EXHIBIT 27

Case No. 2016-00059

					EXNIDI FCC F	f B Form 497	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OM	3 Approval 3060-0819
				Avg.	Burden Est.	. per Responder	nt: 2.5 Hrs.
(1) USAC Service Provider l	dentification Number	143001578		(2) Stu	dy Area Co	de <u>260418</u>	_
(3) Filer 499 ID <u>802179</u>		(4) Technology Ty	/pe (check one) Wireli	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🛄 🛛 I	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information	.		
Company Legal Name:	South Central Rural Tele	phone Coop. Corp. Inc.	a)	Submission Date	02/06/2	014	
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	January	2014	
Malling Address:	PO BOX 159		c)	Type of Filing (check one)			
			·	, -	Original Revision		
	GLASGOW, KY	Y 42142-0159	d)	State Reporting	KENTU	CKY	
Telephone Number:	270-678-8230						
Fax Number:							
E-mail Address:							
Lifeline							
Litenite		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport		
Receiving federal L	ifeline Support	(8) 1934		x \$ <u>9.2</u>	5	=\$ <u>17890</u>)
Tribal Low-Income Subscrib		(9) <u>0</u>		\$_ <u>0.00</u>		= \$ _0	
Receiving federal L	ifeline Support	Тс	stal F	not to exce) ederal Lifeline Sup		ed (10) \$ 178	90
Toll Limitation Servio	es (TLS)				•		
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	0				
Number of TLS Sub		(12) 783	_				
Tribal Link Up (Available only to ETCs receiving Hig		eivina Hiah Cost su	nnor	Total TLS Supp	ort Claime	d (13) \$ <u>0</u>	<u> </u>
·····	···· , ······	•		7			
Number of Connect Charges Waived pe		(14) <u>0</u> (15) \$ <u>0.00</u> (not to exceed \$100)		(for multiple rates	, use an aver	age amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_			
Deferred Interest		(17) \$ <u>0.00</u>					

Total Tribal Link Up Support Claimed (18) \$ 0____

ETC Payment

Total Lifeline \$ <u>17890</u>	Total TLS \$_0	Total Tribal Link Up \$ <u>0</u>			
		Total Dollars (19) \$ <u>17890</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.

02/06/2014

Chris Lawrence

DATE

Business Director

OFFICER TITLE

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

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

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

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

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Case No. 2016-00059
Exhibit B
FCC Form 497

Total Dollars (19) \$ <u>1811</u>2

					Exhibi	t B Form 497
FCC Form 497 April 2012 Edition			(SHE	ET	FCC F	OMB Approval
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143001578		(2) Stu	idy Area Co	de <u>260418</u>
(3) Filer 499 ID 802179		(4) Technology T	ype (check one) Wireli	ine 🗹	Wireless 🔲
(5) ETC Designation Type (0	Check one): Lifeline	e Only 📮	High	Cost/Low income		
(6) Organization Information	<u>n</u>		(7)	Filing Information		
Company Legai Name:	South Central Rural Tele	ephone Coop. Corp. Inc	. a)	Submission Date	03/05/2	014
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	Februar	ry 2014
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)	•	
					Original Revision	P I
	GLASGOW, KY	42142	d)	State Reporting	KENTU	ĊŔY
Telephone Number:	270-678-8230				-	
Fax Number:						
E-mail Address:						
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub						. 10110
Receiving federal L	ifeline Support	(8) 1958		× \$ <u>9.2</u>	25	=\$ 18112
Tribal Low-Income Subscril Receiving federal L		(9) 0		x \$ <u>0.00</u>	eed \$34.25)	= \$
······		т	otal F	ederal Lifeline Su		ed (10) \$ <u>18112</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing 1 /the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2	(11) <u>0.0000</u>	00			
Number of TLS Sul		(12) <u>783</u>				
Number of TLS Su	Jachuera	(12) <u></u>				4 (47) 0 (
Tribal Link Up (Availal	ble only to ETCs rece	aiving High Cost s	ippoi	••	on claime	a (13) ≱ <u>∽</u>
Number of Connec		(14) <u>0</u>				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)	(for multiple rates	s, use an aver	age amount)
		<i>um</i> = 0.0				
Total Connection C	narges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>				_
		-	fotal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ 18112	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ ()	

If you have any questions, pi	lease call USAC at (866)	873-4727 Toll Free
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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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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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03/05/2014

Chris Lawrence

OFFICER SIGNATURE

DATE

Business Director

Chris Lawrence

OFFICER NAME

OFFICER TITLE

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					Exhibit E	
FCC Form 497				FT	FCC For	
April 2012 Edition			URKSHE	EI		OMB Approval 3060-0819
				Avg.	Burden Est. p	er Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143001578		(2) Stud	dy Area Code	260418
(3) Filer 499 ID <u>802179</u>		(4) Technolog	зу Туре (check one) Wirelin	ne 🗹	Wireless 🗖
(5) ETC Designation Type (C	Check one): Lifeline	Only 📮	High	Cost/Low Income		
(6) Organization Information	۱ <u>ــــــــــــــــــــــــــــــــــــ</u>		(7)	Filing Information		
Company Legal Name:	South Central Rural Teles	phone Coop. Corp	. Inc. a)	Submission Date	04/03/20	14
Contact Name:	CHRIS LAWRENCE		b)	Data Month	March 20	14
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)	_	
					Original Revision	a
	GLASGOW, KY	42142-015	9 d)	State Reporting	KENTUC	KY
Telephone Number:	270-678-8230					
Fax Number:	· · · · · · · · · · · · · · · · · · ·					
E-mail Address:						
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sur</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 2002		x \$ 9.2	5	=\$ 1851 9
Tribal Low-Income Subscril		(9) 0		x \$ 0.00		= \$ 0
Receiving federal L		(*)		(not to exceed \$34.25) I Federal Lifeline Support Claimed (10) \$ 18519		
			i otal f	ederal Liteline Sup	port Claimed	1 (10) \$ 100 19
Toll Limitation Servi	ces (TLS)					
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2 in	· · · · /	0000			
Number of TLS Sub		(12) 779				
		(1=)				
Tribal Link Up (Availal	ble only to ETCs rece	iving High Co	st suppoi	Total TLS Supp t)	ort Claimed	(13) \$ <u>0</u>
•	·	0				
Number of Connec Charges Waived pe		(14) <u>0</u> (15) \$ 0.00		(for multiple rates	use an averac	ie amount)
		(not to exceed \$	\$100)		,	,,
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest	•	(17) \$ 0.00				
		(, •		 Tribal Link Up Sup	net Claimed	(10) e O
			IOTAI	ппрагеник ор эпр	porcolanned	ι (το) φ <u>-</u>
ETC Payment						
Total Lifeline \$ <u>18519</u>	Total TLS \$ <u>0</u>		Total	Tribal Link Up \$ _0)	_
				Tota	l Dollars (19)	<u>\$ 18519</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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04/03/2014

Chris Lawrence

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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Case No. 2016-00059 Exhibit B

					FCC F	il B Form 497
FCC Form 497			CUE	CT.		OMP Approval
April 2012 Edition			SNE			OMB Approval 3060-0819
				-		per Respondent: 2.5 Hrs.
(1) USAC Service Provider In	dentification Number	143001578		(2) Stud	dy Area Co	_{de} 260418
(3) Filer 499 ID <u>802179</u>		(4) Technology Ty	pe (check one) Wirelin	ne 🗹	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🕴	ligh	Cost/Low Income		
(6) Organization Information	T		(7)	Filing Information		
Company Legal Name:	South Central Rural Tele	phone Coop, Corp. Inc.	a)	Submission Date	05/06/20	014
Contact Name:	CHRIS LAWRE	NCE	ь)	Data Month	April 20	14
Mailing Address:	PO BOX 159		(c)	Type of Filing (check one)		:
					Original Revision	
Totashara Norshara	GLASGOW, KY	42142-0159	d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	270-678-8230					
· · · · · · · · · · · · · · · · · · ·						
E-mail Address:						
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Sub <u>scrib</u> er <u>Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub	• • • • • • • • • •					=s 18648
Receiving federal L	ireline Support	<u> </u>		x \$ <u>9.2</u>	<u> </u>	•
Tribal Low-Income Subscrib Receiving federal L		(9) 0		. x \$ <u>0.00</u> (not to exce	ed \$34,25)	= \$ 0
.		Το	tal F	ederal Lifeline Sup		ed (10) \$ <u>18648</u>
Toll Limitation Servio	es (TLS)					
		0.0000				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppoi	t)		
Number of Connect	inne Maiued	(14) 0				
Charges Waived pe		(14) 0.00		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest	-	(17) \$ 0.00				
500000 00000			-4-1			40000
		т	otal	Tribal Link Up Sup	port Claime	sa (10) ə 🗹
ETC Payment						
Total Lifeline <u>\$ 18648</u>	Total TLS \$_0		Fotal	Tribal Link Up \$ <u>0</u>	l	
						9) \$_18648
					·	-,

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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05/06/2014

Chris Lawrence

OFFICER SIGNATURE

DATE

Business Director

Chris Lawrence

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE	ET		
						OMB App 3060-(
				Avg.	Burden Est.	per Respondent: 2.5
(1) USAC Service Provider Idei	ntification Number	143001578		(2) Stu	dy Area Coo	de 260418
(3) Filer 499 ID <u>802179</u>		(4) Technology Ty	pe (check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (Che	eck one): Lifeline	Only 🛄 🕴	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	r	
Company Legal Name: S	outh Central Rural Telep	ohane Coop. Corp. Inc.	a)	Submission Date	06/04/20	014
	HRIS LAWRE	NCE	b)	Data Month	May 201	14
Mailing Address: F	PO BOX 159		c)	Type of Filing (check one)	Original	
		42142 0150	d)		Revision	
	<u>GLASGOW, KY</u> 270-678-8230	42142-0109	<u>۳</u>	ante vehorniñ	KENTU	
Fax Number:						
E-mail Address:			ĺ			
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Su</u> f		(c) Total Lifeline
Non-Tribal Low-Income Subsc Receiving federal Life		(8) 2001		x \$ 9.2	5	= \$ 18509
Tribal Low-Income Subscriber	S	(9) <u>0</u> x \$ <u>0.00</u>				= \$_0
Receiving federal Life	line Support	(not to exceed \$34.25) Total Federal Lifeline Support Cla				ed (10) \$ 18509
Toll Limitation Services	s (TLS)					
Cost of Providing TLS (the lesser of incremental of		(11) <u>0.00000</u> 1 2013)	0			
Number of TLS Subsc	ribers	(12) <u>773</u>				
				Total TLS Supp	ort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Available	only to ETCs recei	iving High Cost su	ppor	t)		
Number of Connectior Charges Waived per C		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, ușe an avera	age amount)
Total Connection Cha	rges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		т	otal '	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline <u>\$ 18509</u>	Total TLS \$ 0	-	[otal	Tribal Link Up \$ 0)	

Total (L3 a	Total Tribal Link Up \$
	Total Dollars (19) \$ 18509

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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06/04/2014

Chris Lawrence

DATE

Business Director

OFFICER TITLE

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OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Case No. 2016-00059 Evhibit P

					FCC Fo	orm 497	
FCC Form 497 April 2012 Edition		LIFELINE WORK	\$HE	ET	OMB Approval 3060-0819		
				Avg.	Burden Est. j	per Respondent: 2.5 Hrs.	
(1) USAC Service Provider lo	lentification Number	143001578		(2) Stu	dy Area Cod	e <u>260418</u>	
(3) Filer 499 ID <u>802179</u>		(4) Technology Ty	/pe (check one) Wireli	ne 🗹	Wireless 🗖	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮 🛛 I	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	-		
Company Legal Name:	South Central Rural Tele	phone Coop. Corp. Inc.	a)	Submission Date	07/03/20	14	
Contact Name:	CHRIS LAWRE	NCE	b}	Data Month	June 201	4	
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)			
				. ,	Original Revision	2	
·	GLASGOW, KY	42142-0159	d)	State Reporting	KENTUC	K Y	
Telephone Number:	270-678-8230						
Fax Number:							
E-mail Address:							
			-				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline	
New Tribel Laws Income Out		Subscribers		Subscriber Sur			
Non-Tribal Low-Income Suba Receiving federal Li		(8) 1994		x \$ <u>9.2</u>	5	= \$ 18445	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal Li	feline Support	Т	tal C	(not to exce		5) imed (10) \$ 18445	
			Nai r	everal Literine Sup			
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of increment	L S per Subscriber al cost or \$3 in 2012 /\$2 ii	(11) <u>0.00000</u> n 2013)	0	_			
Number of TLS Sub	scribers	(12) <u>773 </u>					
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рроі	Total TLS Supp t)	ort Claimed	(13) \$ <u>0</u>	
Number of Connect Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	ge amount)	

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

(16) \$ 0.0

Total Tribal Link Up Support Claimed (18) \$ _____

Total Dollars (19) \$ 18445

(17) \$ 0.00

Total Lifeline \$_18445_____ Total TLS \$_0_____ Total Tribal Link Up \$_0

Total Connection Charges Waived

Deferred Interest

ETC Payment

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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07/03/2014

Chris Lawrence

OFFICER SIGNATURE

DATE

Business Director

OFFICER TITLE

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Chris Lawrence

					FCC F	Form 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
					Burden Est	3060-0819 per Respondent: 2.5 Hrs.
		440004570		-		
(1) USAC Service Provider	Identification Number	143001578		(2) Stu	dy Area Cod	le_260418
(3) Filer 499 ID <u>802179</u>		(4) Technology Ty	ype (d	check one) Wireli	ne 🗾	Wireless 🛄
(5) ETC Designation Type (Check one): Lifelin	e Only 📮 🛛 I	High	Cost/Low Income		
(6) Organization Informatio	n		(7)	Filing Information	_	······································
Company Legal Name:	South Central Rural Tele	ephone Coop. Corp. Inc.	a)	Submission Date	08/07/20)14
Contact Name:	CHRIS LAWRE		b)	Data Month	July 201	4
Mailin g Address:	PO BOX 159		c)	Type of Filing (check one)		
					Original Revision	
	GLASGOW, KY	(42142-0159	d)	State Reporting		СКҮ
Telephone Number: Fax Number:	270-678-8230		ł			
			$\left\{ \right.$			
E-mail Address:			J			
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 1896		x \$ 9.2	5	= \$ 17538
Tribal Low-Income Subscri		(9) 0		x \$ 0.00		= \$ 0
Receiving federal			-4-1 5	(not to exce	ed \$34.25)	
			otal F	ederal Lifeline Sup	port claime	a (10)\$ 17556
Toll Limitation Servi	ces (TLS)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00	_		
Number of TLS Su	bscribers	(12) <u>758</u>				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availa	ble only to ETCs rec	əiving High Cost su	ippor			
N	atowa latakwa d	(14) 0				
Number of Connec Charges Waived p		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates	s, use an avera	ige amount)
		(not to exceed \$100)	ł			
Total Connection	Charges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ 0.00				
Derened milereat				 Tribal Link Up Sup		- (40) # Û
			otal	rnbar Link Up Sup	port claime	u (10) ə <u>-</u>
ETC Payment						
Total Lifeline <u>\$</u> 17538	Total TLS \$_0		Total	Tribal Link Up \$ <u>(</u>)	
				Tota	al Dollars (19	a) <u>\$ 17538</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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08/07/2014

Chris Lawrence

DATE

Business Director

Chris Lawrence

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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Case No. 2016-00059
Exhibit B
FCC Form 497

Total Dollars (19) \$ 17418

					FCC F	orm 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approva
				Avg.	Burden Est.	3060-081 per Respondent: 2.5 Hrs
(1) USAC Service Provider	Identification Numbe	er <u>143001578</u>		(2) Stu	dy Area Co	de <u>260418</u>
(3) Filer 499 ID 802179			ype (d	check one) Wireli	ne 🖸	Wireless 🔲
(5) ETC Designation Type (Check one): Lifeli	ne Only 📮 🛛	High	Cost/Low Income		
(6) Organization Informatio	n		(7)	Filing Information		
Company Legal Name:		lephane Coop. Corp. Inc.		Submission Date	09/05/20	014
Contact Name:	CHRIS LAWR	ENCE	b)	Data Month	August	2014
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)	. <u>.</u> 	
					Original Revision	Α
	GLASGOW, K	Y 42142-0159	d)	State Reporting	KENTU	ĊĸŶ
Telephone Number:	270-678-8230		-			
Fax Number:		· · · · · · · · · · · · · · · · ·	-			
E-mail Address:						
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Su		(8) <u>1883</u>				=\$ 17418
Receiving federal		(8) <u>1000</u> (9) <u>0</u>		x \$ <u>9.2</u>	<u>ə</u>	
	Tribal Low-Income Subscribers Receiving federal Lifeline Support		<u></u>	x \$ <u>0.00</u> (not to exce	ed \$34.25)	= \$ _0
-		Τα	otal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>17418</u>
Toll Limitation Serve	ices (TLS)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) 0.00000 2 in 2013)	00	_		
Number of TLS Su	bscribers	(12) 758				
		(,		Total TLS Supp	art Claimas	
Tribal Link Up (Availa	ble only to ETCs red	eiving High Cost su	ippon	••	ort Claunet	1 (13) \$ <u> </u>
Number of Conne	ctions Waived	(14) 0				
Charges Waived p		(15) \$ 0.00		(for multiple rates	, use an avera	age amount)
		(not to exceed \$100)				
Total Connection	Charges Waived	(16) \$ 0.0		_		
Deferred Interest	_	(17) \$ 0.00				
			'otal '	— Tribal Link Up Sup	port Claime	d (18) \$ 0
		·	- wi		•iamile	
ETC Payment						
Total Lifeline \$ 17418	Total TLS \$_0		Total	Tribal Link Up \$ _)	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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09/05/2014

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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							FCC For	m 497	
FCC Form 497 April 2012 Edition		LIFEL	INE WORK	SHEI	ET			ON	IB Approval 3060-0819
						Avg.	Burden Est. pe	er Responde	
(1) USAC Service Provider Id	tentification Number	14300	1578			(2) Stu	idy Area Code	260418	
(3) Filer 499 ID <u>802179</u>		(4) Tec	hnology Ty	pe (d	check o	one) Wireli	ine 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only [al ⊦	ligh	Cost/Lo	ow Income			
(6) Organization Information				(7)	Filing Ir	nformation			
Company Legal Name:	South Central Rural Telep	hone Co	op. Corp. Inc.	a)	Submi	ssion Date	10/08/201	4	
Contact Name:	CHRIS LAWRE	NCE		b)	Data M	lonth	Septembe	er 2014	
Mailing Address:	PO BOX 159		C}	Type o (check	f Filing one)	-			
							Original 🗸		
	GLASGOW, KY	42142	2	d)	State F	Reporting	KENTUC	(Y	
Telephone Number:	270-678-8230								
Fax Number:									
E-mail Address:									
Lifeline									
			(a) # Lifeline		(b) Lifeline Suppo				
Non-Tribal Low-Income Sub	ecribere	Subsc	<u>ribers</u>		<u>Sub</u>	o <u>sc</u> riber Su	pport		
Receiving federal L		(8) 18	823		x	\$ <u>9.2</u>	25	=\$ <u>1686</u>	3
Tribal Low-Income Subscrib		(9) 0			x	\$ <u>0.00</u>		= \$ _0	
Receiving federal Li	ifeline Support		То	tal F	ederal		eed \$34.25) pport Claimed	(10) \$ <u>168</u>	63
Toll Limitation Servic	es (TLS)								
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 1 2013)	0.00000	0					
Number of TLS Sub	scribers	(12)	738						

Tribal Link Up (Available only to ETCs receiving High Cost support)

Number of Connections Waived Charges Waived per Connection	(14) 0 (15) \$ 0.00 (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$ <u>0.0</u>
Deferred Interest	(17) \$ 0.00
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	
Total Lifeline \$_16863 Total TLS \$_0	Total Tribal Link Up \$ <u>0</u>
	Total Dollars (19) \$ <u>16863</u>

Total TLS Support Claimed (13) \$0

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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10/08/2014

Chris Lawrence

DATE	OFFICER SIGNATURE
Business Director	Chris Lawrence

OFFICER TITLE

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	FT		OMB Approval
			•		Rurdon Ect	3060-0819 per Respondent: 2.5 Hrs.
				-		
(1) USAC Service Provider I	dentification Number	143001578		(2) Stu	dy Area Cor	de <u>260418</u>
(3) Filer 499 ID 802179		(4) Technology Ty	pe (check one) Wireli	ne 🗹	Wireless 🗖
(5) ETC Designation Type (0	Check one): Lifeline	e Only 🛄 🛛 I	ligh	Cost/Low Income		
(6) Organization Information	۱ <u> </u>	,,,,	(7)	Filing Information		
Company Legal Name:	South Central Rural Tele	phone Coop. Corp. Inc.	a)	Submission Date	11/06/20	014
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	October	2014
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)		
					Original Revision	4
	GLASGOW, KY	42142	d)	State Reporting	KENTU	CKY
Telephone Number:	270-678-8230					
Fax Number:			4			
E-mail Address:	1		j			
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
	Non-Tribal Low-Income Subscribers			-		=s 17131
Receiving federal L		(8) 1852		x \$ <u></u> 9.25		·
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) <u>0</u>		_ x \$ <u>0.00</u> (not to exce	ed \$34,25)	= \$
То			otal F	Federal Lifeline Sup		ed (10) \$ <u>17131</u>
Toll Limitation Services (TLS)						
Cost of Providing TLS per Subscriber (11) 0.000000						
Cost of Providing 1 (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i		0			
Number of TLS Sul	oscribers	(12) <u>555</u>				
Total TLS Support Claimed (13				1 (13) \$ <u>0</u>		
Tribal Link Up (Availat	ole only to ETCs rece	eiving High Cost su	рро	rt)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an aven	age amount)
Total Connection C	harges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claime	od (18) \$ <u>0</u>
ETC Dourmont						
ETC Payment	^				,	
Total Lifeline \$ <u>17131</u>	Total TLS \$_0		Tota	-		—
				Tota	I Dollars (1	9) \$ <u>17131</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.

11/06/2014

Chris Lawrence

OFFICER SIGNATURE

DATE

Business Director

OFFICER TITLE

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

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

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

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

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

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

Chris Lawrence

OFFICER NAME

Case No. 2016-00059
Exhibit B
FCC Form 497

					FCC F	t B Form 497
FCC Form 497 April 2012 Edition			SHEET			OMB Approval
,				Ava.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
		142001579		-		
(1) USAC Service Provider	Identification Numbe					de <u>260418</u>
(3) Filer 499 ID <u>802179</u>		(4) Technology Ty 	/pe (check c	one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (Check one): Lifelir	e Only 🖵 🛛 I	High Cost/Lo	ow Income		
(6) Organization Informatio			(7) Filing Ir	nformation	1	
Company Legal Name:	South Central Rural Tel	ephone Coop. Corp. Inc.	a) Submi	ssion Date	12/03/2	
Contact Name:			b) Data M		Novemb	per 2014
Malling Address:	PO BOX 159	······	c) Type c (check			_
					Original Revision	Ê
Telephone Number:	GLASGOW, K	<u>Y 42142</u>	d) State F	Reporting	KENTU	CKY
Fax Number:	270-678-8230		-			
E-mail Address:		~	-			
]			
Lifeline		(-) # 1 36-13	(6)	l ifalina Cum		
		(a) # Lifeline <u>Subscribers</u>		Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal		₍₈₎ 1734	x	\$ 9.2	5	= \$ 16040
Tribal Low-Income Subscri		(9) 0	x s 0.00			= \$ 0
Receiving federal Lifeline Support		(-)	^	(not to exce		
		10	tai rederai	Liteline Sup		ed (10) \$ <u>16040</u>
Toll Limitation Servi	ices (TLS)					
Coot of Droviding	TLS per Subscriber	(11) 0.00000	00			
	ntal cost or \$3 in 2012 /\$2		<u> </u>			
Number of TLS Su	bscribers	(12) 708				
			Tota	al TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rec	eiving High Cost su		· · · · · · · · · · · · · · · · · · ·		
N		(14) 0				
Number of Connec Charges Waived p		(14) <u>0</u> (15) \$ <u>0.00</u>	(for	multiple rates	, use an aver	age amount)
		(not to exceed \$100)				
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00				
			otal Tribal L	ink Un Sun	nort Claime	ad (18) \$ 0
		•		and ob out	Port Vianni	
ETC Payment						
Total Lifeline \$_16040	Total TLS \$ <u>0</u>		Total Tribal	Link Up \$ <u>(</u>)	—

Total Dollars (19) \$ 16040

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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12/03/2014

Chris Lawrence

Chris Lawrence

OFFICER NAME

DATE

OFFICER SIGNATURE

Business Director

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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Case No. 2016-00059
Exhibit B
FCC Form 497

					Exhibit FCC Fo	B orm 497
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approva
				Avg.	Burden Est.	3060-081 per Respondent: 2.5 Hrs
(1) USAC Service Provider	Identification Number	143001578		(2) Stu	dy Area Coo	le 260418
(3) Filer 499 ID 802179			vpe (check one) Wireli		Wireless 🗖
(5) ETC Designation Type (Cost/Low Income		
(6) Organization Informatio	·		-	Filing Information	-	
Company Legal Name:		ephone Coop. Corp. Inc		Submission Date	01/08/20)15
Contact Name:	CHRIS LAWRE	INCE	b)	Data Month	Decemb	er 2014
Mailing Address:	PO BOX 159		c)	Type of Filling (check one)	1	
				(encor enc)	Original Revision	
	GLASGOW, K	Y 42142	d)	State Reporting	KENTU	CKY
Telephone Number:	270-678-8230		1			
Fax Number:			-			
E-mail Address:						
Lifeline						
		(a) # Lifeline Subscriber <u>s</u>		(b) Lifeline Suj Subscriber Su		(c) Total Lifelin e
Non-Tribal Low-Income Su Receiving federal		(8) 1773		x \$ 9.2	-	=s 16400
Tribal Low-Income Subscri		(9) 0		x \$ 0.00	<u> </u>	= \$ 0
Receiving federal		(*)		(not to exc	eed \$34.25)	
		I.	otal r	ederal Lifeline Su	pport Claime	a (10)\$ <u>10400</u>
Toll Limitation Servi	ices (TLS)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) 0.0000 (in 2013)	00	_		
Number of TLS Su	bscribers	(12) <u>719</u>				
				Total TLS Supp	oort Claimed	I (13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rec	eiving High Cost si	ippo	rt)		
Number of Conne	tions Waived	(14) 0				
Charges Waived p		(15) \$ 0.00 (not to exceed \$100	<u> </u>	(for multiple rates	s, use an avera	age amount)
		0010 00000 01000	,			
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ <u>0.00</u>				
			Total	Tribal Link Up Sup	port Claime	ed (18) \$ 0
670 0 ·				· - ·		
ETC Payment	-				<u>_</u>	
Total Lifeline \$ <u>16400</u>	Total TLS \$ <u>0</u>		Tota			—
				Tota	al Dollars (19	e) \$ <u>16400</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.

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

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

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01/08/2015

OFFICER TITLE

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

OFFICER NAME

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

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

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					FCC F	Form 497
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
					Burdon Est	3060-0819 per Respondent: 2.5 Hrs.
				-		
(1) USAC Service Provider Id	dentification Number	143001578		(2) Stud	ly Area Co	_{de} 260418
(3) Filer 499 ID <u>802179</u>		(4) Technology Ty	pe (check one) Wirelin	ne 🗹	Wireless 🛄
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🕴	ligh	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	1	
Company Legal Name:	South Central Rural Tele	nhone Coop. Corp. Inc.	a)	Submission Date	02/05/2	015
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	January	2015
Mailing Address:	PO BOX 159		C)	Type of Filing (check one)		
					Original Revision	
Telephone Number:	GLASGOW, KY	42142-0159	d)	State Reporting	KENTU	CKY
Fax Number:	270-678-8230					
E-mail Address:						
Lifeline						2 X 100 - A - 1 X 12 X 11
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 1770		x \$ 9.2	5	= \$ 16373
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00		= \$ 0
Receiving federal Lifeline Support		1-7	(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ 16373			
		10	tai F	ederal Lifeline Sup	port Claim	ed (10) \$ 10373
Toll Limitation Services (TLS)						
Cost of Providing TLS per Subscriber (11) 0.000000						
(the lesser of incremental cost or \$3 in 2012 /\$2 in		<u> </u>				
Number of TLS Sub	Number of TLS Subscribers (12) 717					
				Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	opor	t)		
Number of Connect	ions Waived	(14) 0				
Charges Waived per Connection		(15) \$ 0.00		(for multiple rates, use an average amount)		
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ 0.0	_ .			
Deferred Interest		(17) \$ 0.00				
		T	otal '	— Tribal Link Up Supj	oort Claime	od (18) \$ 0
		•				
ETC Payment	•			_		
Total Lifeline \$ <u>16373</u>	Total TLS \$ <u>0</u>	1	`otal	Tribal Link Up \$ <u>0</u>		

Total Dollars (19) \$ 16373

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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02/05/2015

Chris Lawrence

DATE

Business Director

OFFICER TITLE

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OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Case No. 2016-00059
Exhibit B
FCC Form 497

					FCC F	Form 497
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Number	143001578		(2) Stu	dy Area Co	de <u>260418</u>
(3) Filer 499 ID <u>802179</u>		(4) Technology T	ype (check one) Wireli	ne 🗾	Wireless 🛄
(5) ETC Designation Type	(Check one): Lifelin	e Only 🛄	High	Cost/Low Income		
(6) Organization Informatio	on		(7)	Filing Information		
Company Legal Name:	South Central Rural Tele	ephone Coop. Corp. Inc	.a)	Submission Date	03/06/20	015
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	Februar	y 2015
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)	•	
]		Original Revision	P I
	GLASGOW, K	Y 42141	d)	State Reporting	KENTU	СКҮ
Telephone Number:	270-678-8230					
Fax Number:		. <u> </u>				
E-mail Address:						
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Su	Ibscribers	Subscribers		Subscriber Su	pport	
Receiving federal		(8) 1821		x \$ <u>9.2</u>	25	= \$ <u>16844</u>
Tribal Low-Income Subscr		(9) 0		. × \$ <u>0.00</u>		= \$ 0
Receiving federal	Lifeline Support	т	otal F	not to exci ederal Lifeline Suj	eed \$34.25) pport Claime	ed (10) \$ 16844
Toll Limitation Serv	icos (TLS)				-	
I On Linnauon Serv						
Cost of Providing	TLS per Subscriber	(11) 0.00000	00			
(the lesser of increme	ental cost or \$3 in 2012 /\$2	in 2013)				
Number of TLS St	ubscribers	(12) <u>735 </u>				
				Total TLS Supp	oort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Availa	able only to ETCs rece	eiving High Cost su	ippol	rt)		
Number of Conne	ctions Waived	(14) 0				
Charges Waived p	per Connection	(15) \$ 0.00		(for multiple rates	s, use an aver	age amount)
		(not to exceed \$100))			
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest		(17) \$ 0.00		_		
		1	Fotal	Tribal Link Up Sup	oport Claime	ed (18) \$ 0
ETC Payment						
Total Lifeline \$_16844			T.+**	l Tribal I tak II- ¢ Í	0	
	I OTAI ILS \$ <u></u>		IOCA	і тпрагсіпк ор ֆ _		16944

Total Dollars (19) \$ 16844

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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03/	06/2	015
-----	------	-----

Chris Lawrence

DATE

OFFICER SIGNATURE

OFFICER NAME

Business Director

OFFICER TITLE

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

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Case No. 2016-00059
Exhibit B
FCC Form 497

KENTUCKY

F00 F 407				FUU	F0fm 497
FCC Form 497 April 2012 Edition			OMB Approv 3060-081 Avg. Burden Est. per Respondent: 2.5 Hr		
(1) USAC Service Provider	Identification Number <u>143001578</u>		(2) Stu	idy Area C	:ode_260418
(3) Filer 499 ID <u>802179</u>	(4) Technology Ty	pe (check one) Wireli	ine 🗹	Wireless 🛄
(5) ETC Designation Type (Check one): Lifeline Only 🛄 H	ligh	Cost/Low Income		
(6) Organization Informatio	<u>n</u>	(7)	Filing Information		
Company Legal Name:	South Central Rural Telephone Coop. Corp. Inc.	a)	Submission Date	04/07/	2015
Contact Name:	CHRIS LAWRENCE	b)	Data Month	March	2015
Malling Address:	PO BOX 159	C)	Type of Filing (check one)	Original	μ
				Revision	

GLASGOW, KY 42142

270-678-8230

Telephone Number:

Fax Number:			
E-mail Address:			
Lifeline			
	(a) # Lifeline	(b) Lifeline Support/	(c) Total Lifeline
Non-Tribal Low-Income Subseribers	Subscribers	Subscriber Support	

Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8)	1870	x	\$	9.25	= \$ <u>17298</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9)	0 Total Fed	x Ieral		0.00 (not to exceed \$34.25) feline Support Claimed	= \$ <u>0</u> d (10) \$ <u>17298</u>
Toll Limitation Services (TLS)						
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in	(11) 2013	0.000000	-			
Number of TLS Subscribers	(12)	735	-			
Tribal Link Up (Available only to ETCs recei	iving	High Cost support)	Tot	al '	TLS Support Claimed	(13) \$ <u>0</u>
Number of Connections Waived Charges Waived per Connection	(14) (15) (not i	\$ 0.00 \$ 0.00 o exceed \$100)	. (fo	r mi	ultiple rates, use an averaç	ge amount)
Total Connection Charges Waived	(16)	\$ <u>0.0</u>				
Deferred Interest	(17)	\$ <u>0.00</u>	-			
		Total Tri	bal	Lin	k Up Support Claimed	s (18) \$ <u>0</u>
ETC Payment						

d)

State Reporting

Total Lifeline \$_17298	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>	
		Total Dollars (19) \$ <u>17298</u>	J

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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04/07/2015

Chris Lawrence

DATE

Business Director

OFFICER TITLE

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OFFICER SIGNATURE

Chris Lawrence

Case No. 2016-00059
Exhibit B
FCC Form 497

					Exhib FCC	oit B Form 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	100	OMB Approval
					Burden Est	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider	[·] Identification Number	143001578		(2) Stu	dy Area Co	de 260418
(3) Filer 499 ID 802179			ype (check one) Wireli	-	Wireless
(5) ETC Designation Type	(Check one): Lifelin	e Only 📮	High	Cost/Low Income		_
(6) Organization Informatio	on		(7)	Filing Information		
Company Legal Name:	South Central Rurat Tel	ephane Coop. Corp. Inc	. a)	Submission Date	05/07/2	015
Contact Name:	CHRIS LAWRE	INCE	ь)	Data Month	April 20	15
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)		
					Original Revision	P
	GLASGOW, KY	42142	d)	State Reporting	KENTU	CKY
Telephone Number:	270-678-8230					
Fax Number:	_		1			
E-mail Address:						
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifeline
Non-Tribal Low-Income Su		4005				47400
Receiving federal	Lifeline Support	(8) 1885		x \$ <u>9.2</u>	25	=\$ 17436
Tribal Low-Income Subsci		(9) _0	_	. x \$ <u>0.00</u>		= \$
Receiving federal	Liteline Support	Ŧ	otal F	ederal Lifeline Sup	eed \$34.25) oport Claim	ed (10) \$ <u>17436</u>
Toll Limitation Serv	ices (TLS)					
	TLS per Subscriber ental cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> in 2013)	00			
Number of TLS S	ubscribers	(12) <u>730</u>				
				Total TLS Supr	oort Claime	d (13) \$ 0
Tribal Link Up (Availa	able only to ETCs rec	eiving High Cost sι	ippoi			
Number of Conne	ctions Waived	(14) 0				
Charges Waived		(15) \$ 0.00		(for multiple rates	s, use an aver	age amount)
		(not to exceed \$100))			
Total Connection	Charges Waived	(16) \$ 0.0				
Deferred Interest	-	(17) \$ 0.00				
		•	[otal	 Tribal Link Up Sup	nort Claim	ed (18) \$ 0
					Per cianti	(•• / •
ETC Payment						
Total Lifeline \$ 17436	Total TLS \$_0		Total	Tribal Link Up \$ <u>(</u>)	
				Tota	al Dollars (1	9) \$ <u>17436</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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05/07/2015

Chris Lawrence

DATE

Business Director

OFFICER TITLE

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OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Case No. 2016-00059	
Exhibit B	
FCC Form 497	

					EXhibi ECC E	t B Form 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	(SHEE)	т	1001	OMB Appro
				Avg	. Burden Est.	3060-0 per Respondent: 2.5 H
(1) USAC Service Provider	Identification Numbe	r <u>143001578</u>		(2) Stu	ıdy Area Co	de <u>260418</u>
(3) Filer 499 ID 802179		(4) Technology T	ype (ch	teck one) Wirel	ine 🗹	Wireless 🔲
(5) ETC Designation Type (Check one): Lifelii	ne Only 🗖	High C	ost/Low Income		
(6) Organization Informatio	n		(7) Fi	ling Information		
Company Legal Name:	South Central Rural Te	lephone Coop. Corp. Inc	a)	Submission Date	06/08/20	015
Contact Name:	CHRIS LAWRI	ENCE	b)	Data Month	May 20 ⁻	15
Mailing Address:	PO BOX 159			Type of Filing (check one)	_	
					Original Revision	
	GLASGOW, K	Y 42142	d) (State Reporting	KENTU	C <mark>K</mark> Y
Telephone Number:	270-678-8230	· · · · · · · · · · · · · · · · · · ·				
Fax Number:			4			
E-mail Address:						
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Su <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Su Receiving federal		(8) 1875		x \$ <u>9.</u> ;	25	= \$ <u>17344</u>
Tribal Low-Income Subscri		(9) 0		x \$ <u>0.00</u>	······································	= \$_0
Receiving federal	Lifeline Support	Ŧ	otal Fe		eed \$34.25) pport Claim	ed (10) \$ <u>17344</u>
Toll Limitation Servi	ices (TLS)					
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2	(11) <u>0.0000(</u> 2 in 2013)	00	_		
Number of TLS Su	bscribers	(12) 717		_		
				Total TLS Sup	oort Claimer	1 (13) \$ 0
Tribal Link Up (Availa	ble only to ETCs rec	eiving High Cost su	ipport)	•		
Number of Connec	ctions Waived	(14) 0		_		
Charges Waived p	er Connection	(15) \$ 0.00 (not to exceed \$100)	_ (for multiple rate	s, use an avera	age amount)
Total Connection	Charges Waived	(16) \$ <u>0.0</u>		-		
Deferred Interest		(17) \$ <u>0.00</u>		_		
			Fotal Ti	ribal Link Up Su	pport Claime	ed (18) \$ <u>0</u>
ETC Payment						
- Total Lifeline \$_17344	Total TLS \$_0		Total T	ribal Link Up \$ _	0	

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

Total Dollars (19) \$ _17344

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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06/08/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

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Case No. 2016-00059 Exhibit B

			FCC Form 497				
FCC Form 497				CT.			
April 2012 Edition	LIFELINE WORK					OMB Approval 3060-0819	
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.	
(1) USAC Service Provider Identification Number <u>143001578</u>			(2) Study Area Code <u>260418</u>				
(3) Filer 499 ID 802179 (4) Technology Type (check one)					ne 🗹	Wireless 🔲	
(5) ETC Designation Type (Check one): Lifeline Only 🖵 High Cost/Low Income 🗹							
(6) Organization Information (7) Filing Information							
Company Legal Name:	South Central Rural Telephone Coop. Corp. Inc.			Submission Date 07/07/2015			
Contact Name:	CHRIS LAWRENCE		b)	Data Month June 2015			
Malling Address:	PO BOX 159		c)	Type of Filing (check one)			
					Original Revision		
	GLASGOW, KY	′ 42142	d)	State Reporting	KENTU	CKY	
Telephone Number:	270-678-8230						
Fax Number:			4				
E-mail Address:]				
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 1835		x \$ 9.2		≖s 16974	
		•		0.00	<u></u>	= \$ 0	
		(*)		(not to exceed \$34.25)			
-	То	otal f	Federal Lifeline Sup	oport Claime	ed (10) \$ <u>16974</u>		
Toll Limitation Services (TLS)							
		0 0000	0				
Cost of Providing TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)							
Number of TLS Subscribers (12) 713							
Number of TEO Out	(12)	-					
Tribal Link Up (Availab	le only to ETCs rece	eivina Hiah Cost su	oda	Total TLS Sup; rt)		1 (13) \$ <u>0</u>	
	,						
Number of Connections Walved Charges Waived per Connection		(14) <u>0</u> (15) \$ <u>0.00</u>					
		(not to exceed \$100)					
_ /							
Total Connection Charges Waived		(16) \$ 0.0					
Deferred Interest		(17) \$ <u>0.00</u>					
Fotal Tribal Link Up Support Claimed (18) \$ <u>0</u>							
ETC Payment							
Total Lifeline \$ <u>16974</u> Total TLS \$ <u>0</u> Total Tribal Link Up \$ <u>0</u>							
Total Link Up \$ Total (LS \$ Total (LS \$ Total I notal Link Up \$ Total Dellem (10) ¢ 16974							
				T - 4 -	J Dall /4/		

Total Dollars (19) \$ 10974
FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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07/07/2015

Chris Lawrence

DATE

Business Director

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OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Case No. 2016-00059
Exhibit B
FCC Form 497

					FCC Fo	orm 497
FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provide	er Identification Numbe	r <u>143001578</u>		(2) Stu	idy Area Co	de <u>2604</u> 18
(3) Filer 499 ID 802179		(4) Technology 1	iype (check one) Wireli	ine 🗹	Wireless 🛄
(5) ETC Designation Type	e (Check one): Lifeli	ne Only 📮	High	Cost/Low Income		
(6) Organization Informat	ion		(7)	Filing Information		
Company Legal Name:	South Central Rural Te	lephone Coop. Corp. In		Submission Date	08/06/2	015
Contact Name:	CHRIS LAWRI	ENCE	b)	Data Month	July 201	15
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)	*	
				(,	Original Revision	P I
	GLASGOW, K	Y 42142	- d)	State Reporting	KENTU	
Telephone Number:	270-678-8230					
Fax Number:						
E-mail Address:						
Lifeline	ï		_			
2.10,110		(a) # Lifeline		(b) Lifeline Sup	oport/	(c) Total Lifeline
Non-Tribal Low-Income S	ubscribers	Subscribers		Subscriber Su	pport	
Receiving federa	I Lifeline Support	(8) 1827		× \$ <u>9.2</u>	.5	= \$ 16900
Tribal Low-Income Subsc		(9) 0		. x \$ <u>0.00</u>		= \$ 0
Receiving federa	I Lifeline Support	г	otal F	not to exce) ederal Lifeline Su;	ed \$34.25) port Claime	ed (10) \$ <u>16900</u>
Toll Limitation Serv	vices (TLS)					
		(11) 0.0000	00			
	g TLS per Subscriber ental cost or \$3 in 2012 /\$2	\''/	00			
Number of TLS S	ubscribers	(12) <u>704</u>				
				Total TLS Supp	ort Claimed	1 (13) \$ O
Tribal Link Up (Avail	able only to ETCs rec	eiving High Cost s	uppor			- () +
Number of Conne	ections Waived	(14) 0	<u></u>			
Charges Waived		(15) \$ 0.00 (not to exceed \$100	<u> </u>	(for multiple rates	, use an aver	age amount)
		(10110-000004-0100	,			
Total Connection	Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	:	(17) \$ <u>0.00</u>				

Total Tribal Link Up Support Claimed (18) \$ 0____

ETC Payment

Total Lifeline \$_16900	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
		Total Dollars (19) \$ 16900

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.

08/06/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

OFFICER NAME

Business Director

OFFICER TITLE

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

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

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

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

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

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

Case No. 2016-00059
Exhibit B
FCC Form 497

				FCC Fc	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEET	roord	OMB Approval
			Avo	. Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provid	er identification Numbe	er 143001578	-	udy Area Cod	
(3) Filer 499 ID 802179			ype (check one) Wire	-	Wireless 🔲
(5) ETC Designation Typ			High Cost/Low Income		
(6) Organization Informa		·	(7) Filing Information	_	
Company Legal Name:		elephone Coop. Corp. Inc.		09/04/20	15
Contact Name:	CHRIS LAWR	ENCE	b) Data Month	August 2	2015
Mailing Address:	PO BOX 159		c) Type of Filing (check one)		
				Original Revision	
Téléphone Number:	GLASGOW, K	Y 42142	d) State Reporting		CKY
Fax Number:	27 <u>0-678-8230</u>		1		
E-mail Address:			-		
Ethan Autress.		· • · · · • • •]		
Lifeline		(-) di i 10-11			
		(a) # Lifeline <u>Subscribers</u>	(b) Lifeline Su <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income S Receiving federa	Subscribers al Lifeline Support	(8) 1813	x \$ 9.	25	= \$ 16770
Tribal Low-Income Subs		(9) 0	x \$ 0.00		= \$ 0
	al Lifeline Support	(-)		ced \$34.25)	
To U.I. South a Maria Day	(TI 0)		tar i ederar Enernie St	pport claime	a (10) \$ <u>10770</u>
Toll Limitation Ser	vices (TLS)				
	g TLS per Subscriber nental cost or \$3 in 2012 /\$	(11) <u>0.00000</u> 2 in 2013)	00		
Number of TLS	Subscribers	(12) <u>706 </u>			
			Total TLS Sup	port Claimed	(13) \$ <u>0</u>
Tribal Link Up (Ava	ilable only to ETCs red	eiving High Cost su	pport)		
Number of Conr		(14) 0			
Charges Waived	per Connection	(15) \$ 0.00 (not to exceed \$100)	(for multiple rate	s, use an averaj	ge amount)
	n Charges Waived	(16) \$ <u>0.0</u>			
Deferred Interes	t	(17) \$ <u>0.00</u>			0
		т	otal Tribal Link Up Su	pport Claimed	1 (18) \$ <u>U</u>
ETC Payment					
Total Lifeline \$_16770	Total TLS \$_0		Total Tribal Link Up \$	0	
					16770

Total Dollars (19) \$ 16//0

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.

09/04/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

OFFICER NAME

Business Director

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.

					Case No. 201 Exhibit B FCC Form 49	
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET	1001011149	OMB Approval
· · · · · · · · · · · · · · · · · · ·					Purden Est. nor Do	3060-0819
				Avg.	Burden Est, per Re	spondent: 2.5 Hrs.
(1) USAC Service Provider le	dentification Number	143001578		(2) Stud	dy Area Code <u>260</u>	418
(3) Filer 499 ID 802179		(4) Technology Ty	pə (check one} Wirelir	ne 🗹 🛛 Wi	reless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🛄 🛛 H	ligh	Cost/Low Income		
(6) Organization Information) T		(7)	Filing Information		
Company Legal Name:	South Central Rural Tele	phone Coop. Corp. Inc.	a)	Submission Date	10/06/2015	
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	September 20)15
Mailing Address:	PO BOX 159		C)	Type of Filing (check one)		
				(Original 🔽 Revision 🗌	
	GLASGOW, KY	42142	d)	State Reporting	KENTUCKY	
Telephone Number:	270-678-8230					
Fax Number:						
E-mail Address:						
Lifeline						
		(a) # Life line		(b) Lifeline Sup		stal Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup		
Receiving federal L	ifeline Support	(8) 1820		x \$ <u>9.2</u>		16835
Tribal Low-Income Subscrib		(9) 0		× \$ <u>0.00</u>	=\$ _	0
Receiving federal Li	пепле Support	То	tal F	not to excee) ederal Lifeline Sup		\$ <u>16835</u>
Toll Limitation Servic	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> 1 2013)	0			
Number of TLS Sub	scribers	(12) 0				
				Total TLS Supp	ort Claimed (13) \$	0
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost sup	por	•••		·
Number of Connect	ions Waived	(14) 0				
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average amo	unt)
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		Тс	otal 1	Fribal Link Up Supp	port Claimed (18) \$	<u>, 0</u>
ETC Payment						
Total Lifeline \$ 16835	Total TLS \$ <u>0</u>	T	otal	Tribat Link Up \$ <u>0</u>		

 •		• • •	
		Total Dollars (19) \$	16835
		Total Dollars (19) \$	10000

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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10/06/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

OFFICER NAME

Business Director

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.

Case No. 2016-00059
Exhibit B
FCC Form 497

FCC Form 497 April 2012 Edition LIFELINE WORKSHEET OMB App 3000- Avg. Burden Est. per Respondent: 2.5 (1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418 (3) Filer 499 ID 802179 (4) Technology Type (check one) Wireles I (3) Filer 499 ID 802179 (4) Technology Type (check one) Wireles I (5) ETC Designation Type (Check one): Lifeline Only I High Cost/Low Income I (6) Organization Information (7) Filing Information Company Legal Name: South Central Rural Telephone Coop. Corp. Inc. a) Submission Date 11/05/2015 Contact Name: CHRIS LAWRENCE b) Data Month October 2015 Income Subscription Mailing Address: PO BOX 159 O'Tginal Revision Orginal Revision Income Subscription Filefline Subscriptor Receiving Information C(-) Total Lifeline Support (c) Total Lifeline Support (c) Total Lifeline Support Non-Tribal Low-Income Subscriptors (a) # Lifeline Subscriptor Subscriptor s 9.0 x \$ 0.00 s \$ 0.00 (not to exceed \$30.29) r \$ \$ 0.00 Receiving federal Lifeline Support (a) 1 0.000000 (not to exceed \$30.29) r \$ \$ 0.00 (not to exceed \$10.9 \$ 0.5374						FCC F	Form 497
Avg. Burden Est. per Respondent: 2.5 (1) USAC Service Provider Identification Number 143001578 (2) Study Area Code 260418 (2) Study Area Code 260418 (3) Filer 499 ID 802179 (4) Technology Type (check one) Wireline (1) Wireless (1) (6) Organization Information (7) Filing Information Company Legal Name: South Central Rural Telephone Coop. Corp. Inc. (a) Submission Date 11//05/2015 Contact Name: CHRIS LAWRENCE b) Data Month October 2015 Winkies: PO BOX 159 (b) Type of Filing (check one) (CHRIS LAWRENCE b) Data Month October 2015 Winkies: Enail Address: D BOX 159 (CHRIS LAWRENCE b) Data Month October 2015 Mumber: Enail Address: Lifeline South Central Rural Telephone Coop. Corp. South Central Rural Telephone Coop. Corp. Number: Enail Address: Lifeline				SHE	ET		OMB Appro
(3) Filer 499 10 802179 (4) Technology Type (check one) Wireline ☑ Wireless ☑ (3) ETC Designation Type (Check one): Lifeline Only ☑ High Cost/Low Income ☑ (4) Organization Information (7) Filing Information Company Legal Name: South Central Rural Telephone Coop. Corp. Inc. ●) Submission Date 11//05/2015 Contact Name: CHRIS LAWRENCE ●) Data Month October 2015 Walling Address: PO BOX 159 0' Type of Filing (check one) Original Previous Telephone Number: 270-678-8230 PO BOX 159 (c) Total Lifeline E-mail Address: Image: Im					Avg.	Burden Es	+
(5) ETC Designation Type (Check one): Lifeline Only High Cost/Low Income ☐ (6) Organization Information (7) Filing Information (7) Filing Information Company Legal Name: South Central Rural Telephone Coop. Corp. Inc. a) Submission Date 11/05/2015 Contact Name: CHRIS LAWRENCE b) Data Month October 2015 Mailing Address: PO BOX 159 •) Type of Filing (check one) • Mailing Address: PO BOX 159 •) Type of Filing (check one) • Telephone Number: 270-678-8230 • • State Reporting KENTUCKY Fax Number: 270-678-8230 • • Subscribers Subscribers •	(1) USAC Service Provid	er Identification Numb	er <u>143001578</u>		(2) Stu	dy Area Co	ode <u>260418</u>
(f) Organization Information (7) Filing Information Company Legal Name: South Central Rural Telephone Coop. Corp. Inc. a) Submission Data 11/05/2015 Contact Name: CHRIS LAWRENCE b) Data Month October 2015 Mailing Address: PO BOX 159 •) Type of Filing (check one) •) Type of Filing (check one) Telephone Number: 270-678-8230 Fax Number: 270-678-8230 E-mail Address:	(3) Filer 499 ID <u>802179</u>		(4) Technology T	ype (check one) Wireli	ne 🗹	Wireless 📋
Company Legal Name: South Central Rural Telephone Coop. Corp. Inc. a) Submission Date 11/05/2015 Contact Name: CHRIS LAWRENCE b) Data Month October 2015 Mailing Address: PO BOX 159 c) Type of Filing (check one) Original Revision Paint Telephone Number: 270-678-8230 Faint B) State Reporting KENTUCKY E-mail Address: Image: Subscribers (b) Lifeline Support (c) Total Lifeline E-mail Address: Image: Subscribers (b) Lifeline Support (c) Total Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (b) 1662 x \$ <u>9.25</u> = \$ 15374 Tribal Low-Income Subscribers Receiving federal Lifeline Support (b) 1662 x \$ <u>9.25</u> = \$ 0 (not to exceed \$34.25) Total Federal Lifeline Support (f) 0 0.000000 (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 15374 Total Limitation Services (TLS) