# EXHIBIT 24

|    |   |  |                                       |        |  |                           | No. 2016-00            | )59      |                  |
|----|---|--|---------------------------------------|--------|--|---------------------------|------------------------|----------|------------------|
|    |   |  |                                       |        |  | Exhibit                   |                        |          |                  |
| .L | 5   |  |                                       |        |  | FCC F                     | orm 497                |          |                  |
|    | FCC Form 497<br>April 2012 Edition          |  |                                       | SHE    | ET   |                           | с                      | MB Ap    | proval<br>)-0819 |
|    |   |  |                                       |        | Avg  | Burden Es                 | st: per Respon         |          |                  |
|    | (1) USAC Service Provid                     |  | ber 143001575                         |        | (2) Stu                                    | idy Area C                | ode_260414             | <u> </u> |                  |
|    | (3) Filer 499 ID 808623                     | <u> </u>   | (4) Technology T                      | ype (  | check one) Wireli                          | ine 🔼                     | Wireless               | s 🛄 🛛    |                  |
|    | (5) ETC Designation Type                    |  | line Only 🙀                           | -      | Cost/Low Income                            |                           |                        |          |                  |
|    | (6) Organization Informat                   |  |                                       | (7)    | Filing Information                         | 1                         |                        |          |                  |
|    | Company Legal Name:                         | Mountain Rura                                      | al Telephone Coop.                    | a)     | Submission Date                            | 1/7/20                    | 14                     |          |                  |
|    | Contact Name:                               | Michelle Kidd                                      |                                       | b)     | Data Month                                 | January                   | -2014                  |          |                  |
|    | Mailing Address                             | PO Box 399   |                                       | C)     | Type of Filing<br>(check one)              |                           |                        |          |                  |
|    |   | West Liberty                                       | /, KY 41472                           |        | • •  | Original<br>Revision      | X                      |          |                  |
|    |   |  |                                       | d)     | State Reporting                            | Kentucky                  |                        |          |                  |
|    | Telephone Number:                           | (606)743-3121                                      |                                       |        |  |                           |                        |          |                  |
|    | Fax Number:                                 | (606)743-3635                                      |                                       |        |  |                           |                        |          |                  |
|    | E-mail Address                              | mkidd@moun   | taintelephone.com                     |        |  |                           |                        |          |                  |
|    | Lifeline                                    |  |                                       |        |  |                           |                        |          |                  |
|    |   |  | (a) # Lifeline                        |        | (b) Lifeline Sup                           |                           | (c) Total Li           | feline   |                  |
|    | Non-Tribal Low-Income S<br>Receiving federa | ubscribers<br>I Lifeline Support                   | <u>Subscribers</u><br>(8) <u>1871</u> |        | Subscriber Sup                             |                           | = <u>\$</u> 17,3       | 06.75    | 5                |
|    | Tribal Low-Income Subsc<br>Receiving federa |  | (9)<br>To                             |        | x S<br>(not to exce<br>ederal Lifeline Sup | ed \$34,25)<br>port Claim | = \$<br>ed (10) \$ _17 | ,306.    | 75               |
|    | Toll Limitation Serv                        | vices (TLS)  |                                       |        |  |                           |                        |          |                  |
|    |   | TLS per Subscriber<br>ental cost or \$3 in 2012 /5 |                                       |        |  |                           |                        |          |                  |
|    | Number of TLS S                             | ubscribers   | (12)                                  |        |  |                           |                        |          |                  |
|    | Triballink IIn Aug                          |  |                                       |        | Total TLS Suppo                            | ort Claimee               | t (13) \$ 0.00         | )        |                  |
|    | Tribal Link Up (Avail                       |  | ceiving High Cost sup                 | ροπ    | )  |                           |                        |          |                  |
|    | Number of Conne<br>Charges Waived           |  | (14)<br>(15) S                        |        | (for multiple rates.                       | use an aver               | age amount)            |          |                  |
|    |   |  | (not to exceed \$100)                 |        |  |                           |                        |          |                  |
|    | Total Connection                            | Charges Waived                                     | (16) S                                |        | _  |                           |                        |          |                  |
|    | Deferred Interest                           |  | (17) S                                |        |  |                           |                        |          |                  |
|    |   |  | То                                    | tal T  | ribal Link Up Supp                         | ort Claime                | d (18) \$_0.00         | )        |                  |
|    | ETC Payment                                 |  |                                       |        |  |                           |                        |          |                  |
|    | Total Lifeline \$ 17,306.7                  | 75 Total TLS \$_0                                  | .00 то                                | otai 1 | ribal Link Up \$ 0.                        | 00                        |                        |          |                  |
|    |   |  |                                       |        | Total                                      | Dollars (19               | ) <u>\$ 17,306</u> .   | 75       | -                |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

1/7/2014

helle Kidd

#### DATE

### Accounting Clerk

#### **OFFICER SIGNATURE** Michelle Kidd

#### 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.

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

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

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

|      |   |   |                                  |        |   |                      | vo. 2016-000            | 59            |
|------|---|---|----------------------------------|--------|---|----------------------|-------------------------|---------------|
| ~    |   |   |                                  |        |   | Exhibit              |                         |               |
|      |   |   |                                  |        |   | FUC F                | orm 497                 |               |
|      | 4   |   |                                  |        |   |                      |                         |               |
|      | CC Form 497<br>pril 2012 Edition                  |   | LIFELINE WORK                    | SHE    | ET  |                      | ON                      | /IB Approval  |
|      |   |   |                                  |        | <b>A</b>                                  | Durden En            |                         | 3060-0819     |
|      |   |   |                                  |        | _   |                      | t, per Responde         | ent: 2.5 Hrs. |
|      | ) USAC Service Provider I                         | dentification Number                                  | 143001575                        |        | (2) Stu                                   | idy Area Co          | <sub>ode</sub> 260414   |               |
| (3   | ) Filer 499 ID 808623                             |   | (4) Technology Ty                | /pe (  | check one) Wire!                          | ine 🔼                | Wireless                |               |
| (5)  | ) ETC Designation Type (C                         | heck one): Lifeline                                   | Only 🔛 🕴 I                       | ligh   | Cost/Low Income                           |                      |                         |               |
| _(6) | ) Organization Information                        |   |                                  | (7)    | Filing Information                        |                      |                         |               |
| Co   | ompany Legal Name:                                | Mountain Rural Te                                     | elephone Coop.                   | a)     | Submission Date                           | 02/04/2              | 2014                    |               |
| Co   | ontact Name:                                      | Michelle Kidd   |                                  | b)     | Data Month                                | Februar              | y -2014                 |               |
| Ma   | ailing Address:                                   | PO Box 399  |                                  | C)     | Type of Filing                            | - <b>I</b>           |                         |               |
|      |   | West Liberty, K                                       | Y 41472                          |        | (check one)                               | Original             | N                       |               |
|      |   |   |                                  | d)     | State Reporting                           | Revision<br>Kentucky |                         |               |
| Tel  | lephone Number:                                   | (606)743-3121   |                                  |        |   |                      | <u> </u>                |               |
| Fa   | x Number:   | (606)743-3635   |                                  |        |   |                      |                         |               |
| E-r  | mail Address:                                     | mkidd@mountain  | telephone.com                    |        |   |                      |                         |               |
| 11   | ifeline   |   |                                  |        |   |                      |                         |               |
| 6    | remie   |   | (a) # Lifeline                   |        | (b) Lifeline Sup                          | port/                | (c) Total Life          | eline         |
| No   | on-Tribal Low-Income Sub                          |   | Subscribers                      |        | Subscriber Su                             |                      | (*) *****               |               |
| NU   | Receiving federal Li                              | feline Support  | (8) 1850                         |        | × \$ 92                                   | 5                    | = <mark>\$</mark> 17,11 | 2.50          |
| Tri  | ibal Low-Income Subscrib                          | ers   | (9)                              |        | x \$                                      |                      | = \$                    |               |
|      | Receiving federal Li                              |   |                                  |        | (not to over                              | ed \$34.25)          | *                       | 112 50        |
|      |   |   | To                               | tal Fe | ederal Lifeline Sup                       | port Claim           | ed (10) \$ <u>17 1</u>  | 112.50        |
| Тс   | oll Limitation Servic                             | es (TLS)  |                                  |        |   |                      |                         |               |
|      | Cost of Providing TL<br>(the lesser of incrementa | .S per Subscriber<br>al cost or \$3 in 2012 /\$2 in 1 | <b>(11)</b>                      |        | _   |                      |                         |               |
|      | Number of TLS Subs                                | scribers  | (12)                             |        |   |                      |                         |               |
|      |   |   |                                  |        | Total TLS Supp                            | ort Cloimer          |                         |               |
| Tr   | <b>ibal Link Up</b> (Availabl                     | e only to ETCs receiv                                 | ina Hiah Cost sup                | port)  | ) iotai ito supp                          | ort Claimet          | 1 (13) \$               |               |
|      |   |   |                                  |        |   |                      |                         |               |
|      | Number of Connection                              |   | (14)                             |        |   |                      |                         |               |
|      | Charges Waived per                                |   | (15) \$<br>(not to exceed \$100) |        | <ul> <li> (for multiple rates,</li> </ul> | use an avera         | age amount)             |               |
|      |   |   |                                  |        |   |                      |                         |               |
|      | Total Connection Ch                               | arges Waived  | (16) \$                          |        | _   |                      |                         |               |
|      | Deferred Interest                                 | (   | (17) \$                          |        |   |                      |                         |               |
|      |   |   | То                               | tal Ti | ribal Link Up Supp                        | oort Claime          | d (18) \$ <u>0.00</u>   | 22            |
| ET   | C Payment   |   |                                  |        |   |                      |                         |               |
|      | al Lifeline <u>\$</u> 17,112.50                   | Total TISE 0.00                                       | т.                               |        | ribal Link Lin # 0                        | .00                  |                         | 2.00          |
| 100  | ······Ψ   | <u> </u>  |                                  | vidi İ | прагсия ор э                              | <u></u>              | <br>17.112 <i>9</i>     | 50            |
|      |   | 5   |                                  |        | Total                                     | Dollars (19          | ) \$                    |               |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

### 02/04/2014

ichille Kidd

#### DATE

### **Accounting Clerk**

### Michelle Kidd

**OFFICER SIGNATURE** 

**OFFICER NAME** 

#### **OFFICER TITLE**

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

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.

|  |   |        |   |                      | No. 2016-000                  | )59                      |
|--|---|--------|---|----------------------|-------------------------------|--------------------------|
|  |   |        |   | Exhibit              |                               |                          |
| 2  |   |        |   | FCC F                | orm 497                       |                          |
|  |   |        |   |                      |                               |                          |
| FCC Form 497                                       |   |        |   |                      |                               |                          |
| April 2012 Edition                                 |   | KSHE   | ET  |                      | ON                            | MB Approval<br>3060-0819 |
|  |   |        | Avg.                                      | Burden Est           | per Respond                   |                          |
|  | Identification Number 143001575             |        |   |                      | 260414                        |                          |
|  | Identification Number                       |        | (2) Stu                                   | dy Area Co           | de 260414                     |                          |
| (3) Filer 499 ID 808623                            | (4) Technology 1                            | уре (  | (check one) Wireli                        | ine 🔼                | Wireless                      |                          |
| (5) ETC Designation Type                           | (Check one): Lifeline Only 🔽                | High   | Cost/Low Income                           |                      |                               |                          |
| (6) Organization Informatic                        |   | -      |   | -                    |                               |                          |
| (6) Organization Informatio<br>Company Legal Name: |   | T      | Filing Information                        |                      | 044                           |                          |
| Company Lagai Name.                                | Mountain Rural Telephone Coop               | , a)   | Submission Date                           | 03/03/2              | 2014                          |                          |
| Contact Name:                                      | Michelle Kidd                               | b)     |   | March-20             | 014                           |                          |
| Mailing Address:                                   | PO Box 399                                  | _ c)   | Type of Filing<br>(check one)             |                      |                               |                          |
|  | West Liberty, KY 41472                      |        | • •                                       | Original<br>Revision | M                             |                          |
|  |   | d)     | State Reporting                           | Kentucky             | <u> </u>                      |                          |
| Telephone Number:                                  | (606)743-3121                               |        |   |                      |                               |                          |
| Fax Number:  | (606)743-2891                               | ]      |   |                      |                               |                          |
| E-mail Address:                                    | mkidd@mountaintelephone.com                 |        |   |                      |                               |                          |
|  |   |        |   |                      |                               |                          |
| Lifeline   |   |        |   |                      | ( . ). <b>T</b> . ( . ) ( ) ( |                          |
|  | Subscribers                                 | 27     | (b) Lifeline Sup<br><u>Subscriber Sup</u> |                      | (c) Total Lif                 | eiine                    |
| Non-Tribal Low-Income Su<br>Receiving federal      |   |        | x \$ 9.2                                  | 5                    | = \$ 17,2°                    | 14.25                    |
| -  |   |        |   |                      |                               |                          |
| Tribal Low-Income Subscri<br>Receiving federal I   |   |        | x \$<br>(not to exce                      |                      | =\$                           |                          |
| <b></b>  |   | otal F | ederal Lifeline Sup                       |                      | ed (10) \$                    |                          |
| Toll Limitation Servi                              | Ces (TI S)                                  |        |   |                      |                               |                          |
|  |   |        |   |                      |                               |                          |
| Cost of Providing                                  | TLS per Subscriber (11)                     |        |   |                      |                               |                          |
| (the lesser of increment                           | tal cost or \$3 in 2012 /\$2 in 2013)       |        |   |                      |                               |                          |
| Number of TLS Su                                   | bscribers (12)                              | 53     |   |                      |                               |                          |
|  |   |        | Total TLS Supp                            | a - t. Ol- 1 d       | 0.00                          |                          |
| Tribal Link Up (Availa                             | ble only to ETCs receiving High Cost su     | nnor   | t)  | on claimed           | (13) \$                       |                          |
|  |   | r- r   | ~   |                      |                               |                          |
| Number of Connec                                   | tions Waived (14)                           |        |   |                      |                               |                          |
| Charges Waived p                                   | er Connection (15) \$ (not to exceed \$100) |        | (for multiple rates,                      | use an avera         | ige amount)                   |                          |
|  |   |        |   |                      |                               |                          |
| Total Connection C                                 | harges Waived (16) \$                       |        | _   |                      |                               |                          |
| Deferred Interest                                  | (17) \$                                     |        |   |                      |                               |                          |
|  | 1   |        |   |                      | 0.00                          | •                        |
|  | т   | otal 1 | Fribal Link Up Supp                       | ort Claime           | d (18) \$                     |                          |
| ETC Payment  |   |        |   |                      |                               |                          |
| •  | 5   | ****   | Tribal ( 191                              | .00                  |                               |                          |
| rotai Liteline ş                                   | IUUIILS \$ ]                                | σται   |   |                      |                               | 25                       |
|  |   |        | Total                                     | Dollars (19          | ) <b>\$</b> . <u>17,214.</u>  | 20                       |
|  |   |        |   |                      |                               |                          |

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FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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### 03/03/2014

DATE Accounting Clerk

Vol. No Kid

### officer signature Michelle Kidd

#### **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               | lo. 2016-000          | 59                                      |
|---|---|-----------------------|--------|---------------------|----------------------|-----------------------|---|
|   |   |                       |        |                     | Exhibit              |                       |   |
|   |   |                       |        |                     | FCC Fo               | orm 497               |   |
| FCC Form 497<br>April 2012 Edition            |   |                       | SHE    |                     | Burden Est.          |                       | 3 Approval<br>3060-0819<br>1t: 2.5 Hrs. |
| (1) USAC Service Provider                     | Identification Numbe                                | 143001575             |        | -                   |                      | ie_260414             | 24 - 24<br>-                            |
| (3) Filer 499 ID 808623                       |   |                       | ype (  | (check one) Wireli  |                      | Wireless              |   |
| (5) ETC Designation Type                      | (Check one): Lifelin                                | ne Only 🕍 🛛 I         | High   | Cost/Low Income     | Q                    |                       |   |
| (6) Organization Informatio                   | <u> </u>  |                       | (7)    | Filing Information  |                      |                       |   |
| Company Legal Name:                           | Mountain Rural                                      | Telephone Coop.       | a)     | Submission Date     | 04/03/2              | 014                   |   |
| Contact Name:                                 | Michelle Kidd                                       |                       | b)     | Data Month          | April-2014           | 4                     |   |
| Mailing Address:                              | PO Box 399  |                       | c)     | Type of Filing      | <u> </u>             |                       |   |
|   | West Liberty,                                       | KY 41472              |        |                     | Original<br>Revision | X                     |   |
|   |   |                       | d)     | State Reporting     | Kentucky             |                       |   |
| Telephone Number:                             | (606)743-3121                                       |                       |        |                     |                      |                       |   |
| Fax Number:                                   | (606)743-2891                                       |                       |        |                     |                      |                       |   |
| E-mail Address:                               | mkidd@mounta  | intelephone.com       |        |                     |                      |                       |   |
| Lifeline                                      |   |                       |        |                     |                      |                       |   |
| Enonno  |   | (a) # Lifeiine        |        | (b) Lifeline Sup    | port/                | (c) Total Lifel       | іпе                                     |
| Non Tribal Law Income Su                      | ha autha ua   | Subscribers           |        | Subscriber Sup      | port                 | .,                    |   |
| Non-Tribal Low-Income Su<br>Receiving federal |   | (8) 1867              |        | x \$ <u>9.2</u>     | 5                    | = \$ 17,269           | 9.75                                    |
| Tribal Low-Income Subscri                     | bers  | (9)                   |        | . × \$              |                      | = \$                  |   |
| Receiving federal                             | Lifeline Support                                    |                       |        | fact to over        | -d \$24.05)          |                       | 60 75                                   |
|   |   | 10                    | tal F  | ederal Lifeline Sup | port Claimer         | d (10) \$ <u>17,2</u> | .03.15                                  |
| Toll Limitation Servi                         | ces (TLS)   |                       |        |                     |                      |                       |   |
|   | TLS per Subscriber<br>atal cost or \$3 in 2012 /\$2 | (11)<br>in 2013)      |        |                     |                      |                       |   |
| Number of TLS Su                              | bscribers   | (12)                  |        | %                   |                      |                       |   |
|   |   |                       |        |                     |                      |                       |   |
| Tribal Link Up (Availa                        | ble only to ETCs rece                               | eiving High Cost sup  | opor   | Total TLS Suppo     | ort Claimed          | (13) \$               |   |
| Number of Connec                              | Alone Mislued                                       | 14.43                 |        |                     |                      |                       |   |
| Charges Waived p                              |   | (14)                  |        |                     | lice to sverad       | a smount.             |   |
| <u>-</u>                                      |   | (not to exceed \$100) |        |                     | use an averag        | le privonty           |   |
| Total Connection C                            | harges Waived                                       | (16) \$               |        |                     |                      |                       |   |
| Deferred Interest                             |   | (17) \$               |        |                     |                      |                       |   |
|   |   |                       |        |                     |                      | 0.00                  |   |
|   |   | Тс                    | stal 1 | Fribal Link Up Supp | ort Claimed          | (18) \$               |   |
| ETC Payment                                   | 5 0/  | n                     |        | 0                   | 00                   |                       |   |
| Total Lifeline \$_17,269.7                    | Total TLS \$  | T                     | otal   |                     |                      | <u>17,269.7</u>       | 5                                       |
|   |   |                       |        | Total               | Dollars (19)         | \$                    |   |
|   | If you have any ques                                | tions, please call US |        | 1 (REE) 872.4727 72 | all Emo              |                       |   |

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lease call USAC at (ชีชช) ช73 oli rree

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FCC Form 497 April 2012 Edition

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#### LIFELINE WORKSHEET

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

#### (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.

04/03/2014

Schille Kide

#### DATE

### Accounting Clerk

### Michelle Kidd

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

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

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

|   |   |   |  | Case No. 2016-00059                                      |
|---|---|---|--|--|
|   |   |   |  | Exhibit B<br>FCC Form 497                                |
| 1   |   |   |  |  |
| FCC Form 417<br>April 2012 Edition  | LI  | IFELINE WORKSH  |  | OMB A<br>306   |
|   |   | 0004575   |  | Avg. Burden Est. per Respondent: :                       |
| (1) USAC Service Provid   | er Identification Number <u>14</u>  | 3001575   | (2)  | Study Area Code 260414                                   |
| (3) Filer 499 ID 808623   | 3 (4)   | Technology Type   | e (check one) W                                    | /ireline 🗳 🛛 Wireless 🗖                                  |
| (5) ETC Designation Typ   | e (Check one): Lifeline On  | ly 🖬 Hig  | jh Cost/Low Inco                                   | ome 🛄  |
| (6) Organization Informa  | tion  | (7  | 7) Filing Informat                                 | lion   |
| Company Legal Name:   | Mountain Rural Teler  |   | a) Submission Da                                   |  |
| Contact Name:   | Michelle Kidd   | Ŀ   | o) Data Month                                      | May-2014   |
| Mailing Address:  | PO Box 399  | с   |  |  |
|   | West Liberty, KY  | 41472   | (check one)  | Original X   |
|   |   |   | i) State Reportin                                  |  |
| Telephone Number:   | (606)743-3121   |   |  |  |
| Fax Number:   | (606)743-2891   |   |  |  |
| E-mail Address:   | mkidd@mountaintele  | ephone.com  |  |  |
| Tribal Low-Income Subse<br>Receiving federa   | cribers (9)<br>al Lifeline Support  |   | X \$<br>(not to<br>I Federal Lifeline              | = \$   |
| Toll Limitation Ser   | vices (TLS)   |   |  |  |
|   |   |   |  |  |
|   | g TLS per Subscriber (11)<br>nental cost or \$3 in 2012 /\$2 in 2013  |   |  |  |
| Number of TLS S   | nental cost or \$3 in 2012 /\$2 in 201  | 3)  |  | 0.00   |
| Number of TLS S   | nental cost or \$3 in 2012 /\$2 in 2013<br>Subscribers (12)   | 3)  | Total TLS S  | upport Claimed (13) \$                                   |
| Number of TLS S   | nental cost or \$3 in 2012 /\$2 in 201  | 3)  | Total TLS S  | upport Claimed (13) \$                                   |
| Number of TLS S   | Tental cost or \$3 in 2012 /\$2 in 2013         Subscribers       (12)         Subscribers       (14)         per Connection       (15)   | 3)<br>)<br>High Cost suppo  | ort)   | support Claimed (13) \$<br>rates, use an average amount) |
| Number of TLS S<br><i>Tribal Link Up (Avai</i><br>Number of Conn<br>Charges Walved  | Tental cost or \$3 in 2012 /\$2 in 2013<br>Subscribers (12)<br>Nable only to ETCs receiving<br>ections Waived (14)<br>per Connection (15)<br>(not   | 3)<br>)<br>High Cost suppo<br>)<br>) \$   | ort)<br>(for multiple i                            |  |
| Number of TLS S<br><i>Tribal Link Up (Avai</i><br>Number of Conn<br>Charges Walved  | The entropy of the second structure       Subscribers       (12)         Subscribers       (14)         per Connection       (15)         (not       (not         Charges Waived       (16)       | 3)<br>High Cost suppo<br>)<br>(to exceed \$100)   | ort)<br>(for multiple i                            |  |
| Number of TLS S<br><b>Tribal Link Up</b> (Avai<br>Number of Conn<br>Charges Walved<br>Total Connection                              | The entropy of the second structure       Subscribers       (12)         Subscribers       (14)         per Connection       (15)         (not       (not         Charges Waived       (16)       | 3)<br>High Cost suppo<br>High Cost suppo<br>() \$<br>) \$<br>to exceed \$100)<br>) \$<br>) \$ | ort)<br>(for multiple i                            |  |
| Number of TLS S<br><b>Tribal Link Up</b> (Avai<br>Number of Conn<br>Charges Walved<br>Total Connection                              | The entropy of the second structure       Subscribers       (12)         Subscribers       (14)         per Connection       (15)         (not       (not         Charges Waived       (16)       | 3)<br>High Cost suppo<br>High Cost suppo<br>() \$<br>) \$<br>to exceed \$100)<br>) \$<br>) \$ | ort)<br>(for multiple i                            | rates, use an average amount)                            |
| Number of TLS S<br>Tribal Link Up (Avai<br>Number of Conn<br>Charges Waived<br>Total Connection<br>Deferred Interest<br>ETC Payment | Tental cost or \$3 in 2012 /\$2 in 2013<br>Subscribers (12)<br>Fable only to ETCs receiving<br>ections Waived (14)<br>per Connection (15)<br>(not<br>of Charges Waived (16)<br>to (17)  | 3)<br>High Cost suppo<br>)  | ort)<br>(for multiple i<br><br>Il Tribal Link Up S | rates, use an average amount)<br>Support Claimed (18) \$ |
| Number of TLS S<br>Tribal Link Up (Avai<br>Number of Conn<br>Charges Waived<br>Total Connection<br>Deferred Interest<br>ETC Payment | Tental cost or \$3 in 2012 /\$2 in 2013         Subscribers       (12)         Subscribers       (14)         per Connection       (15)         (not       (not         Charges Waived       (16) | 3)<br>High Cost suppo<br>)  | ort)<br>(for multiple i<br><br>Il Tribal Link Up S | rates, use an average amount)<br>Support Claimed (18) \$ |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

5/6/2014

nichille Kidd

# Accounting Clerk

Michelle Kidd

OFFICER SIGNATURE

#### OFFICER TITLE

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**OFFICER NAME** 

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|  |  |                                  |                |  |                           | o. 2016-00059  |
|--|--|----------------------------------|----------------|--|---------------------------|--|
|  |  |                                  |                |  | Exhibit I<br>FCC Fo       |  |
|  |  |                                  |                |  | 10010                     |  |
| FCC Form 497<br>April 2012 Edition                       |  |                                  | (CHLL-         | <b>T</b>                                 |                           |  |
| April 2012 Edition                                       |  |                                  | SHEE           |  | . Burden Es               | OMB Approva<br>3060-0819<br>t. per Respondent: 2.5 Hrs |
| (1) USAC Service Provide                                 | r Identification Numb                                | er 143001575                     |                | (2) Stu                                  | idy Area Cr               | <sub>ode</sub> 260414                                  |
| (3) Filer 499 ID 808623                                  |  |                                  |                |  |                           |  |
|  |  | (4) Technology T                 | ype (cł        | neck one) Wireli                         | ine 🎦                     | Wireless 🛄   |
| (5) ETC Designation Type                                 | (Check one): Lifeli                                  | ine Only 🔽 🔰                     | High C         | ost/Low Income                           |                           |  |
| (6) Organization Informati                               | on   |                                  | <u>(7) Fi</u>  | ling Information                         | r <u></u>                 |  |
| Company Legal Name:                                      | Mountain Rural                                       | Telephone Coop.                  | a) (           | Submission Date                          | 06/06/                    | 2014   |
| Contact Name:  | Michelle Kidd  |                                  | <u> </u>       | Data Month                               | June-20                   | 14   |
| Mailing Address:   | PO Box 399   |                                  |                | Type of Filing<br>(check one)            |                           |  |
|  | West Liberty,  | , KY 41472                       |                |  | Original<br>Revision      |  |
|  |  |                                  | d) (           | State Reporting                          | Kentucky                  |  |
| Telephone Number:  | (606)743-3121  |                                  | -              |  |                           |  |
| Fax Number:  | (606)743-2891  |                                  | 4              |  |                           |  |
| E-mail Address:  | mkidd@mounta   | aintelephone.com                 | ]              |  |                           |  |
| Lifeline   |  |                                  |                |  |                           |  |
|  |  | (a) # Lifeline                   |                | (b) Lifetine Sup                         |                           | (c) Total Lifeline                                     |
| Non-Tribal Low-Income St                                 | ubscribers   | Subscribers                      |                | Subscriber Su                            | oport                     |  |
| Receiving federal  | Lifeline Support                                     | (8) 1857                         |                | x \$ <u>9.2</u>                          | 5                         | =\$ <u>17,177.25</u>                                   |
| Tribal Low-Income Subscr                                 |  | (9)                              |                |  |                           | = \$   |
| Receiving federal  | Lifeline Support                                     | Τα                               | otal Fed       | not to exce)<br>deral Lifeline Sup       | ed \$34.25)<br>port Claim | ed (10) \$ 17,177.25                                   |
| Toll Limitation Con-                                     | inen (TL C)  |                                  |                |  | •                         |  |
| Toll Limitation Serv                                     | ices (ils)   |                                  |                |  |                           |  |
|  | TLS per Subscriber<br>ental cost or \$3 in 2012 /\$2 | (11)<br>2 in 2013)               |                | _  |                           |  |
| Number of TLS St   | ubscribers   | (12)                             |                |  |                           |  |
|  |  | (                                |                | -<br>Total TLS Supp                      |                           |  |
| Tribal Link Up (Availa                                   | able only to ETCs rec                                | ceivina Hiah Cost sui            | oport)         | Total ILS Supp                           | on Claime                 | a (13) \$  |
|  |  |                                  | - <del>-</del> |  |                           |  |
| Number of Conne<br>Charges Waived a                      |  | (14)<br>(15) \$                  |                | -  |                           |  |
| Charges Waived p   |  | (15) \$<br>(not to exceed \$100) |                | <ul> <li>(for multiple rates)</li> </ul> | , use an aver             | age amount)  |
|  |  |                                  |                |  |                           |  |
| Total Connection   | Charges Waived                                       | (16) \$                          |                |  |                           |  |
| Deferred Interest  |  | (17) \$                          |                | -  |                           |  |
|  |  | Та                               | otal Tri       | ibal Link Up Sup                         | oort Claime               | ed (18) \$ 0.00  |
|  |  |                                  |                |  |                           |  |
|  |  |                                  |                |  |                           |  |
| •  |  | <u></u>                          |                | _  |                           |  |
| E <b>TC Payment</b><br>Fotal Lifeline \$ <u>17,177.2</u> | 25 Total TLS \$                                      | .00т                             | otal Tr        | ibal Link Up \$                          |                           | 9) \$ <u>17,177.25</u>                                 |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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### 06/06/2014

Michille Kidd

# Accounting Clerk

**OFFICER SIGNATURE** Michelle Kidd

#### **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.

|                                    |  |                                      |       |                                     |                           | lo. 2016-00059        |              |
|------------------------------------|--|--------------------------------------|-------|-------------------------------------|---------------------------|-----------------------|--------------|
|                                    |  |                                      |       |                                     | Exhibit                   |                       |              |
|                                    |  |                                      |       |                                     | FCCFC                     | orm 497               |              |
|                                    |  |                                      |       |                                     |                           |                       |              |
| FCC Form 497<br>April 2012 Edition |  | LIFELINE WORK                        | SHE   | ET                                  |                           | OM                    | B Approval   |
|                                    |  |                                      |       |                                     |                           |                       | 3060-0819    |
|                                    |  |                                      |       | Avg.                                | Burden Es                 | t. per Responde       | nt: 2.5 Hrs. |
| (1) USAC Service Provider I        | dentification Number                               | , 143001575                          |       | (2) Stu                             | dv Area Co                | <sub>ode</sub> 260414 |              |
| (3) Filer 499 ID 808623            |  |                                      |       |                                     |                           |                       | _            |
| (3) Filer 499 ID                   |  | (4) Technology Ty                    | /pe ( | check one) Wireli                   | ne 🖾                      | Wireless              | L.           |
| (5) ETC Designation Type (         | Check one): Lifelin                                | ie Only 🔽 🛛 I                        | łigh  | Cost/Low Income                     |                           |                       |              |
| (6) Organization Information       | n  |                                      | (7)   | Filing Information                  |                           |                       |              |
| Company Legal Name:                | T  | Telephone Coop                       | a)    | Submission Date                     | 07/03/                    | 2014                  |              |
|                                    |  |                                      |       |                                     |                           |                       |              |
| Contact Name:<br>Mailing Address:  | Michelle Kidd                                      |                                      | b)    | Data Month<br>Type of Filing        | July-201                  | 14                    |              |
| Maning Address:                    | PO Box 399   |                                      | C)    | (check one)                         |                           |                       |              |
|                                    | West Liberty,                                      | KY 41472                             |       |                                     | Original<br>Revision      | 8                     |              |
|                                    |  |                                      | d)    | State Reporting                     | Kentucky                  |                       | _            |
| Telephone Number:                  | (606)743-3121                                      |                                      |       |                                     |                           |                       |              |
| Fax Number:                        | (606)743-2891                                      |                                      |       |                                     |                           |                       |              |
| E-mail Address:                    | mkidd@mountai                                      | ntelephone.com                       |       |                                     |                           |                       |              |
|                                    |  |                                      |       |                                     |                           |                       |              |
| Lifeline                           |  |                                      |       |                                     |                           |                       |              |
|                                    |  | (a) # Lifeline<br><u>Subscribers</u> |       | (b) Lifeline Sup<br>Subscriber Sup  |                           | (c) Total Life        | line         |
| Non-Tribal Low-Income Sub          |  | (8) 1845                             |       |                                     |                           | 17.06                 | 6 25         |
| Receiving federal L                | ifeline Support                                    | (8)                                  |       | x \$ <u>9.2</u>                     | 5                         | =\$ 17,06             | 0.20         |
| Tribal Low-Income Subscrib         |  | (9)                                  |       | x \$                                |                           | = \$                  |              |
| Receiving federal L                | ifeline Support                                    | To                                   | tal F | not to exce)<br>ederal Lifeline Sup | ed \$34.25)<br>nort Claim | ed (10) s 17,0        | 066.25       |
|                                    |  | 10                                   |       | cuciai Elicinic Oup                 | portolalin                |                       |              |
| Toll Limitation Servic             | es (TLS)   |                                      |       |                                     |                           |                       |              |
|                                    |  |                                      |       |                                     |                           |                       |              |
|                                    | LS per Subscriber<br>at cost or \$3 in 2012 /\$2 i |                                      |       |                                     |                           |                       |              |
| (the lesser of increment           | ar cost or \$5 in 2012/\$21                        |                                      |       |                                     |                           |                       |              |
| Number of TLS Sub                  | scribers   | (12)                                 |       |                                     |                           |                       |              |
|                                    |  |                                      |       | Total TLS Supp                      | ort Claime                | d (13) \$_0.00        |              |
| Tribal Link Up (Availab            | le only to ETCs rece                               | viving High Cost sup                 | pon   | Ð                                   |                           | • • •                 |              |
|                                    |  |                                      |       |                                     |                           |                       |              |
| Number of Connect                  |  | (14)                                 |       |                                     |                           |                       |              |
| Charges Waived pe                  | r Connection                                       | (15) \$<br>(not to exceed \$100)     |       | (for multiple rates,                | use an aver               | age amount)           |              |
|                                    |  |                                      |       |                                     |                           |                       |              |
| Total Connection C                 | harges Waived                                      | (16) \$                              |       |                                     |                           |                       |              |
| Deferred laterach                  | -  |                                      |       |                                     |                           |                       |              |
| Deferred Interest                  |  | (17) \$                              |       |                                     |                           | 0.00                  |              |
|                                    |  | То                                   | tal 1 | ribal Link Up Supp                  | ort Claime                | ed (18) \$            |              |
| ETC Doverant                       |  |                                      |       |                                     |                           |                       |              |
| ETC Payment                        |  | 0                                    |       | ^                                   | 00                        |                       |              |
| Total Lifeline \$_17,066.25        | Total TLS \$                                       | <u>то</u> то                         | otal  |                                     |                           |                       |              |
|                                    |  |                                      |       | Total                               | Dollare /1                | 9) \$                 | 25           |
|                                    |  |                                      |       |                                     |                           | -, *                  |              |
| 1                                  | f you have any quest                               | tions, please call US                | AC a  | nt (866) 873-4727 To                | oll Free                  |                       |              |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2,5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

07/03/2014

Vichollo Kidd

# Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

#### **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.

|  |                              |                                  |        |                                    |                      | o. 2016-00059                            |
|--|------------------------------|----------------------------------|--------|------------------------------------|----------------------|--|
|  |                              |                                  |        |                                    | Exhibit              |  |
| 1  |                              |                                  |        |                                    | FCC Fo               | orm 497                                  |
| FCC Form 497                                       |                              |                                  |        |                                    |                      |  |
| April 2012 Edition                                 |                              | LIFELINE WORK                    | SHE    | ET                                 |                      | OMB Approva                              |
|  |                              |                                  |        | Avg.                               | . Burden Es          | 3060-0819<br>t. per Respondent: 2.5 Hrs. |
|  |                              | 143001575                        |        | _                                  |                      |  |
| (1) USAC Service Provider                          | Identification Numbe         | r                                |        | (2) Stu                            | idy Area Co          | <sub>ode</sub> _260414                   |
| (3) Filer 499 ID 808623                            |                              | (4) Technology Ty                | ype (  | check one) Wireli                  | ine 🔼                | Wireless 🔲                               |
| (5) ETC Designation Type (                         | Check one): Lifelir          | e Only 🗹 🕴                       | Hiah   | Cost/Low Income                    |                      |  |
|  |                              | • –                              | -      |                                    | _                    |  |
| (6) Organization Informatio<br>Company Legal Name: |                              | Tolophone Coon                   |        | Filing Information Submission Date |                      | 2014                                     |
|  |                              | Telephone Coop                   |        |                                    | 08/05/               |  |
| Contact Name:                                      | Michelle Kidd                |                                  | b)     | Data Month                         | August-              | 2014                                     |
| Mailing Address:                                   | PO Box 399                   |                                  | ( C)   | Type of Filing<br>(check one)      |                      |  |
|  | West Liberty,                | KY 41472                         |        |                                    | Original<br>Revision |  |
|  |                              |                                  | d)     | State Reporting                    | Kentucky             |  |
| Telephone Number:                                  | (606)743-3121                | <u> </u>                         |        |                                    |                      |  |
| Fax Number:  | (606)743-2891                |                                  |        |                                    |                      |  |
| E-mail Address:                                    | mkidd@mounta                 | intelephone.com                  |        |                                    |                      |  |
|  |                              |                                  |        |                                    |                      |  |
| Lifeline   |                              | (a) # Lifeline                   |        | (b) Lifeline Sup                   | nort/                | (c) Total Lifeline                       |
|  |                              | Subscribers                      |        | Subscriber Sup                     |                      | (c) Total Ellenne                        |
| Non-Tribal Low-Income Sub<br>Receiving federal L   |                              | (8) 1817                         |        | x \$9.2                            | 5                    | <sub>= \$</sub> 16,807.25                |
| _  |                              |                                  |        |                                    |                      | •  |
| Tribal Low-Income Subscril<br>Receiving federal L  |                              | (9)                              |        | 1                                  |                      | =\$                                      |
|  | 8 5                          | То                               | tal F  | ederal Lifeline Sup                | port Claim           | ied (10) \$ 16,807.25                    |
| Toll Limitation Servi                              | ces (TLS)                    |                                  |        |                                    |                      |  |
| , on 2mmation 00, m                                |                              |                                  |        |                                    |                      |  |
| Cost of Providing 1                                | LS per Subscriber            | (11)                             |        |                                    |                      |  |
|  | tal cost or \$3 in 2012 /\$2 |                                  |        |                                    |                      |  |
| Number of TLS Sub                                  | oscribers                    | (12)                             |        |                                    |                      |  |
|  |                              |                                  |        | Total TLS Supp                     | ort Claima           | d (12) ¢ 0.00                            |
| Tribal Link Up (Availat                            | le only to ETCs rece         | eivina Hiah Cost su              | חססמ   | )<br>i)                            | UIT Glaime           | u (13) ə                                 |
| *  | ,                            |                                  | -1     | /                                  |                      |  |
| Number of Connect                                  |                              | (14)                             |        | _                                  |                      |  |
| Charges Waived pe                                  | er Connection                | (15) \$<br>(not to exceed \$100) |        | (for multiple rates,               | , use an aver        | age amount)                              |
|  |                              |                                  |        |                                    |                      |  |
| Total Connection C                                 | harges Waived                | (16) \$                          |        | _                                  |                      |  |
| Deferred Interest                                  |                              | (17) \$                          |        |                                    |                      |  |
| Peletten intelgat                                  |                              |                                  |        |                                    |                      | 0.00                                     |
|  |                              | тс                               | otal 1 | ribal Link Up Supp                 | port Claime          | ed (18) \$                               |
| ETC Payment  |                              |                                  |        |                                    |                      |  |
| Total Lifeline \$ 16,807.25                        | 5 0 (                        | 00                               |        |                                    | .00                  |  |
| Total Lifeline \$                                  | Total TLS \$                 | <u> </u>                         | otal   | τιιυαι μιικ <u>υ</u> μ φ <u></u>   |                      |  |
|  |                              |                                  |        | Total                              | Dollars (1           | 9) \$16,807.25                           |
|  |                              |                                  |        |                                    |                      |  |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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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.

### 08/05/2014

michille Kicht

# Accounting Clerk

**OFFICER SIGNATURE Michelle Kidd** 

#### **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.

|   |  |                       |       |                             |                      | No. 2016-00059            | )      |
|---|--|-----------------------|-------|-----------------------------|----------------------|---------------------------|--------|
|   |  |                       |       |                             | Exhit                |                           |        |
| x   |  |                       |       |                             | FCC                  | Form 497                  |        |
|   |  |                       |       |                             |                      |                           |        |
| FCC Form 497<br>April 2012 Edition                |  | LIFELINE WORK         | SHE   | ET                          |                      |                           | proval |
|   |  |                       |       | Âva                         | Rurdon Est           | 3060<br>per Respondent: 2 | -0819  |
|   |  | 142004575             |       | _                           |                      |                           |        |
| (1) USAC Service Provider I                       | dentification Number                               | 143001575             |       | (2) Stud                    | dy Area Co           | <sub>de</sub> _260414     |        |
| (3) Filer 499 ID 808623                           |  |                       | /pe ( | check one) Wireli           | ne 🔼                 | Wireless 🛄                |        |
| (5) ETC Designation Type (C                       | heck one): Lifelin                                 | e Only 🎦 🛛 I          | ligh  | Cost/Low Income             |                      |                           |        |
| (6) Organization Information                      | ·  |                       | (7)   | Filing Information          |                      |                           | -      |
| Company Legal Name:                               | Mountain Rural 1                                   | Telephone Coop.       | a)    | Submission Date             | 09/02/2              | 2014                      |        |
| Contact Name:                                     | Michelle Kidd                                      |                       | b)    | Data Month                  | Septemb              |                           | 1      |
| Malling Address:                                  | Po Box 399   |                       | c)    | Type of Filing              |                      |                           |        |
|   | West Liberty,                                      | кү <u>л</u> 1л70      |       | (check one)                 | Original             | <b>P</b> I                |        |
|   | West Liberty,                                      |                       | d)    | State Reporting             | Revision<br>Kentucky |                           |        |
| Telephone Number:                                 | (606)743-3121                                      |                       | · • / | outortoporting              | Кепциску             |                           | J      |
| Fax Number:                                       | (606)743-2891                                      |                       |       |                             |                      |                           |        |
| E-mail Address:                                   | mkidd@mountai                                      | ntelephone.com        |       |                             |                      |                           |        |
| Lifeline  |  |                       |       |                             |                      |                           |        |
| Lifeline  |  | (a) # Lifeline        |       | (b) Lifeline Sup            | port/                | (c) Total Lifeline        |        |
|   |  | Subscribers           |       | Subscriber Sup              |                      | (o) four Enemie           |        |
| Non-Tribal Low-Income Sub<br>Receiving federal Li |  | <sub>(8)</sub> 1799   |       | x \$ 9.25                   | 5                    | <sub>= \$</sub> 16,640.7  | 5      |
| Tribal Low-Income Subscrib                        |  | (0)                   |       |                             |                      | - 6                       |        |
| Receiving federal Li                              |  | (9)                   |       | x \$<br>(not to excee       | ed \$34.25)          | =>                        |        |
|   |  | То                    | tal F | ederal Lifeline Sup         | port Claim           | ed (10)\$ <u>16,640</u>   | .75    |
| Toll Limitation Servic                            | es (TLS)   |                       |       |                             |                      |                           |        |
| Cost of Providing TI<br>(the lesser of incrementa | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | ( <b>11</b> )         |       |                             |                      |                           |        |
| Number of TLS Sub                                 | scribers   | (12)                  |       |                             |                      |                           |        |
| Number of TL3 30D                                 | art(NC) 9  | (14)                  |       | _                           |                      | 0.00                      |        |
| Tribal Link IIn (August)                          | la aplu ta ETCa                                    | uina Link On-t        |       | Total TLS Suppo             | ort Claimed          | I (13) \$_0.00            |        |
| Tribal Link Up (Availabl                          | e only to ETUS rece                                | iving rign Cost suf   | роп   | 9                           |                      |                           |        |
| Number of Connecti                                | ons Waived   | (14)                  |       |                             |                      |                           |        |
| Charges Waived per                                | Connection   | (15) \$               |       | (for multiple rates,        | use an avera         | ege amount)               |        |
|   |  | (not to exceed \$100) |       |                             |                      |                           |        |
| Total Connection Ch                               | arges Waived                                       | (16) \$               |       | _                           |                      |                           |        |
| Deferred Interest                                 | <b>.</b> –   |                       |       |                             |                      |                           |        |
| Deterred Interest                                 |  | (17) \$               |       |                             |                      | 0.00                      |        |
|   |  | Тс                    | tal 1 | Fribal Link Up Supp         | ort Claime           | d (18) \$                 |        |
| ETC Payment                                       |  |                       |       |                             |                      |                           |        |
| •   | 0.0  | 00                    |       | 0                           | 00                   |                           |        |
| Total Lifeline \$_16,640.75                       | Total TLS \$                                       | Т                     | ota!  | Tribal Link Up \$ <u>0.</u> |                      |                           |        |
|   |  |                       |       | Total                       | Dollars (19          | ) <b>\$</b> 16,640.75     |        |
|   |  |                       |       |                             |                      |                           |        |

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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09/02/2014

Michillo Kidd

# Accounting Clerk

**OFFICER NAME** 

OFFICER SIGNATURE

Michelle Kidd

#### **OFFICER TITLE**

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|                                    |                             |                                  |        |                      | Case N               | o. 2016-000                             | )59          |
|------------------------------------|-----------------------------|----------------------------------|--------|----------------------|----------------------|---|--------------|
|                                    |                             |                                  |        |                      | Exhibit              |   |              |
|                                    |                             |                                  |        |                      | FCC Fc               | orm 497                                 |              |
| · · · · ·                          |                             |                                  |        |                      |                      |   |              |
|                                    |                             |                                  |        |                      |                      |   |              |
| FCC Form 497<br>April 2012 Edition |                             | LIFELINE WORK                    | SHE    | ET                   |                      | OM                                      | B Approval   |
| ,                                  |                             |                                  |        |                      | _                    |   | 3060-0819    |
|                                    |                             |                                  |        | Avg.                 | Burden Est.          | per Responde                            | nt: 2.5 Hrs. |
| (1) USAC Service Provider I        | dentification Numbe         | <u>, 143001575</u>               |        | (2) Stu              | dy Area Cod          | le 260414                               |              |
| (3) Filer 499 ID 808623            |                             |                                  | ype (  | check one) Wireli    |                      | Wireless                                |              |
| (5) ETC Designation Type (C        | heck one): Lifelii          | ne Only ଯ 🔰 🛛 🛛                  | High   | Cost/Low Income      |                      |   |              |
| (6) Organization Information       | 1                           |                                  | (7)    | Filing Information   |                      |   |              |
| Company Legal Name:                |                             | Telephone Coop.                  | a)     | Submission Date      | 10/07/20             | 014                                     |              |
| Contact Name:                      | Michelle Kidd               |                                  | b)     | Data Month           | October-2            |   |              |
| Malling Address:                   | PO Box 399                  | ·                                | c)     | Type of Filing       | October-2            | 2014                                    |              |
|                                    |                             | <u> </u>                         |        | (check one)          | <b>•</b>             |   |              |
|                                    | West Liberty,               | KY 41472                         |        |                      | Original<br>Revision |   |              |
| Tologham Number                    |                             |                                  | d)     | State Reporting      | Kentucky             |   |              |
| Telephone Number:                  | (606)743-3121               |                                  |        |                      |                      |   |              |
| Fax Number:                        | (606)743-2891               |                                  |        |                      |                      |   |              |
| E-mail Address:                    | mkidd@mounta                | intelephone.com                  |        |                      |                      |   |              |
| Lifeline                           |                             |                                  |        |                      |                      |   |              |
| Liteline                           |                             | (a) # Lifeline                   |        | (b) Lifeline Sup     | port/                | (c) Total Life                          | line         |
| Non-Tribal Low-Income Sub          |                             | Subscribers                      |        | Subscriber Sup       |                      | (-,                                     |              |
| Receiving federal Li               |                             | (8) 1809                         |        | x \$ 9.2             | 5                    | = \$ 16,73                              | 3.25         |
| Tribal Low-Income Subscrib         | ore                         | (9)                              |        | x \$                 |                      | - *                                     |              |
| Receiving federal Li               |                             |                                  |        | Instite even         | ed \$34.25)          | • — — — — — — — — — — — — — — — — — — — |              |
|                                    |                             | То                               | tal F  | ederal Lifeline Sup  | port Claimed         | 1 (10) \$ <u>16, /</u>                  | 33.25        |
| Toll Limitation Servic             | es (TLS)                    |                                  |        |                      |                      |   |              |
| Cost of Providing Tl               |                             | (11)                             |        | _                    |                      |   |              |
| (the lesser of incrementa          | al cost or \$3 in 2012 /\$2 | in 2013)                         |        |                      |                      |   |              |
| Number of TLS Sub                  | scribers                    | (12)                             |        | <u> </u>             |                      |   |              |
|                                    |                             |                                  |        | Total TLS Suppo      | ort Claimed          | (13) \$ 0.00                            |              |
| Tribal Link Up (Availabl           | e only to ETCs rece         | aiving High Cost sup             | port   | )                    |                      | (,+                                     |              |
| Number of Connecti                 | ons Waived                  | (14)                             |        | _                    |                      |   |              |
| Charges Waived per                 | Connection                  | (15) \$<br>(not to exceed \$100) |        | (for multiple rates, | use an average       | e amount)                               |              |
|                                    |                             | (not to exceed \$100)            |        |                      |                      |   |              |
| Total Connection Ch                | arges Waived                | (16) \$                          |        | _                    |                      |   |              |
| Deferred Interest                  |                             | (17) \$                          |        |                      |                      |   |              |
|                                    |                             |                                  | -      |                      |                      |   |              |
|                                    |                             | 10                               | nal I  | ribal Link Up Supp   | ort Glaimed          | (18) \$                                 |              |
| ETC Payment                        |                             |                                  |        |                      |                      |   |              |
| Total Lifeline \$_16,733.25        | Total TLS \$ 0.0            | )0 <sub>т</sub> ,                | ntal 1 | ribal Link De C.     | 00                   |   |              |
| ·····                              |                             |                                  |        |                      |                      | -<br>16 733 2                           | 5            |
|                                    |                             |                                  |        | Total                | Dollars (19)         | <b>16,733.2</b>                         |              |
|                                    |                             |                                  |        |                      |                      |   |              |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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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.

