 3060-0819
				Avg. I	Burden Est. j	per Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number _	143001630		(2) Stuc	ly Area Cod	e 290565	
(3) Filer 499 ID 815162		(4) Technology Ty	/pe (check one) Wirelir	ne 🖾	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	Г		
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	1/8/2016	5	
Contact Name:	David Crawford		b)	Data Month	Decembe	er 2015	
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)			
	P.O. Box 119				Original Revision	X	
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE	
Telephone Number:	423 628-2121		_				
Fax Number:	423 628-5356		_				
E-mail Address:	dave@highlandte	l.net					
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	əline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1,223		x \$9.25	5	=\$ <u>11,313</u>	5
Tribal Low-Income Subscrib		(9)		x \$		= \$	
Receiving federal Li			tal F	(not to exce ederal Lifeline Sup			
Toll Limitation Servic	es (TLS)					u (10)	
Cost of Providing T (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11)		_			
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su	ppor	Total TLS Supp	ort Claimed	(13) \$	
Number of Connect Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Cl	narges Waived	(16) \$		_			
Deferred Interest		(17) \$					
		т	otal	Fribal Link Up Supp	oort Claimed	l (18) \$	
ETC Payment							
Total Lifeline \$ <u>11,313</u>	Total TLS \$		Fotal	Tribal Link Up \$			
)\$ <u>11,313</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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January 8, 2016

IM Patt

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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.

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					Exhibit E	
FCC Form 497			_		FCC For	
April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est. p	ber Respondent: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143001630		(2) Stud	dy Area Code	<u>e</u> 290565
(3) Filer 499 ID 815162		(4) Technology Ty	/pe (check one) Wirelin	ne ଯ	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	ligh	Cost/Low Income		
(6) Organization Information	l		(7)	Filing Information	1	
Company Legal Name:	Highland Telephone Coope	rative, Inc.	a)	Submission Date	2/5/2016	5
Contact Name:	David Crawford		b)	Data Month	January 2	016
Mailing Address:	7840 Morgan	County Hwy	c)	Type of Filing (check one)		
	P.O. Box 119			. , ,	Original Revision	<u>x</u>
	Sunbright, T	N 37872	d)	State Reporting	TENNES	SEE
Telephone Number:	423 628-2121					
Fax Number:	423 628-5356					
E-mail Address:	dave@highlandte	l.net				
Lifeline						
LITEIIIIE		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport	
Receiving federal Li		(8) <u>1,249</u>		x \$9.2	5	= \$ <u>11,553</u>
Tribal Low-Income Subscrib	ers	(9)		x \$		= \$
Receiving federal Li	feline Support		tal F	(not to exce ederal Lifeline Sup		
						(10) \$ <u>11/333</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T	LS per Subscriber	(11)				
(the lesser of incrementa	al cost or \$3 in 2012 /\$2 ir	2013)				
Number of TLS Sub	scribers	(12)				
					ort Claimed	(13) \$
Tribal Link Up (Availab	le only to ETCs recei	ving High Cost su	ppor	<i>t)</i>		
Number of Connect	ions Waived	(14)				
Charges Waived per	r Connection	(15) \$(not to exceed \$100)		(for multiple rates	, use an averag	ge amount)
Total Connection Cl	narges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claimed	(18) \$
ETC Payment						
Total Lifeline \$_11,553	Total TLS \$		Fotal	Tribal Link Up \$		

Total Dollars (19) \$ 11,553

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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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.

February 5, 2016

DATE

General Manager/CEO

OFFICER SIGNATURE

G. Mark Patterson

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.

Case No. 2016-00059	
Exhibit B	
FCC Form 497	

					FCC F	orm 497
FCC Form 497 April 2012 Edition		LIFELINE WOR	KCHE	FT		OMB Approva
					Dundan Est	3060-0819
				·		. per Respondent: 2.5 Hrs
(1) USAC Service Provider I	dentification Numbe	r <u>143001630</u>		(2) Stu	udy Area Co	de 290565
(3) Filer 499 ID 815162		(4) Technology ⁻	Гуре (check one) Wire	line 🔽	Wireless 🔲
(5) ETC Designation Type (0	Check one): Lifeli	ne Only 🔎	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	Highland Telephone Coc	operative, Inc.	a)	Submission Date	3/7/20	16
Contact Name:	David Crawford		b)	Data Month	Februar	y 2016
Mailing Address:	7840 Morgan Co	ounty Hwy	c)	Type of Filing (check one)		
	P.O. Box 11	9		(check one)	Original Revision	×
	Sunbright,	TN 37872	d)	State Reporting	TENNE	SSEE
Telephone Number:	423 628-212	1				
Fax Number:	423 628-5356		_			
E-mail Address:	dave@highland	tel.net				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su <u>Subscriber Sเ</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						A 11 000
Receiving federal L	ifeline Support	(8) <u>1,290</u>		x \$ <u>9.</u>		=\$ <u>11,933</u>
Tribal Low-Income Subscrib Receiving federal L		(9)		_ x \$ (not to exc	ceed \$34.25)	= \$
Ū		I	Fotal F	Federal Lifeline Su	pport Claim	ed (10) \$ 11,933
Toll Limitation Servio	ces (TLS)					
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11)				
Number of TLS Sub						
Number of TLS Suc	scribers	(12)				
Tribal Link Up (Availat	ble only to ETCs rec	eivina Hiah Cost s	ะบททด	-	port Claime	d (13) \$
		ioning ringh cool o	appo			
Number of Connect		(14)				0
Charges Waived pe	r Connection	(15) \$ (not to exceed \$100		(for multiple rate	s, use an aver	age amount)
Total Connection C	harges Waived	(16) \$				
	na geo na cou					
Deferred Interest		(17) \$				
			Total	Tribal Link Up Su	pport Claime	ed (18) \$
ETC Payment						
Total Lifeline \$ <u>11,933</u>	Total TLS \$		Tota	I Tribal Link Up \$ _		

feline \$_11,933	Total TLS \$	Total Tribal Link Up \$	
		Total Dollars (19) \$ _	11,933

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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March 7, 2016

DATE

General Manager/CEO

G. Mark Patterson

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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Case No. 2016-00059	
Exhibit B	
FCC Form 497	

					FCC F	orm 497	
FCC Form 497 April 2012 Edition			SHF	FT		OM	IB Approval
					Burdon Ect	. per Responde	3060-0819
		1 1 2 2 2 1 6 2 2		C C			ян. 2.5 гн 5 .
(1) USAC Service Provider I	dentification Number	143001630		(2) Stu	dy Area Co	de 290565	
(3) Filer 499 ID 815162		(4) Technology T	ype (check one) Wireli	ne 🛛	Wireless	
(5) ETC Designation Type (0	Check one): Lifeline	e Only 📡	High	Cost/Low Income			
(6) Organization Information	ו		(7)	Filing Information			
Company Legal Name:	Highland Telephone Coop	erative, Inc.	a)	Submission Date	4/11/20	016	
Contact Name:	David Crawford		b)	Data Month	March 2	016	
Mailing Address:	7840 Morgan Co	unty Hwy	c)	Type of Filing (check one)			
	P.O. Box 11	9		· ,	Original Revision	Å	
	Sunbright, T	'N 37872	d)	State Reporting	TENNE	SSEE	
Telephone Number:	423 628-2121		_				
Fax Number:	423 628-5356		_				
E-mail Address:	dave@highlandt	el.net					
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lif	eline
Non-Tribal Low-Income Sub							
Receiving federal L	ifeline Support	(8) <u>1,307</u>				=\$ <u>12,090</u>	
Tribal Low-Income Subscrib Receiving federal L		(9)		_ x \$ (not to exce	ad \$34.25)	= \$	
		Т	otal F	Federal Lifeline Sup		ed (10) \$ <u>12,</u>	090
Toll Limitation Servio	ces (TLS)						
	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) in 2013)					
Number of TLS Sub		(12)					
		(/		Total TLS Supp	ort Claima	d (12) ¢	
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost su	Ippol		ort Claime	u (13) ֆ	
	,	0 0		,			
Number of Connec Charges Waived pe		(14) (15) \$		(for multiple rates		ade amount)	
onarges warved pe	. Connection	(not to exceed \$100)				age amount)	
Total Connection C	hornoo Waiyad	(16) \$					
Total Connection C	narges waived						
Deferred Interest		(17) \$					
		٦	Fotal	Tribal Link Up Sup	port Claime	ed (18) \$	
ETC Payment							
Total Lifeline \$_12,090	Total TI S \$		Total	Tribal Link Up \$ _			
-7.5	<u> </u>		1010				

Total Dollars (19) \$ <u>12,090</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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April 11, 2016

DATE

General Manager/CEO

G. Mark Patterson

OFFICER NAME

OFFICER TITLE

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