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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.

10/07/2014

ichillo Kidd

# Accounting Clerk

#### OFFICER NAME

OFFICER SIGNATURE

Michelle Kidd

#### OFFICER TITLE

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|   |  | Case No. 2016-00059   |
|---|--|---|
|   |  | Exhibit B   |
| 6   |  | FCC Form 497  |
|   |  |   |
| FCC Form 497                                    |  |   |
| April 2012 Edition                              |  | SHEET OMB Approval<br>3060-0819   |
|   |  | Avg. Burden Est. per Respondent: 2.5 Hrs.   |
| (1) USAC Service Provider (                     | Identification Number 143001575                                | (2) Study Area Code 260414  |
| (3) Filer 499 ID 808623                         |  | /pe (check one) Wireline 🖾 Wireless 🗖   |
| (5) ETC Designation Type (                      | Check one): Lifeline Only 🎦                                    | High Cost/Low Income  |
| (6) Organization Information                    | n  | (7) Filing Information  |
| Company Legal Name:                             | Mountain Rural Telephone Coop.                                 | a) Submission Date 11/10/2014   |
| Contact Name:                                   | Michelle Kidd  | b) Data Month November-2014   |
| Mailing Address:                                | PO Box 399   | c) Type of Filing   |
|   | West Liberty, KY 41472   | (check one)<br>Original X<br>Bevision   |
|   |  | d) State Reporting Kentucky   |
| Telephone Number:                               | (606)743-3121  |   |
| Fax Number:                                     | (606)743-2891  |   |
| E-mail Address:                                 | mkidd@mountaintelephone.com                                    |   |
| Lifeline  |  |   |
|   | (a) # Lifeline   | (b) Lifeline Support/ (c) Total Lifeline  |
| Non-Tribal Low-Income Sub                       | scribers Subscribers   | Subscriber Support  |
| Receiving federal L                             | 1/9/   | x \$9.25= \$_16,502.00  |
| Tribal Low-Income Subscrib                      |  | × \$ = \$   |
| Receiving federal L                             | ifeline Support  | (not to exceed \$34.25)<br>tal Federal Lifeline Support Claimed (10) \$ 16,502.00 |
| Toll Limitation Convi                           |  |   |
| Toll Limitation Servio                          | ces (115)  |   |
| Cost of Providing T<br>(the lesser of increment | LS per Subscriber (11)<br>al cost or \$3 in 2012 /\$2 in 2013) |   |
| Number of TLS Sub                               | oscribers (12)   |   |
|   | . ,  | Total TLS Support Claimed (13) \$   |
| Tribal Link Up (Availab                         | le only to ETCs receiving High Cost su                         | oport)  |
|   |  |   |
| Number of Connect                               |  |   |
| Charges Waived pe                               | r Connection (15) \$<br>(not to exceed \$100)                  | (for multiple rates, use an average amount)                                       |
|   |  |   |
| Total Connection C                              | harges Waived (16) \$  |   |
| Deferred Interest                               | (17) \$  |   |
|   | т  | otal Tribal Link Up Support Claimed (18) \$                                       |
| ETC Payment                                     |  |   |
| -   | ) Total TLS \$ <u>0.00</u> T                                   |   |
| i otal Enemile 9                                | IOURI IEG #  | 16:502 00   |
|   |  | Total Dollars (19) \$ 16,502.00   |
|   |  |   |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2,5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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

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11/10/2014

Michelle Kirld

# Accounting Clerk

#### OFFICER NAME

**OFFICER SIGNATURE** 

Michelle Kidd

#### OFFICER TITLE

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

|   |   |                                     |        |                                      |                            | No. 2016-00059        |        |
|---|---|-------------------------------------|--------|--------------------------------------|----------------------------|-----------------------|--------|
|   |   |                                     |        |                                      | Exhibit                    | B<br>orm 497          |        |
| 7   |   |                                     |        |                                      | FUC F                      | 0111 497              |        |
|   |   |                                     |        |                                      |                            |                       |        |
| FCC Form 497<br>April 2012 Edition                | L   | IFELINE WORK                        | SHE    | ET                                   |                            | OMB Ap                | proval |
|   |   |                                     |        | Ava                                  | Burden Est                 |                       | -0819  |
|   | 14  | 3001575                             |        | _                                    |                            |                       | o nis. |
| (1) USAC Service Provider I                       | dentification Number  | 3001373                             |        | (2) Stu                              | dy Area Co                 | <sub>de</sub> _260414 |        |
| (3) Filer 499 ID 808623                           | (4)   | Technology Ty                       | ype (  | check one) Wirelin                   | ne 🔼                       | Wireless 🔲            |        |
| (5) ETC Designation Type (0                       | Check one): Lifeline On                                     | ly 🖬 🛛 I                            | High   | Cost/Low Income                      |                            |                       |        |
| (6) Organization Information                      | <u>1</u>  |                                     | (7)    | Filing Information                   |                            |                       |        |
| Company Legal Name:                               | Mountain Rural Tele   | phone Coop.                         | a)     | Submission Date                      | 12/05/2                    | 014                   |        |
| Contact Name:                                     | Michelle Kidd   |                                     | b)     | Data Month                           | Decembe                    | er-2014               |        |
| Mailing Address:                                  | PO Box 399  |                                     | ( C)   | Type of Filing<br>(check one)        |                            |                       |        |
|   | West Liberty, KY  | 41472                               |        |                                      | Original<br>Revision       | ×                     |        |
|   |   |                                     | d)     | State Reporting                      | Kentucky                   |                       |        |
| Telephone Number:                                 | (606)743-3121   |                                     |        |                                      |                            |                       |        |
| Fax Number:                                       | (606)743-2891   |                                     |        |                                      |                            |                       |        |
| E-mail Address:                                   | mkidd@mountaintel   | ephone.com                          | j      |                                      |                            |                       |        |
| Lifeline  |   |                                     |        |                                      |                            |                       |        |
|   |   | # Lifeline<br><u>bscribers</u>      |        | (b) Lifeline Sup                     |                            | (c) Total Lifeline    |        |
| Non-Tribal Low-Income Sub                         | scribers  | 1799                                |        | Subscriber Sup                       |                            | 16 640 7              | 5      |
| Receiving federal L                               | ifeline Support (8)   | (8) $1799$ × \$ 9.25 = \$ 16,640.75 |        |                                      |                            |                       |        |
| Tribal Low-Income Subscrib<br>Receiving federal L |   |                                     |        | x \$                                 |                            | = \$                  |        |
| Receiving lederal L                               | nenne Support   | То                                  | tal F  | not to excee)<br>ederal Lifeline Sup | ed \$34.25)<br>port Claime | d (10) \$ 16,640      | .75    |
| Toll Limitation Servio                            | es (TLS)  |                                     |        |                                      |                            |                       |        |
|   |   |                                     |        |                                      |                            |                       |        |
| Cost of Providing T<br>(the lesser of increment   | LS per Subscriber (11<br>al cost or \$3 in 2012 /\$2 in 201 |                                     |        |                                      |                            |                       |        |
| Number of TLS Sub                                 | scribers (12  | )                                   |        |                                      |                            |                       |        |
|   |   |                                     |        | Total TLS Suppo                      | ort Claimed                | (13) \$ 0.00          |        |
| Tribal Link Up (Availab                           | le only to ETCs receiving                                   | r High Cost su                      | oport  | )                                    | ere viennige               | (, v                  |        |
|   | •   |                                     |        |                                      |                            |                       |        |
| Number of Connect<br>Charges Waived pe            |   | )                                   |        | (for multiple rates,                 | USE an average             | ce amount)            |        |
|   | (not  | to exceed \$100)                    |        |                                      |                            | g= =                  |        |
| Total Composition Of                              | harmon Michael 440  | ۱. <del>۵</del>                     |        |                                      |                            |                       |        |
| Total Connection Cl                               | -   | )\$                                 |        |                                      |                            |                       |        |
| Deferred Interest                                 | (17   | )\$                                 |        | -                                    |                            | 0.00                  |        |
|   |   | Тс                                  | otal T | ribal Link Up Supp                   | ort Claimed                | I (18) \$_0.00        |        |
| ETC Payment                                       |   |                                     |        |                                      |                            |                       |        |
| Total Lifeline \$ 16,640.75                       |   | _                                   |        |                                      | .00                        |                       |        |
| i otal Lifeline \$                                | IOTALTES \$   | T                                   | otal ' | Fribal Link Up \$ _0.                |                            | -                     |        |
|   |   |                                     |        | Total                                | Dollars (19)               | \$ 16,640.75          | _      |
|   |   |                                     |        |                                      |                            |                       |        |

FCC Form 497

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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12/05/2014

Nichille Kirla

### Accounting Clerk

# Michelle Kidd

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| Υ.   |  |  |                  |  | E                    | Case No. 2016<br>Exhibit B<br>FCC Form 497 |              |
|--|--|--|------------------|--|----------------------|--|--------------|
| FCC Form 497<br>April 2012 Edition   |  | LIFELINE WORK                            | SHEET            |  |                      | OMB Approvat<br>3060-0819                  |              |
|  |  |  |                  | Avg.   | Burden Es            | st, per Responde                           | nt: 2.5 Hrs. |
| (1) USAC Service Provider  | Identification Number  | . 143001575                              |                  | (2) Stud                                     | dy Area C            | <sub>ode</sub> _260414                     | _            |
| (3) Filer 499 ID 808623  |  | (4) Technology Ty                        | pe (             | check one) Wirelin                           | ne 🔼                 | Wireless                                   |              |
| (5) ETC Designation Type (   | Check one): Lifelin  | e Only 🔛 🛛 H                             | ligh             | Cost/Low Income                              |                      |  |              |
| (6) Organization Informatio  | <u>n</u>   |  | (7)              | Filing Information                           |                      |  |              |
| Company Legal Name:  | Mountain Rural 1   | Telephone Coop.                          | a)               | Submission Date                              | 01/07/               | 2015                                       |              |
| Contact Name:  | Michelle Kidd  |  | b)               | Data Month                                   | January              | /-2015                                     |              |
| Mailing Address:   | PO Box 399   | ·  | C)               | Type of Filing<br>(check one)                |                      |  |              |
|  | West Liberty,  | KY 41472                                 |                  |  | Original<br>Revision | ×  |              |
|  |  |  | d)               | State Reporting                              | Kentucky             |  |              |
| Telephone Number:  | (606)743-3121  |  |                  |  |                      |  |              |
| Fax Number:  | (606)743-2891  |  |                  |  |                      |  |              |
| E-mail Address:  | mkidd@mountai  | ntelephone.com                           |                  |  |                      |  |              |
| Lifeline   |  | (a) # Lifeline<br>Subscribers            |                  | (b) Lifeline Sup<br><u>Subscriber Sup</u>    |                      | (c) Total Life                             | line         |
| Non-Tribat Low-Income Sul  |  | (8) 1796                                 |                  |  | . 16.61              | 3.00                                       |              |
| Receiving federal L  | ireline Support  | (8)                                      | x \$ <u>9.25</u> |  |                      |  |              |
| Tribal Low-Income Subscribers (9)<br>Receiving federal Lifeline Support    |  | (9)<br>To                                |                  | x \$<br>(not to excee<br>ederal Lifeline Sup | 1.001.001            |  |              |
| Toll Limitation Servi  | ces (TLS)  |  |                  |  |                      |  |              |
| Cost of Providing T<br>(the lesser of increment                            | <sup>r</sup> LS per Subscriber<br>tal cost or \$3 in 2012 /\$2 i | ( <b>11</b> )<br>n 2013)                 |                  | _  |                      |  |              |
| Number of TLS Sul  | oscribers  | (12)                                     |                  |  |                      |  |              |
|  |  | • •                                      |                  | Total TLS Suppo                              | ort Claime           | 0.00                                       |              |
| Tribal Link Up (Availab  | ble only to ETCs rece  | iving High Cost sup                      | por              | i)   | ont oname            |  |              |
| Charges Waived per Connection (15  |  | (14)<br>(15) \$<br>(not to exceed \$100) |                  | (for multiple rates,                         | use an ave           | rage amount)                               |              |
| Total Connection Charges Waived (16) \$                                    |  | (16) \$                                  |                  | <u> </u>                                     |                      |  |              |
| Deferred Interest  |  | (17) \$                                  |                  | _  |                      |  |              |
|  |  | Тс                                       | otal 7           | Fribal Link Up Supp                          | ort Claim            | ed (18) \$ <u>0.00</u>                     | <u> </u>     |
| ETC Payment  |  |  |                  |  |                      |  |              |
| Total Lifeline \$ 16,613.00 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00 |  |  |                  |  |                      |  |              |
| • • • •  |  | <u> </u>                                 |                  | Total  | Dollars (1           | 16,613.                                    | 00           |
|  |  |  |                  |  |                      |  |              |

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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### 01/07/2015

Michille Kidd

# Accounting Clerk

# Michelle Kidd

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|   |  |                               |   |                                    |                      | ase No. 2016-00059<br>khibit B           |  |
|---|--|-------------------------------|---|------------------------------------|----------------------|--|--|
| , ' ı   |  |                               |   |                                    |                      | CC Form 497                              |  |
| FCC Form 497<br>April 2012 Edition                |  |                               |   |                                    |                      | OMB Approval                             |  |
|   |  |                               |   | Avg.                               | Burden Es            | 3060-0819<br>t. per Respondent: 2,5 Hrs. |  |
| (1) USAC Service Provider I                       | dentification Numbe                              | <mark>_ 143001575</mark>      |   | (2) Stu                            | dy Area Co           | ode_260414                               |  |
| (3) Filer 499 ID 808623                           |  | (4) Technology Ty             | vpe (   | check one) Wireli                  | ne 🖾                 | Wireless 🛄                               |  |
| (5) ETC Designation Type (0                       | Check one): Lifelir                              | e Only 🔽 🛛 🖡                  | ligh  | Cost/Low Income                    |                      |  |  |
| (6) Organization Information                      | 1 <u></u>  |                               | (7)   | Filing Information                 |                      |  |  |
| Company Legal Name:                               | Mountain Rural                                   | Telephone Coop.               | a)  | Submission Date                    | 02/06/2              | 2015                                     |  |
| Contact Name:                                     | Michelle Kidd                                    |                               | b)  | Data Month                         | Februar              | y-2015                                   |  |
| Mailing Address:                                  | PO Box 399                                       |                               | C)  | Type of Filing<br>(check one)      | r                    |  |  |
|   | West Liberty,                                    | KY 41472                      |   |                                    | Original<br>Revision | Ä  |  |
|   |  |                               | d)  | State Reporting                    | Kentucky             |  |  |
| Telephone Number:<br>Fax Number:                  | (606)743-3121                                    |                               | ĺ.  |                                    |                      |  |  |
|   | (606)743-2891                                    | • • • •                       |   |                                    |                      |  |  |
| E-mail Address:                                   | mkidd@mounta                                     | intelephone.com               | 2   |                                    |                      |  |  |
| Lifeline  |  |                               |   |                                    |                      |  |  |
|   |  | (a) # Lifeline<br>Subscribers |   | (b) Lifeline Sup<br>Subscriber Sup |                      | (c) Total Lifeline                       |  |
| Non-Tribal Low-Income Sub<br>Receiving federal L  |  | (8) 1616                      |   |                                    |                      | <sub>= \$</sub> 14,948.00                |  |
| -   |  | • • •                         |   |                                    |                      |  |  |
| Tribal Low-Income Subscrib<br>Receiving federal L |  | (9)                           |   | too the second                     | ed \$34.25)          |  |  |
|   |  | То                            | tal F   | ederal Lifeline Sup                | port Claim           | ed (10) \$ 14,948.00                     |  |
| Toll Limitation Servio                            | es (TLS)   |                               |   |                                    |                      |  |  |
| Cost of Providing T<br>(the lesser of increment   | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 | (11)<br>in 2013)              |   |                                    |                      |  |  |
| Number of TLS Sub                                 | scribers   | (12)                          |   |                                    |                      |  |  |
| Tribal Link Up (Availab                           | le only to ETCs rece                             | aiving High Cost sur          | 0000  | Total TLS Supp                     | ort Claime           | d (13) \$_0.00                           |  |
|   |  | ziving riigir Cost sup        | pon   | 9                                  |                      |  |  |
| Number of Connect<br>Charges Waived pe            |  | • •                           | (14)(15) \$ (for multiple rates, use an average amount) |                                    |                      |  |  |
|   |  | (not to exceed \$100)         |   |                                    |                      |  |  |
| Total Connection C                                | harges Waived                                    | (16) \$                       |   | _                                  |                      |  |  |
| <b>Deferred Interest</b>                          |  | (17) \$                       |   |                                    |                      |  |  |
|   |  | Το                            | otal 1  | Fribal Link Up Supp                | ort Claime           | ed (18) \$ 0.00                          |  |
| ETC Payment                                       |  |                               |   |                                    |                      |  |  |
| Total Lifeline \$ 14,948.00                       |  | - 0C                          | otal  | Tribal Link Up \$ _0               | .00                  |  |  |
| ι γιαι Ευσπια <b>φ</b> `                          | IUAI ILƏ Ə                                       | 11                            | udi   | тныа: Ellik Up ֆ                   |                      | 9) \$ <u>14,948.00</u>                   |  |
|   |  |                               |   | Total                              | Dollars (19          | 9) \$                                    |  |

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FCC Form 497 April 2012 Edition

12.1

#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/06/2015

Michelle Kidd

# Accounting Clerk

### Michelle Kidd

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

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

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

| Case No. 2016-00059 |
|---------------------|
| Exhibit B           |
| FCC Form 497        |

| FCC Form 497<br>April 2012 Edition   |                      |                       |        |                                      | B Approval<br>3060-0819     |                             |        |
|--|----------------------|-----------------------|--------|--------------------------------------|-----------------------------|-----------------------------|--------|
|  |                      |                       |        | Avg.                                 | Burden Est, pe              | er Responde                 |        |
| (1) USAC Service Provider I  | dentification Numbe  | r 143001575           |        | (2) Stu                              | dy Area Code <sub>.</sub>   | 260414                      | _      |
| (3) Filer 499 ID 808623  |                      |                       | ype (  | check one) Wirelii                   |                             | Wireless                    | Q      |
| (5) ETC Designation Type (C  | heck one): Lifelir   | ne Only 🕌 🕴 I         | High   | Cost/Low Income                      | D.                          |                             |        |
| (6) Organization Information   | 1                    |                       | (7)    | Filing Information                   |                             |                             |        |
| Company Legal Name:  | Mountain Rural       | Telephone Coop.       | a)     | Submission Date                      | 03/05/20                    | 15                          |        |
| Contact Name:  | Michelle Kidd        |                       | b)     | Data Month                           | March-201                   | 5                           |        |
| Mailing Address:   | PO Box 399           |                       | c)     | Type of Filing<br>(check one)        |                             |                             |        |
|  | West Liberty,        | KY 41472              |        | · · · (                              | Original X<br>Revision      |                             |        |
|  |                      |                       | d)     | State Reporting                      | Kentucky                    |                             |        |
| Telephone Number:  | (606)743-3121        |                       |        |                                      |                             |                             |        |
| Fax Number:  | (606)743-2891        |                       |        |                                      |                             |                             |        |
| E-mail Address:  | mkidd@mounta         | intelephone.com       | ]      |                                      |                             |                             |        |
| Lifeline   |                      |                       |        |                                      |                             |                             |        |
| Luenne   |                      | (a) # Lifeline        |        | (b) Lifeline Sup                     |                             | c) Totai Life               | line   |
| Non-Tribal Low-Income Sub  | scribers             | Subscribers           |        | Subscriber Sup                       |                             |                             |        |
| Receiving federal Li   |                      | (8) 1667              |        | x \$ <u>9.2</u> 5                    | 5 =                         | <sub>=\$</sub> <u>15,41</u> | 9.75   |
| Tribal Low-Income Subscribers (9)  |                      |                       |        |                                      |                             | = \$                        |        |
| Receiving federal Lifeline Support   |                      |                       | tal F  | not to excee)<br>ederal Lifeline Sup | ed \$34.25)<br>port Claimed | (10) \$ 15,                 | 419.75 |
| <b>-</b>   |                      |                       |        | ouorar Enornic oup                   | portoidined                 | (10) 0                      |        |
| Toll Limitation Servic   | es (ILS)             |                       |        |                                      |                             |                             |        |
| Cost of Providing T  | S par Subscriber     | (11)                  |        |                                      |                             |                             |        |
| (the lesser of increment   |                      |                       |        |                                      |                             |                             |        |
| Number of TLS Sub  | scribers             | (12)                  |        |                                      |                             |                             |        |
|  |                      |                       |        | Total TLS Suppo                      | ort Claimed (1              | (3) <b>s</b> 0.00           |        |
| Tribal Link Up (Availab  | le only to ETCs rece | eiving High Cost su   | opor   | t)                                   |                             |                             |        |
| Number of Connect  | ions Waived          | (14)                  |        |                                      |                             |                             |        |
| Charges Waived per   |                      | (15) \$               |        | (for multiple rates,                 | use an average              | amount)                     |        |
|  |                      | (not to exceed \$100) |        |                                      |                             |                             |        |
| Total Connection Cl  | narges Waived        | (16) \$               |        | _                                    |                             |                             |        |
| Deferred Interest  |                      | (17) \$               |        | _                                    |                             |                             |        |
|  |                      | тс                    | otal 1 | Fribat Link Up Supp                  | ort Claimed (*              | 18) \$ 0.00                 |        |
|  |                      |                       |        | •• <b>•</b> ••                       |                             |                             |        |
| ETC Payment  |                      | 00                    |        | •                                    | 00                          |                             |        |
| Total Lifeline \$_15,419.75 Total TLS \$_0.00 Total Tribal Link Up \$_0.00 |                      |                       |        |                                      |                             |                             |        |
|  |                      |                       |        | Total                                | Dollars (19) \$             | 15,419.3                    | 75     |
|  |                      |                       |        |                                      | , +                         |                             |        |

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FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg, Burden Est, per Respondent; 2,5 Hrs.

#### (20) CERTIFICATIONS AND SIGNATURES

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

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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.

03/05/2015

Michelle Kidd

# Accounting Clerk

#### OFFICER NAME

**OFFICER SIGNATURE** 

Michelle Kidd

**OFFICER TITLE** 

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

| •   |  |  |        |                                    | E                    | Case No. 2016-00059<br>Exhibit B |  |  |
|---|--|--|--------|------------------------------------|----------------------|----------------------------------|--|--|
|   |  |  |        |                                    | F                    | FCC Form 497                     |  |  |
| FCC Form 497<br>April 2012 Edition                                  |  | LIFELINE WORKSHEET   |        |                                    |                      | OMB Approva<br>3060-0819         |  |  |
|   |  |  |        | Avg.                               | Burden E             | st. per Respondent: 2.5 Hrs.     |  |  |
| (1) USAC Service Provider I   | dentification Number                               | 143001575  |        | (2) Stu                            | dy Area C            | <sub>code</sub> 260414           |  |  |
| (3) Filer 499 ID 808623   |  |  | pe (   | check one) Wireli                  |                      | Wireless 🛄                       |  |  |
| (5) ETC Designation Type (0   | Check one): Lifeling                               | e Only 🚰 i   | ligh   | Cost/Low Income                    |                      |                                  |  |  |
| (6) Organization Information  | 1  |  | (7)    | Filing Information                 |                      |                                  |  |  |
| Company Legal Name:   | Mountain Rural T                                   | elephone Coop.   | a)     | Submission Date                    | 04/07/               | /2015                            |  |  |
| Contact Name:   | Michelle Kidd                                      |  | b)     | Data Month                         | April-20             | 015                              |  |  |
| Mailing Address:  | PO Box 399   |  | C)     | Type of Filing<br>(check one)      | -                    |                                  |  |  |
|   | West Liberty, I                                    | KY 41472   |        | · · ·                              | Original<br>Revision |                                  |  |  |
| Toloutono Mumbou  |  |  | d)     | State Reporting                    | Kentucky             | 57                               |  |  |
| Telephone Number:<br>Fax Number:                                    | (606)743-3121                                      |  |        |                                    |                      |                                  |  |  |
|   | (606)743-2891                                      |  |        |                                    |                      |                                  |  |  |
| E-mail Address:   | mkidd@mountai                                      | ntelepnone.com   |        |                                    |                      |                                  |  |  |
| Lifeline  |  |  |        |                                    |                      |                                  |  |  |
|   |  | (a) # Lifeline     (b) Lifeline Supscriber Supscriter Supscriber Supscriber Supscriber Supscriber Supscrib |        | (b) Lifeline Sup<br>Subscriber Sup |                      | (c) Total Lifeline               |  |  |
| Non-Tribal Low-Income Sub<br>Receiving federal L                    |  |  |        | 45.070.75                          |                      |                                  |  |  |
| -   |  |  |        |                                    |                      |                                  |  |  |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support |  | (9)  |        | x \$<br>(not to exce               | ed \$34.25)          | =\$                              |  |  |
|   |  | То   | tal F  | ederal Lifeline Sup                | port Clair           | med (10) \$ 15,678.75            |  |  |
| Toll Limitation Servio  | es (TLS)   |  |        |                                    |                      |                                  |  |  |
| Cost of Providing T<br>(the lesser of increment                     | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | (11)<br>n 2013)  |        | _                                  |                      |                                  |  |  |
| Number of TLS Sub   | scribers   | (12)   |        |                                    |                      |                                  |  |  |
|   |  |  |        | Total TLS Supp                     | ort Claim            | ed (13) \$_0.00                  |  |  |
| Tribal Link Up (Availab   | le only to ETCs rece                               | iving High Cost sup  | port   | )                                  |                      |                                  |  |  |
| Number of Connect<br>Charges Waived pe                              |  |  |        | (for multiple rates,               | use an ave           | erage amount)                    |  |  |
|   |  | (not to exceed \$100)  |        |                                    |                      |                                  |  |  |
| Total Connection Charges Waived (16) \$                             |  | (16) \$  |        |                                    |                      |                                  |  |  |
| Deferred Interest (17) \$   |  |  |        | _                                  |                      |                                  |  |  |
|   |  | Τα   | otal 1 | ribal Link Up Supp                 | ort Claim            | ned (18) \$ 0.00                 |  |  |
| ETC Payment   |  |  |        |                                    |                      |                                  |  |  |
| Total Lifeline \$ 15,678.75   |  | 00 _   |        |                                    | .00                  |                                  |  |  |
| Total Lifeline \$   | Total TLS \$                                       | <u> </u>   | otal ' |                                    |                      | 15 678 75                        |  |  |
|   |  |  |        | Total                              | Dollars (            | 19) \$ 15,678.75                 |  |  |

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FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

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04/07/2015

A. Ulo Vick

### Accounting Clerk

### OFFICER SIGNATURE

#### **OFFICER TITLE**

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| · ·  |   |                                      |  |  |                      | ase No. 2016-00059<br>Exhibit B        |  |  |
|--|---|--------------------------------------|--|--|----------------------|--|--|--|
|  |   |                                      |  |  |                      | CC Form 497                            |  |  |
| FCC Form 497                                     |   |                                      |  |  |                      |  |  |  |
| April 2012 Edition                               |   | LIFELINE WORK                        | SHE  | ET                                     |                      | OMB Approval<br>3060-0819              |  |  |
|  |   |                                      |  | Avg.                                   | Burden Es            | t. per Respondent: 2.5 Hrs.            |  |  |
| (1) USAC Service Provider I                      | dentification Number                                | 143001575                            |  | (2) Stu                                | dy Area C            | <sub>ode</sub> _260414                 |  |  |
| (3) Filer 499 ID 808623                          |   |                                      | pe (   | check one) Wireli                      |                      | Wireless 🔲                             |  |  |
| (5) ETC Designation Type (0                      | Check one): Lifeline                                | e Only 🛄 🛛 H                         | ligh   | Cost/Low Income                        | Q.                   | _                                      |  |  |
| (6) Organization Information                     | ı   |                                      | (7)  | Filing Information                     |                      |  |  |  |
| Company Legal Name:                              | Mountain Rural T                                    | elephone Coop.                       | a)   | Submission Date                        | 05/06/               | 2015                                   |  |  |
| Contact Name:                                    | Michelle Kidd                                       |                                      | b)   | Data Month                             | May-20               | 15                                     |  |  |
| Mailing Address:                                 | PO Box 943  |                                      | C)   | Type of Filing<br>(check one)          |                      |  |  |  |
|  | West Liberty, I                                     | KY 41472                             |  |  | Original<br>Revision |  |  |  |
| Telephone Number                                 |   |                                      | d)   | State Reporting                        | Kentucky             |  |  |  |
| Telephone Number:<br>Fax Number:                 | (606)743-3121                                       |                                      |  |  |                      |  |  |  |
| E-mail Address:                                  | (606)743-2891                                       | ntelenhene com                       |  |  |                      |  |  |  |
|  | mkidd@mountai                                       | ntelephone.com                       |  |  |                      |  |  |  |
| Lifeline   |   |                                      |  |  |                      |  |  |  |
|  |   | (a) # Lifeline<br><u>Subscribers</u> |  | (b) Lifeline Sup<br>Subscriber Sup     |                      |  |  |  |
| Non-Tribal Low-Income Sub<br>Receiving federal L |   | (8) 1711 × \$ 9.2                    |  | <sub>5</sub> <sub>= \$</sub> 15,826.75 |                      |  |  |  |
| Tribal Low-Income Subscrib                       |   | (9)                                  |  |  |                      | ······································ |  |  |
| Receiving federal L                              |   | •••                                  | (not to exceed \$34.25)<br>otal Federal Lifeline Support Claimed (10) \$ 15,826.75 |  |                      |  |  |  |
|  |   | 10                                   | ai r   | ederal Litenne Sup                     | port Glaim           | ied (10) \$                            |  |  |
| Toll Limitation Servic                           | es (TLS)  |                                      |  |  |                      |  |  |  |
| Cost of Providing T<br>(the lesser of increment  | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 in | (11)<br>n 2013)                      |  |  |                      |  |  |  |
| Number of TLS Sub                                | scribers  | (12)                                 |  |  |                      |  |  |  |
|  |   | (                                    |  |  |                      | 0.00                                   |  |  |
| Tribal Link Up (Availab                          | le only to ETCs rece                                | iving High Cost sup                  | port   | )                                      | ort Claime           | a (13) \$                              |  |  |
| •  | -   |                                      |  |  |                      |  |  |  |
| Number of Connect<br>Charges Waived per          |   | (14)(15) \$                          |  | (for multiple rates                    | use an aver          | race amount)                           |  |  |
| 5 1  |   | (not to exceed \$100)                |  |  |                      | -3                                     |  |  |
| Total Connection Cl                              | arges Waived  | (16) \$                              |  | _                                      |                      |  |  |  |
| - , ,  |   | (17) \$                              |  |  |                      |  |  |  |
|  |   |                                      |  |  |                      | 0.00                                   |  |  |
|  |   | 10                                   | tal i  | ribal Link Up Supp                     | iort Claime          | ea (18) \$                             |  |  |
| ETC Payment                                      |   |                                      |  |  |                      |  |  |  |
| Total Lifeline \$_15,826.75                      |   | 0те                                  | otal '   | Tribal Link Up \$ <u>0</u> .           | .00                  |  |  |  |
|  |   |                                      |  | Total                                  | Dollars (1           |  |  |  |
|  |   |                                      |  |  | · _ · _ · ·          | •                                      |  |  |

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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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.

05/06/2015

chille Vidd

## Accounting Clerk

**OFFICER SIGNATURE** 

### **Michelle Kidd**

#### **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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|   |   |                                  |        |                                    |                          | se No. 2016-<br>nibit B | -00059                  |
|---|---|----------------------------------|--------|------------------------------------|--------------------------|-------------------------|-------------------------|
| * s*  |   |                                  |        |                                    |                          | C Form 497              |                         |
| FCC Form 497<br>April 2012 Edition              |   |                                  |        |                                    |                          |                         | B Approval<br>3060-0819 |
|   |   |                                  |        | Avg.                               | Burden Est.              | per Responde            |                         |
| (1) USAC Service Provider I                     | dentification Number  | 143001575                        |        | (2) Stu                            | dy Area Cod              | le_260414               |                         |
| (3) Filer 499 ID 808623                         |   |                                  | pe (   | check one) Wireli                  |                          | Wireless                | _<br>                   |
| (5) ETC Designation Type (0                     | <br>Check one): Lifelin                                     | _                                |        | Cost/Low Income                    |                          |                         | - and                   |
| (6) Organization Information                    | n   |                                  | (7)    | Filing Information                 | 3                        |                         |                         |
| Company Legal Name:                             | Mountain Rural 1  | Felephone Coop.                  | a)     | Submission Date                    | 06/03/2                  | 015                     |                         |
| Contact Name:                                   | Michelle Kidd   |                                  | b)     | Data Month                         | June-201                 | 5                       |                         |
| Mailing Address:                                | Po Box 399  |                                  | c)     | Type of Filing<br>(check one)      |                          |                         |                         |
|   | West Liberty,   | KY 41472                         |        |                                    | Original 🗙<br>Revision 🖵 |                         |                         |
|   |   |                                  | d)     | State Reporting                    | Kentucky                 |                         |                         |
| Telephone Number:<br>Fax Number:                | (606)743-3121   |                                  |        |                                    |                          |                         |                         |
|   | (606)743-2891   |                                  |        |                                    |                          |                         |                         |
| E-mail Address:                                 | mkidd@mountai   | ntelephone.com                   |        |                                    |                          |                         |                         |
| Lifeline  |   | (a) # Lifeline<br>Subscribers    |        | (b) Lifeline Sup<br>Subscriber Sup |                          | (c) Total Life          | line                    |
| Non-Tribal Low-Income Sub                       |   | (8) <u>1686</u> × \$ <u>9.25</u> |        |                                    | . 15 59                  | 5 50                    |                         |
| Receiving federal L                             |   |                                  |        |                                    |                          |                         |                         |
| Passiving fodom11 ifoling Support               |   |                                  |        | x \$<br>(not to exce               | ed \$34.25)              | =\$                     |                         |
| ·   | •••   | То                               | tal F  | ederal Lifeline Sup                | port Claime              | d (10) \$ <u>15,</u>    | 595.50                  |
| Toll Limitation Servio                          | es (TLS):   |                                  |        |                                    |                          |                         |                         |
| Cost of Providing T<br>(the lesser of increment | <b>"LS per Subscriber</b><br>tal cost or \$3 in 2012 /\$2 i | (11)<br>in 2013)                 |        |                                    |                          |                         |                         |
| Number of TLS Sub                               | scribers  | (12)                             |        |                                    |                          |                         |                         |
|   |   |                                  |        | Total TLS Supp                     | ort Claimed              | (13) \$ 0.00            |                         |
| Tribal Link Up (Availab                         | -   | eiving High Cost sup             | port   | D)                                 |                          |                         |                         |
| Number of Connect<br>Charges Waived pe          |   | (14)<br>(15) \$                  |        | (for multiple rates,               | use an averag            | je amount)              |                         |
|   |   | (not to exceed \$100)            |        |                                    |                          |                         |                         |
| Total Connection C                              | harges Waived   | (16) \$                          |        |                                    |                          |                         |                         |
| Deferred Interest                               |   | (17) \$                          |        |                                    |                          |                         |                         |
|   |   | То                               | otal 1 | Fribal Link Up Supp                | oort Claimed             | (18) \$ 0.00            |                         |
| ETC Payment                                     |   |                                  |        |                                    |                          |                         |                         |
| Total Lifeline \$ 15,595.50                     | ) Total TLS \$ 0.0  | )0 <u>т</u>                      | otal   | Tribal Link Up \$ 0.               | .00                      |                         |                         |
| · · · · · · · · · · · · · · · · · · ·           | · · · · · · · · · · · · · · · · ·                           |                                  |        |                                    |                          | <u>\$ 15,595.</u>       | 50                      |
|   |   |                                  |        | Total                              | Dollars (19)             | \$ —                    |                         |

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FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

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

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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# 06/03/2015

Johle Kind

# Accounting Clerk

# Michelle Kidd

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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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 Form 497<br>April 2012 Edition  |  |                     |        |                               |                            | OMB Approval<br>3060-0819 |
|---|--|---------------------|--------|-------------------------------|----------------------------|---------------------------|
|   |  | 440004575           |        |                               |                            | per Respondent: 2.5 Hrs.  |
| (1) USAC Service Provider I   | dentification Number                               | . 143001575         |        | (2) Stu                       | dy Area Co                 | <sub>de</sub> _260414     |
| (3) Filer 499 ID 808623   |  | (4) Technology Ty   | /pe (  | check one) Wireli             | ne 🕰                       | Wireless 🛄                |
| (5) ETC Designation Type (C   | Check one): Lifelin                                | e Only 🔽 🕴          | High   | Cost/Low Income               |                            |                           |
| (6) Organization Information  | 3  |                     | (7)    | Filing Information            |                            |                           |
| Company Legal Name:   | Mountain Rural 1                                   | Telephone Coop.     | a)     | Submission Date               | 07/07/2                    | 015                       |
| Contact Name:   | Michelle Kidd                                      |                     | b)     | Data Month                    | July-201                   | 5                         |
| Mailing Address:  | PO Box 399   |                     | C)     | Type of Filing<br>(check one) |                            |                           |
|   | West Liberty,                                      | KY 41472            |        |                               | Original<br>Revision       | P4                        |
|   |  |                     | d)     | State Reporting               | Kentucky                   |                           |
| Telephone Number:   | (606)743-3121                                      |                     |        |                               |                            |                           |
| Fax Number:   | (606)743-2891                                      |                     |        |                               |                            |                           |
| E-mail Address:   | mkidd@mountai                                      | ntelephone.com      | J      |                               |                            |                           |
| Lifeline  |  |                     |        |                               |                            |                           |
|   |  | (a) # Lifeline      |        | (b) Lifeline Sup              |                            | (c) Total Lifeline        |
| Non-Tribal Low-Income Sub   | scribers   | Subscribers         |        | Subscriber Sup                |                            |                           |
| Receiving federal L   | ifeline Support                                    | (8) 1703            |        | x \$ <u>9.2</u>               |                            | = \$ <u>15,752.75</u>     |
| Tribal Low-Income Subscribers (9) (9)   |  |                     |        | x \$<br>(not to exce          |                            | = \$                      |
| Receiving receiver L  | nenne oupport                                      | То                  | tal F  | ederal Lifeline Sup           | ed \$34.25)<br>port Claime | d (10) \$ 15,752.75       |
| Toll Limitation Servic  | es (TLS)   |                     |        |                               |                            |                           |
| Cost of Providing Ti<br>(the lesser of increment  | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 i | (11)<br>in 2013)    |        | _                             |                            |                           |
| Number of TLS Sub   | scribers   | (12)                |        |                               |                            |                           |
|   |  |                     |        | Total TLS Supp                | ort Claimed                | (13) \$ 0.00              |
| Tribal Link Up (Availab   | le only to ETCs rece                               | iving High Cost sup | opor   | 9                             |                            |                           |
| Number of Connections Waived (14)   Charges Waived per Connection (15) \$   (not to exceed \$100) |  |                     |        | — (for multiple rates,        | use an avera               | ge amount)                |
| Total Connection Cf   | arges Waived                                       | (16) \$             |        | _                             |                            |                           |
| Deferred Interest   |  | (17) \$             |        |                               |                            |                           |
|   |  | Тс                  | otal 1 | —<br>Tribal Link Up Supp      | ort Claimed                | 1 (18) \$ <u>0.00</u>     |
| ETC Payment   |  |                     |        |                               |                            |                           |
| Total Lifeline \$ 15,752.75   | <b>-</b>   |                     |        |                               | .00                        |                           |
| lotal Lifeline \$   | Total TLS \$                                       |                     | otal   | Tribal Link Up \$             |                            | -                         |
|   |  |                     |        | Total                         | Dollars (19)               | 15,752.75                 |

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FCC Form 497 April 2012 Edition

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#### LIFELINE WORKSHEET

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

#### (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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07/07/2015

michille Kidd

# Accounting Clerk

# Michelle Kidd

OFFICER SIGNATURE

# **OFFICER TITLE**

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| Case No. 2016-00059 |
|---------------------|
| Exhibit B           |
| FCC Form 497        |

|   | <i>A</i> .  |   |  |        |   |                            | C Form 497           |                         |
|---|---|---|--|--------|---|----------------------------|----------------------|-------------------------|
|   | FCC Form 497<br>April 2012 Edition                |   | LIFELINE WORK                                | SHE    |   | Burdee Est                 |                      | B Approval<br>3060-0819 |
|   |   |   | 142004575                                    |        | •   |                            | per Responde         | nt: 2.5 Hrs.            |
|   | (1) USAC Service Provider I                       | dentification Numbe                                     | r_143001575                                  |        | (2) Stu                                     | dy Area Coo                | <sub>de</sub> 260414 |                         |
|   | (3) Filer 499 ID 808623                           |   | (4) Technology Ty                            | /pe (  | check one) Wireli                           | ne 🔼                       | Wireless             | <b>L</b>                |
|   | (5) ETC Designation Type (C                       | heck one): Lifelin                                      | ie Only 🔽 🛛 I                                | ligh   | Cost/Low Income                             |                            |                      |                         |
|   | (6) Organization Information                      | )   |  | (7)    | Filing Information                          |                            |                      |                         |
|   | Company Legal Name:                               | Mountain Rural  | Telephone Coop.                              | a)     | Submission Date                             | 08/07/2                    | 015                  |                         |
| ľ   | Contact Name:                                     | Michelle Kidd   |  | b)     | Data Month                                  | August-2                   | 015                  |                         |
| ľ   | Mailing Address:                                  | PO Box 399  |  | c)     | Type of Filing<br>(check one)               |                            |                      |                         |
|   |   | West Liberty,   | KY 41472                                     | d)     |   | Original<br>Revision       | ×                    | _                       |
| ŀ   | Telephone Number:                                 | (606)743-3121   |  | u)     | State Reporting                             | Kentucky                   |                      |                         |
| ŀ   | Fax Number:                                       | (606)743-2891   |  |        |   |                            |                      |                         |
| ľ   | E-mail Address:                                   | · · · · · · · · · · · · · · · · · · ·                   | intelephone.com                              |        |   |                            |                      |                         |
| L   | Lifeline  |   | (a) # Lifeline<br>Subscribers                | I      | (b) Lifeline Sup<br>Subscriber Sup          |                            | (c) Total Life       | line                    |
|   | Non-Tribal Low-Income Sub<br>Receiving federal Li |   | (8) 1710                                     |        | × \$9.2                                     |                            | = \$ _15,81          | 7.50                    |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support |   |   | (9)<br>To                                    | tal F  | x \$<br>(not to exce<br>ederal Lifeline Sup | ed \$34.25)<br>port Claime |                      |                         |
|   | Toll Limitation Servic                            | es (TLS)  |  |        |   |                            |                      |                         |
|   | Cost of Providing TI<br>(the lesser of incrementa | <b>_S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 | (11)<br>in 2013)                             |        | _   |                            |                      |                         |
|   | Number of TLS Subs                                | scribers  | (12)   |        |   |                            |                      |                         |
|   |   |   |  |        | Total TLS Supp                              | ort Claimed                | (13) \$_0.00         |                         |
|   | Tribal Link Up (Availabl                          | e only to ETCs rece                                     | eiving High Cost sup                         | port   | )   |                            |                      |                         |
|   | Number of Connecti<br>Charges Waived per          |   | (14)<br>(15) \$<br>(not to exceed \$100)     |        |   | use an averaç              | ge amount)           |                         |
|   | Total Connection Ch                               | arges Waived  | (16) \$                                      |        | _   |                            |                      |                         |
|   | Deferred Interest                                 |   | (17) \$                                      |        |   |                            |                      |                         |
|   |   |   |  |        | —<br>'ribal Link Up Supp                    | oort Claimed               | I (18) \$ 0.00       |                         |
|   | ETC Payment                                       |   |  |        |   |                            |                      |                         |
|   | Total Lifeline <u>\$</u> 15,817.50                |   | <u>ю                                    </u> | otal ' | Tribal Link Up <b>\$</b> 0.                 | .00                        |                      |                         |
|   |   |   |  | -      | Total                                       | Dollars (19)               | <u>\$ 15,817.5</u>   | 50                      |
|   |   |   |  |        | i Uldi                                      | POUG12 (12)                |                      |                         |

OMB Approval

FCC Form 497 April 2012 Edition

### LIFELINE WORKSHEET

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

## (20) CERTIFICATIONS AND SIGNATURES

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08/07/2015

No Kic

# Accounting Clerk

# OFFICER SIGNATURE Michelle Kidd

# OFFICER TITLE

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**OFFICER NAME** 

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| Case No. 2016-00059 |
|---------------------|
| Exhibit B           |
| FCC Form 497        |

|  |   |  |        |  | FCC                  | C Form 497            |                          |  |  |
|--|---|--|--------|--|----------------------|-----------------------|--------------------------|--|--|
| FCC Form 497<br>April 2012 Edition   |   | LIFELINE WORK                            | SHE    | ET   |                      | OM                    | B Approval               |  |  |
|  |   | × .                                      |        | Ava.   | Burden Est           | per Responde          | 3060-0819<br>nt: 2.5 Hrs |  |  |
| (1) USAC Service Provider I  | dentification Number  | 143001575                                |        | _  |                      | de_260414             |                          |  |  |
| (3) Filer 499 ID 808623  |   | (4) Technology Ty                        | /pe (  |  |                      | Wireless              |                          |  |  |
| (5) ETC Designation Type (Check one): Lifeline Only 🔯 High Cost/Low Income 🛄 |   |  |        |  |                      |                       |                          |  |  |
| (6) Organization Information   | <u> </u>  |  | (7)    | Filing Information                           | <u> </u>             |                       |                          |  |  |
| Company Legal Name:  | Mountain Rural 1  | elephone Coop.                           | a)     | Submission Date                              | 09/03/2              | 2015                  |                          |  |  |
| Contact Name:  | Michelle Kidd   |  | b)     | Data Month                                   | Septemt              | per-2015              |                          |  |  |
| Mailing Address:   | PO Box 399  |  | C)     | Type of Filing<br>(check one)                |                      |                       |                          |  |  |
|  | West Liberty,   | KY 41472                                 |        | · · · · · · · · · · · · · · · · · · ·        | Original<br>Revision | <b>M</b>              |                          |  |  |
| Telephone Number   |   |  | d)     | State Reporting                              | Kentucky             |                       |                          |  |  |
| Telephone Number:<br>Fax Number:   | (606)743-3121   |  |        |  |                      |                       |                          |  |  |
|  | (606)743-2891   |  |        |  |                      |                       |                          |  |  |
| E-mail Address:  | mkidd@mountai   | ntelephone.com                           |        |  |                      |                       |                          |  |  |
| Lifeline   |   |  |        |  |                      |                       |                          |  |  |
|  |   | (a) # Lifeline<br><u>Subscribers</u>     |        | (b) Lifeline Sup<br>Subscriber Sup           |                      | (c) Total Life        | line                     |  |  |
| Non-Tribal Low-Income Sub<br>Receiving federal Li                            | +   | (8) 1721                                 |        | x \$ <u>9.25</u>                             |                      | = <u>\$</u> 15,91     | 9.25                     |  |  |
| Tribal Low-Income Subscribers (9)<br>Receiving federal Lifeline Support      |   |  |        | x \$<br>(not to excee<br>ederal Lifeline Sup | ed \$34.25)          | = \$                  | 919.25                   |  |  |
| Toll Limitation Servic   | es (TLS)  |  |        |  |                      |                       |                          |  |  |
| Cost of Providing Ti<br>(the lesser of incrementa                            | L <b>S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 in | ( <b>11</b> )<br>n 2013)                 |        | _  |                      |                       |                          |  |  |
| Number of TLS Sub  | scribers  | (12)                                     |        |  |                      |                       |                          |  |  |
| Tribal Link Up (Availabl   | le only to ETCs rece  | iving High Cost sup                      | port   | Total TLS Suppo<br>)                         | ort Claimed          | (13) <u>\$</u> 0.00   |                          |  |  |
|  |   |  |        |  |                      |                       |                          |  |  |
| Number of Connecti<br>Charges Walved per                                     |   | (14)<br>(15) \$<br>(not to exceed \$100) | _      | (for multiple rates,                         | use an avera         | ige amount)           |                          |  |  |
| Total Connection Ch  | arges Waived  | (16) \$                                  |        | _  |                      |                       |                          |  |  |
| Deferred Interest  |   | (17) \$                                  |        | _  |                      |                       |                          |  |  |
|  |   | Το                                       | tal T  | ribal Link Up Supp                           | ort Claime           | d (18) \$ <u>0.00</u> |                          |  |  |
| ETC Payment  |   |  |        |  |                      |                       |                          |  |  |
| Total Lifeline \$ 15,919.25  | Total TLS \$_0.0  | 0те                                      | otal 1 | Fribal Link Up \$ 0.                         | 00                   | _                     |                          |  |  |
|  |   |  |        | Total  | Dollars (19          | ) \$ 15,919.2         | 25                       |  |  |
|  |   |  |        |  |                      |                       |                          |  |  |

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FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2,5 Hrs.

# (20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

09/03/2015

-hollo rido

# Accounting Clerk

**OFFICER SIGNATURE** Michelle Kidd

# **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.

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

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

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

| 50 <b>7</b> )                                     |  |                                      |        |   |                             | e No. 2016-0<br>ibit B | 0059                      |
|---|--|--------------------------------------|--------|---|-----------------------------|------------------------|---------------------------|
|   |  |                                      |        |   | FCC                         | Form 497               |                           |
| FCC Form 497<br>April 2012 Edition                |  | LIFELINE WORK                        | SHE    | ET  |                             |                        | B Approval                |
|   |  |                                      |        | Avg.                                      | Burden Est                  | per Responder          | 3060-0819<br>nt: 2.5 Hrs. |
| (1) USAC Service Provider I                       | dentification Number                                       | . 143001575                          |        | (2) Stu                                   | dy Area Cor                 | 1e_260414              |                           |
| (3) Filer 499 ID 808623                           |  |                                      |        | check one) Wireli                         |                             |                        | -                         |
| (5) ETC Designation Type (C                       | heck one): Lifelin   |                                      |        | Cost/Low Income                           |                             | Wireless               | L <u>.</u> .              |
| (6) Organization Information                      | 1  |                                      | (7)    | Filing Information                        | -                           |                        |                           |
| Company Legal Name:                               | Mountain Rural 1   | Telephone Coop.                      | a)     | Submission Date                           | 10/06/2                     | 015                    |                           |
| Contact Name:                                     | Michelle Kidd  | · · ·                                | b)     | Data Month                                | October-2                   |                        |                           |
| Mailing Address:                                  | PO Box 399   |                                      | C)     | Type of Filing                            |                             |                        |                           |
|   | West Liberty,  | KY 41472                             |        |   | Original                    | P                      |                           |
|   |  |                                      | d)     | State Reporting                           | Revision<br>Kentucky        | <u>4.1</u>             |                           |
| Telephone Number:                                 | (606)743-3121  |                                      | (T     |   |                             |                        |                           |
| Fax Number:                                       | (606)743-2891  |                                      |        |   |                             |                        |                           |
| E-mail Address:                                   | mkidd@mountai  | ntelephone.com                       |        |   |                             |                        |                           |
| Lifeline  |  |                                      |        |   |                             |                        |                           |
|   |  | (a) # Lifeline<br><u>Subscribers</u> |        | (b) Lifeline Sup<br><u>Subscriber Sup</u> |                             | (c) Total Life         | line                      |
| Non-Tribal Low-Income Sub<br>Receiving federal Li |  | (8) 1712                             |        | x \$9.25                                  | <sub>5 = \$</sub> 15,836.00 |                        | 3.00                      |
| Tribal Low-Income Subscrib                        |  | (9)                                  |        |   |                             | = \$                   |                           |
| Receiving federal Li                              |  |                                      |        | (not to excee                             | ed \$34.25)                 | = >                    | 26.00                     |
|   |  | Tot                                  | al F   | ederal Lifeline Sup                       | port Claime                 | d (10) \$ <u>10,0</u>  |                           |
| Toll Limitation Servic                            | es (TLS)   |                                      |        |   |                             |                        |                           |
| Cost of Providing TI<br>(the lesser of increment: | <b>-S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 in | (11)<br>n 2013)                      |        | _   |                             |                        |                           |
| Number of TLS Sub:                                | scribers   | (12)                                 |        |   |                             |                        |                           |
|   |  |                                      |        | Total TLS Suppo                           | ort Claimed                 | (13) \$ 0.00           |                           |
| Tribal Link Up (Availabl                          | e only to ETCs recei                                       | iving High Cost sup                  | port   | )   |                             |                        |                           |
| Number of Connecti<br>Charges Waived per          |  | (14)(15) \$                          |        |   |                             |                        |                           |
| enarges marred per                                | oomeetion  | (not to exceed \$100)                | -      | (ior multiple rates,                      | use an averag               | je amount)             |                           |
| Total Connection Ch                               | arges Waived   | (16) \$                              |        | _   |                             |                        |                           |
| Deferred Interest                                 |  | (17) \$                              |        | _   |                             |                        |                           |
|   |  |                                      |        | <br>ribal Link Up Supp                    | ort Claimed                 | (18) \$ 0.00           |                           |
| ETC Devenored                                     |  | 10                                   | •      |   |                             |                        | <u> </u>                  |
| ETC Payment                                       | 0.0  | 0                                    |        | -   | 00                          |                        |                           |
| Total Lifeline \$_15,836.00                       | Total TLS \$   | То                                   | otal 1 | Fribal Link Up \$ <u>0.</u>               |                             | _                      |                           |
|   |  |                                      |        | Total                                     | Dollars (19)                | <u>\$ 15,836.0</u>     | 0                         |

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FCC Form 497 April 2012 Edition

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### LIFELINE WORKSHEET

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

# (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.

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

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

# 10/06/2015

midle Kich

# Accounting Clerk

Michelle Kidd **OFFICER NAME** 

**OFFICER SIGNATURE** 

# **OFFICER TITLE**

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

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

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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        |

|  |  |  |            | FGC F0111 497  |  |  |  |  |
|--|--|--|------------|--|--|--|--|--|
| FCC Form 497<br>April 2012 Edition   |  |  | SHE        | EET OMB Approval<br>3060-0819                                  |  |  |  |  |
|  |  |  |            | Avg. Burden Est. per Respondent: 2,5 Hrs.                      |  |  |  |  |
| (1) USAC Service Provider I  | dentification Number   | . 143001575                              |            | (2) Study Area Code 260414                                     |  |  |  |  |
| (3) Filer 499 1D 808623  |  | (4) Technology Ty                        | /pe (      | (check one) Wireline 🖾 🛛 Wireless 🛄                            |  |  |  |  |
| (5) ETC Designation Type (C  | (5) ETC Designation Type (Check one): Lifeline Only 🖾 High Cost/Low Income 🛄 |  |            |  |  |  |  |  |
| (6) Organization Information   | <u> </u>   |  | (7)        | Filing Information   |  |  |  |  |
| Company Legal Name:  | Mountain Rural   | Telephone Coop.                          | a)         | Submission Date 10/06/2015                                     |  |  |  |  |
| Contact Name:  | Michelle Kidd  |  | b)         | Data Month November-2015                                       |  |  |  |  |
| Malling Address:   | PO Box 399   |  | C)         | Type of Filing<br>(check one)                                  |  |  |  |  |
|  | West Liberty,  | KY 41472                                 |            | Original 🔀   |  |  |  |  |
|  |  |  | d)         |  |  |  |  |  |
| Telephone Number:  | (606)743-3121  |  |            |  |  |  |  |  |
| Fax Number:  | (606)743-2891  |  |            |  |  |  |  |  |
| E-mail Address:  | mkidd@mountai  | ntelephone.com                           |            |  |  |  |  |  |
| Lifeline   |  |  |            |  |  |  |  |  |
|  |  | (a) # Lifeline<br><u>Subscribers</u>     |            | (b) Lifeline Support/ (c) Total Lifeline<br>Subscriber Support |  |  |  |  |
| Non-Tribal Low-Income Sub  |  |  |            |  |  |  |  |  |
| Receiving federal Li   | feline Support   | (8) 1695                                 |            | x \$9.25\$\$   |  |  |  |  |
| Tribal Low-Income Subscribers (9)<br>Receiving federal Lifeline Support    |  |  | _ x \$ =\$ |  |  |  |  |  |
|  |  | Το                                       | tal F      | Federal Lifeline Support Claimed (10) \$ 15,678.75             |  |  |  |  |
| Toll Limitation Servic   | es (TLS)   |  |            |  |  |  |  |  |
| Cost of Providing TI<br>(the lesser of incrementation)                     | <b>_S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 i                    | (11)<br>n 2013)                          |            |  |  |  |  |  |
| Number of TLS Sub  | scribers   | (12)                                     |            |  |  |  |  |  |
|  |  |  |            | Total TLS Support Claimed (13) \$                              |  |  |  |  |
| Tribal Link Up (Availabl   | e only to ETCs rece  | iving High Cost sup                      | por        | t)   |  |  |  |  |
| Number of Connecti<br>Charges Waived per                                   |  | (14)<br>(15) \$<br>(not to exceed \$100) |            | (for multiple rates, use an average amount)                    |  |  |  |  |
| Total Connection Ch  | arges Waived   | (16) \$                                  |            |  |  |  |  |  |
| Deferred Interest  |  | (17) \$                                  |            |  |  |  |  |  |
|  |  |  |            | Tribal Link Up Support Claimed (18) \$ 0.00                    |  |  |  |  |
| ETC Payment  |  |  |            |  |  |  |  |  |
| Total Lifeline \$ 15,678.75 Total TLS \$ 0.00 Total Tribal Link Up \$ 0.00 |  |  |            |  |  |  |  |  |
| *  |  |  |            | Total Dollars (19) \$  |  |  |  |  |
|  |  |  |            |  |  |  |  |  |

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FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2,5 Hrs.

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11/06/2015

Vich M. Vid

# Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

# **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.

| 1  |  |                                      |          |                                    |                      | se No. 2016-00059<br>nibit B             |  |
|--|--|--------------------------------------|----------|------------------------------------|----------------------|--|--|
|  |  |                                      |          |                                    |                      | C Form 497                               |  |
| FCC Form 497<br>April 2012 Edition                 |  | LIFELINE WORK                        | SHE      | ET                                 |                      | OMB Approval                             |  |
|  |  |                                      |          | Avg.                               | Burden Est           | 3060-0819<br>t. per Respondent: 2.5 Hrs. |  |
| (1) USAC Service Provider I                        | dentification Numbe                                      | r 143001575                          |          | (2) Stu                            | dy Area Co           | ode 260414                               |  |
| (3) Filer 499 ID 808623                            |  | (4) Technology Ty                    | /pe (    | check one) Wireli                  | ne 🔼                 | Wireless 🛄                               |  |
| (5) ETC Designation Type (0                        | Check one): Lifelir                                      | ie Only 🔽 🛛 H                        | ligh     | Cost/Low Income                    |                      |  |  |
| (6) Organization Information                       | <u>.                                    </u>             |                                      | (7)      | Filing Information                 |                      | 87                                       |  |
| Company Legal Name:                                | Mountain Rural   | Telephone Coop.                      | a)       | Submission Date                    | 12/04/2              | 2015                                     |  |
| Contact Name:                                      | Michelle Kidd  |                                      | b)       | Data Month                         | Decemb               | er-2015                                  |  |
| Mailing Address:                                   | PO Box 399   |                                      | c)       | Type of Filing<br>(check one)      |                      |  |  |
|  | West Liberty,  | KY 41472                             |          |                                    | Original<br>Revision | ×  |  |
| T-t-t Northan                                      |  |                                      | d)       | State Reporting                    | Kentucky             |  |  |
| Telephone Number:<br>Fax Number:                   | (606)743-3121  |                                      |          |                                    |                      |  |  |
|  | (606)743-2891  |                                      |          |                                    |                      |  |  |
| E-mail Address:                                    | mkidd@mounta   | intelephone.com                      |          |                                    |                      |  |  |
| Lifeline   |  |                                      |          |                                    |                      |  |  |
|  |  | (a) # Lifeline<br><u>Subscribers</u> |          | (b) Lifeline Sup<br>Subscriber Sup |                      | (c) Total Lifeline                       |  |
| Non-Tribal Low-Income Sub                          |  | (8) 1707                             |          |                                    |                      | <sub>= \$</sub> 15,789.75                |  |
| Receiving federal L                                |  |                                      | × \$9.25 |                                    | <u> </u>             |  |  |
| Tribal Low-Income Subscrib<br>Receiving federal Li |  | (9)                                  |          | x \$                               | ed \$34.25)          | = \$                                     |  |
|  |  | Tol                                  | tal F    | ederal Lifeline Sup                | port Claim           | ed (10) \$ 15,789.75                     |  |
| Toll Limitation Servic                             | es (TLS)   |                                      |          |                                    |                      |  |  |
| Cost of Providing T<br>(the lesser of increment    | L <b>S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 | (11)<br>in 2013)                     |          | _                                  |                      |  |  |
| Number of TLS Sub                                  | scribers   | (12)                                 |          |                                    |                      |  |  |
|  |  |                                      |          | Total TLS Suppo                    | ort Claimed          | (13) <b>\$</b> 0.00                      |  |
| Tribal Link Up (Availab                            | le only to ETCs rece                                     | niving High Cost sup                 | port     | )                                  |                      |  |  |
| Number of Connect<br>Charges Waived per            |  | (14)<br>(15) \$                      |          | (for multiple rates,               | use an avera         | age amount)                              |  |
|  |  | (not to exceed \$100)                |          |                                    |                      |  |  |
| Total Connection Ch                                | arges Waived   | (16) \$                              |          |                                    |                      |  |  |
| Deferred Interest                                  |  | (17) \$                              |          |                                    |                      |  |  |
|  |  | То                                   | tai T    | ribal Link Up Supp                 | ort Claime           | d (18) \$ 0.00                           |  |
| ETC Payment  |  |                                      |          |                                    |                      |  |  |
| Total Lifeline \$ 15,789.75                        |  | 00то                                 | otal 1   | Fribal Link Up \$ <u>0</u> .       | 00                   |  |  |
|  |  |                                      |          | Total                              | Dollars (19          | 15,789.75                                |  |

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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12/04/2015

Vichille Kide

# DATE

# Accounting Clerk

**OFFICER NAME** 

OFFICER SIGNATURE

Michelle Kidd

# **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.

|     | ,  |   |  |        |  | Ext                        | se No. 2016-(<br>nibit B<br>C Form 497      | 00059                   |
|-----|--|---|--|--------|--|----------------------------|---|-------------------------|
|     | FCC Form 497<br>April 2012 Edition   |   | LIFELINE WORK  | SHE    |  |                            |   | B Approval<br>3060-0819 |
|     |  |   |  |        |  |                            | per Responde                                | nt: 2,5 Hrs.            |
| (   | 1) USAC Service Provider I   | dentification Number                                      | , 143001575  |        | (2) Stu  | dy Area Co                 | <sub>de</sub> 260414                        | _                       |
| (   | 3) Filer 499 ID 808623   |   | (4) Technology Ty  | /pe (  | check one) Wireli  | ne 🔼                       | Wireless                                    | 0                       |
| (#  | 5) ETC Designation Type (C   | Check one): Lifelin                                       | e Only 🔽 🕴   | ligh   | Cost/Low Income  |                            |   |                         |
| _(( | 6) Organization Information  | l   |  | (7)    | Filing Information   |                            | ·   |                         |
| C   | Company Legal Name:  | Mountain Rural  | Telephone Coop.  | a)     | Submission Date  | 01/07/2                    | 2016  |                         |
|     | Contact Name:  | Michelle Kidd   |  | b)     | Data Month   | January                    | -2016                                       |                         |
|     | lailing Address:   | PO Box 399  |  | C)     | Type of Filing<br>(check one)  |                            | -   |                         |
|     |  | West Liberty,   | KY 41472   |        |  | Original<br>Revision       | <b>N</b>                                    |                         |
| L   |  |   |  | d)     | State Reporting  | Kentucky                   |   |                         |
|     | elephone Number:<br>ax Number:   | (606)743-3121   |  |        |  |                            |   |                         |
| H   |  | (606)743-2891   |  |        |  |                            |   |                         |
| E   | -mail Address:   | mkidd@mountai   | ntelephone.com   |        |  |                            |   |                         |
| N   | . <b>ifeline</b><br>Ion-Tribal Low-Income Sub<br>Receiving federal Li<br>ribal Low-Income Subscrib | feline Support<br>ers                                     | (a) # Lifeline<br><u>Subscribers</u><br>(8) <u>1518</u><br>(9) |        | (b) Lifeline Sup<br><u>Subscriber Sup</u><br>x \$ <u>9.2</u><br>x \$ | <u>port</u>                | (c) Total Life<br>= \$ <u>14,04</u><br>= \$ | 1.50                    |
| 7   | Receiving federal Li   |   | To   | tal Fo | (not to exce<br>ederal Lifeline Sup                                  | ed \$34.25)<br>port Claime | ed (10) \$ <u>14,</u> (                     | 041.50                  |
|     | Cost of Providing TI<br>(the lesser of increment   | <b>_S per Subscriber</b><br>al cost or \$3 in 2012 /\$2 i | (11)<br>n 2013)  |        |  |                            |   |                         |
|     | Number of TLS Sub  | scribers  | (12)   |        | _  |                            |   |                         |
| т   | <b>ribal Link Up</b> (Availabi   | e only to ETCs rece                                       | iving High Cost sup  | port   | Total TLS Supp   | ort Claimed                | (13) \$ <u>0.00</u>                         |                         |
|     | Number of Connecti<br>Charges Waived per   |   | (14)<br>(15) \$<br>(not to exceed \$100)                       |        | — (for multiple rates,   | use an avera               | ige amount)                                 |                         |
|     | Total Connection Ch  | arges Waived  | (16) \$  |        | _  |                            |   |                         |
|     | Deferred Interest  |   | (17) \$  |        |  |                            |   |                         |
|     |  |   |  |        | —<br>ribal Link Up Supp  | ort Claime                 | d (18) \$ 0.00                              |                         |
|     | TC Payment   |   |  |        |  |                            |   |                         |
| Тс  | otal Lifeline <u>\$</u> 14,041.50  |   | 0т   | otal 1 | Tribal Link Up \$ <u>0</u> .   | .00                        |   |                         |
|     |  |   |  |        |  | Dollars (19                |   | 50                      |
|     |  |   |  |        | i vidi   |                            |   |                         |

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.

01/07/2016

michelle Kidd

# Accounting Clerk

OFFICER SIGNATURE Michelle Kidd

# **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.

| 1  |  |  |        |                               | Exhi                 | e No. 2016-00<br>bit B<br>: Form 497 | )059     |  |
|--|--|--|--------|-------------------------------|----------------------|--------------------------------------|----------|--|
| FCC Form 497<br>April 2012 Edition   |  | LIFELINE WORK                            | SHE    | ET                            | FCC                  | OMB                                  | Approval |  |
|  |  |  |        | Avg.                          | Burden Est,          | per Responden                        |          |  |
| (1) USAC Service Provider  | Identification Numbe                             | r_143001575                              |        | (2) Stu                       | dy Area Cod          | le_260414                            | _        |  |
| (3) Filer 499 ID 808623  |  | (4) Technology Ty                        | vpe (  | check one) Wireli             | ne 🔼                 | Wireless [                           | 3        |  |
| (5) ETC Designation Type (Check one): Lifeline Only 🙀 High Cost/Low Income 📮 |  |  |        |                               |                      |                                      |          |  |
| (6) Organization Information   | n  |  | (7)    | Filing Information            |                      |                                      |          |  |
| Company Legal Name:  | Mountain Rural                                   | Telephone Coop.                          | a)     | Submission Date               | 02/05/2              | 016                                  |          |  |
| Contact Name:  | Michelle Kidd                                    |  | b)     | Data Month                    | February-            | 2016                                 |          |  |
| Mailing Address:   | PO Box 399                                       |  | C)     | Type of Filing<br>(check one) |                      |                                      |          |  |
|  | West Liberty,                                    | KY 41472                                 |        |                               | Original<br>Revision | 2                                    |          |  |
|  |  |  | d)     | State Reporting               | Kentucky             |                                      | _        |  |
| Telephone Number:  | (606)743-3121                                    |  |        |                               |                      |                                      |          |  |
| Fax Number:  | (60)743-2891                                     |  | e.     |                               |                      |                                      |          |  |
| E-mail Address:  | mkidd@mountai                                    | intelephone.com                          | j.     |                               |                      |                                      |          |  |
| Lifeline   |  | (a) # Lifeline                           |        | (b) Lifeline Sup              | nort/                | (c) Total Lifeli                     | ine      |  |
| Non-Tribal Low-Income Sub  | coriboro   | Subscribers                              |        | Subscriber Sup                |                      | (0) 1000 2000                        |          |  |
| Receiving federal L  |  | (8) 1555                                 |        | x \$9.2                       |                      | = \$ 14,383                          | 9.75     |  |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support          |  | (9)                                      |        |                               | ed \$34.25)          | =\$                                  |          |  |
|  |  | Tot                                      | tal F  | ederal Lifeline Sup           | port Claime          | d (10) \$ <u>14,3</u>                | 83.75    |  |
| Toll Limitation Servic   | es (TLS):  |  |        |                               |                      |                                      |          |  |
| Cost of Providing T<br>(the lesser of increment                              | LS per Subscriber<br>al cost or \$3 in 2012 /\$2 | (11)<br>in 2013)                         |        |                               |                      |                                      |          |  |
| Number of TLS Sub  | scribers   | (12)                                     |        | _                             |                      |                                      |          |  |
| Tribal Link Up (Availab  | le only to ETCs rece                             | eivina Hiah Cost sup                     | port   | Total TLS Suppo               | ort Claimed          | (13) \$_0.00_                        |          |  |
| •  | -  |  | • ·    |                               |                      |                                      |          |  |
| Number of Connect<br>Charges Waived pe                                       |  | (14)<br>(15) \$<br>(not to exceed \$100) |        | — (for multiple rates,        | use an averag        | je amount)                           |          |  |
| Total Connection Cl  | harges Waived                                    | (16) \$                                  |        | _                             |                      |                                      |          |  |
| Deferred Interest  |  | (17) \$                                  |        |                               |                      |                                      |          |  |
|  | Total Tribal Link Up Support Claimed (18) \$     |  |        |                               |                      |                                      |          |  |
| ETC Payment  |  |  |        |                               |                      |                                      |          |  |
| Total Lifeline \$ 14,383.75  | Total TLS \$ 0.0                                 | 00то                                     | otal 1 | Tribal Link Up \$ _0.         | .00                  | _                                    |          |  |
|  |  |  |        | Total                         | Dollars (19)         | <u>\$ 14,383.7</u>                   | 5        |  |

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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02/05/2016

richille Kidd

# Accounting Clerk

**OFFICER SIGNATURE** Michelle Kidd

# **OFFICER TITLE**

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**OFFICER NAME** 

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| · · ·   |                             |                               |   |  | Exhi                 |                      | )0059                     |
|---|-----------------------------|-------------------------------|---|--|----------------------|----------------------|---------------------------|
| r Sala  |                             |                               |   |  | FCC                  | Form 497             |                           |
| FCC Form 497<br>April 2012 Edition                                  |                             | LIFELINE WORKSHEET OMB Approv |   |  |                      |                      |                           |
|   |                             |                               |   | Avg.                                       | Burden Est.          | per Responde         | 3060-0819<br>nt: 2.5 Hrs. |
| (1) USAC Service Provider I   | dentification Numbe         | 143001575                     |   | (2) Stu                                    | dy Area Coo          | <sub>Je</sub> 260414 | 0.036                     |
| (3) Filer 499 ID 808623   |                             | (4) Technology Ty             | vpe (   | check one) Wireli                          | ne 🔼                 | Wireless             |                           |
| (5) ETC Designation Type (0   | heck one): Lifelin          | e Only 🗐 🛛 I                  | ligh  | Cost/Low Income                            | Q.                   |                      |                           |
| (6) Organization Information  | L                           |                               | (7)   | Filing Information                         |                      |                      |                           |
| Company Legal Name:   | Mountain Rural              | Telephone Coop.               | a)  | Submission Date                            | 03/04/2              | 016                  |                           |
| Contact Name:   | Michelle Kidd               |                               |   | Data Month                                 | March-20             |                      |                           |
| Malling Address: PO Box 399   |                             |                               |   | Type of Filing                             |                      |                      |                           |
|   | West Liberty,               | KY 41472                      |   |  | Original             | P                    |                           |
|   |                             |                               | d)  | State Reporting                            | Revision<br>Kentucky | <u> </u>             |                           |
| Telephone Number:   | (606)743-3121               |                               | 9   | Yé — Sé — S                                |                      |                      |                           |
| Fax Number:   | (606)743-2891               |                               |   |  |                      |                      |                           |
| E-mail Address:   | mkidd@mountaintelephone.com |                               |   |  |                      |                      |                           |
| Lifeline  |                             |                               |   |  |                      |                      |                           |
|   |                             | (a) # Lifeline<br>Subscribers |   | (b) Lifeline Supj<br><u>Subscriber Sup</u> |                      | (c) Total Life       | line                      |
| Non-Tribal Low-Income Sub<br>Receiving federal Li                   |                             | (8) 1567                      |   | x \$9.25                                   |                      | = \$ 14,494          | 4 75                      |
|   |                             |                               |   |  |                      |                      |                           |
| Tribal Low-Income Subscribers<br>Receiving federal Lifeline Support |                             |                               |   | x \$<br>(not to excee                      | d 624 76)            | = \$                 |                           |
|   |                             | Tot                           | al Fe   | ederal Lifeline Supp                       | oort Claimed         | 1 (10) \$ 14,4       | 94.75                     |
| Toll Limitation Servic  | es (TLS)                    |                               |   |  |                      |                      |                           |
| Cost of Providing TL<br>(the lesser of incrementa                   | _                           |                               |   |  |                      |                      |                           |
| Number of TLS Subs  | cribers                     | (12)                          |   | _  |                      |                      |                           |
|   |                             |                               |   | Total TLS Suppo                            | rt Claimad           |                      |                           |
| Tribal Link Up (Available   | e only to ETCs recei        | iving High Cost supj          | oort)   |  | rt Claimed           | (13) \$              |                           |
| Number of Connections Waived<br>Charges Waived per Connection       |                             |                               | 15) \$ (for multiple rates, use an average amou |  |                      | e amount)            |                           |
| Total Connection Charges Waived                                     |                             | (16) \$                       |   | -  |                      |                      |                           |
| Deferred Interest   |                             | (17) \$                       |   | _  |                      |                      |                           |
|   |                             | Tot                           | ai Tr   | ibal Link Up Suppo                         | ort Claimed (        | (18) \$ <u>0.00</u>  |                           |
| ETC Payment   |                             |                               |   |  |                      |                      |                           |
| Total Lifeline \$ 14,494.75   |                             | 0 To:                         | tal T.  | ribal Link Up \$                           | 00                   |                      |                           |
|   |                             |                               |   | Total D                                    | )oilars (19) \$      | 14,494.7             | 5                         |

FCC Form 497 April 2012 Edition

#### LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg, Burden Est. per Respondent: 2,5 Hrs.

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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.

03/04/2016

michille Kide

# Accounting Clerk

Michelle Kidd **OFFICER NAME** 

**OFFICER SIGNATURE** 

## **OFFICER TITLE**

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| FCC Form 497<br>April 2012 Edition  |                                      | SHE                                      | HEET OMB Appro<br>3060-0<br>Avg. Burden Est, per Respondent; 2.5 I |   |                      |                                 |              |  |
|---|--------------------------------------|--|--|---|----------------------|---------------------------------|--------------|--|
|   |                                      | 142001575                                |  | _   |                      |                                 | nic 2.5 Mis. |  |
| (1) USAC Service Provider I   | dentification Number                 | . 143001575                              |  | (2) Stu                                   | dy Area Co           | <sub>de</sub> 260414            | _            |  |
| (3) Filer 499 ID 808623   |                                      | (4) Technology Ty                        | ype (  | check one) Wireli                         | ne 🏹                 | Wireless                        | <b>D</b>     |  |
| (5) ETC Designation Type (C   | heck one): Lifelin                   | e Only 🛃 🛛 I                             | High   | Cost/Low Income                           | <b>D</b>             |                                 |              |  |
| (6) Organization Information  | (7)                                  | Filing Information                       |  |   |                      |                                 |              |  |
| Company Legal Name:   | Mountain Rural Telephone Coop.       |  |  | Submission Date                           | 04/07/2              | 2016                            |              |  |
| Contact Name:   | Michelle Kidd                        |  |  | Data Month                                | April-201            | 16                              |              |  |
| Mailing Address:  | PO Box 399<br>West Liberty, KY 41471 |  | c)   | Type of Filing<br>(check one)             |                      |                                 |              |  |
|   |                                      |  |  |   | Original<br>Revision |                                 |              |  |
|   |                                      |  | d)   | State Reporting                           | Kentucky             |                                 |              |  |
| Telephone Number:   | (606)743-3121                        |  |  |   |                      |                                 |              |  |
| Fax Number:   | (606)743-2891                        |  |  |   |                      |                                 |              |  |
| E-mail Address:   | mkidd@mountai                        | ntelephone.com                           |  |   |                      |                                 |              |  |
| Lifeline  |                                      |  |  |   |                      |                                 |              |  |
|   |                                      | (a) # Lifeline<br><u>Subscribers</u>     |  | (b) Lifeline Sup<br><u>Subscriber Sup</u> |                      | (c) Total Life                  | line         |  |
| Non-Tribal Low-Income Sub   |                                      |  |  |   |                      | 14 67                           | 0 75         |  |
| Receiving federal Lifeline Support (8) 1007   |                                      | (8) 1587                                 |  | x \$9.25                                  |                      |                                 |              |  |
| Tribal Low-Income Subscribers (9)<br>Receiving federal Lifeline Support                                   |                                      |  | frank kar average  |   |                      |                                 |              |  |
|   | ionno oupport                        | То                                       | tal F  | ederal Lifeline Sup                       | port Claime          | ed (10) \$ <u>14,6</u>          | 679.75       |  |
| Toll Limitation Servic  | es (TLS)                             |  |  |   |                      |                                 |              |  |
| Cost of Providing TLS per Subscriber (11)<br>(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) |                                      |  |  |   |                      |                                 |              |  |
| Number of TLS Subscribers (12)  |                                      |  |  |   |                      |                                 |              |  |
|   |                                      | Total TLS Support Claimed (13) \$_0.00   |  |   |                      |                                 |              |  |
| Tribal Link Up (Availabl  | le only to ETCs rece                 | iving High Cost sup                      | port   | i)  | in continue          | . (10) •                        |              |  |
| Number of Connections Waived<br>Charges Waived per Connection   |                                      | (14)<br>(15) \$<br>(not to exceed \$100) | (15) \$ (for multiple  |   |                      | e rates, use an average amount) |              |  |
| Total Connection Charges Waived (16) \$   |                                      |  | _  |   |                      |                                 |              |  |
| Deferred Interest   |                                      | (17) \$                                  |  |   |                      |                                 |              |  |
|   |                                      | То                                       | otal T   | ribal Link Up Supp                        | ort Ciaime           | d (18) \$ 0.00                  |              |  |
| ETC Payment   |                                      |  |  |   |                      |                                 |              |  |
| -   | 0.0                                  | 0  |  | 0   | 00                   |                                 |              |  |
| Total Lifeline \$_14,679.75   | Total TLS \$_0.0                     | <u>т</u>                                 | otal '   | Tribal Link Up \$ <u>0.</u>               | 00                   |                                 | 7 F          |  |
|   |                                      |  |  | Total                                     | Dollars (19          | ) \$14,679.7                    | <u>′5</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.

04/07/2016

midle Kide

# Accounting Clerk

# officer signature Michelle Kidd

# **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.

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

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

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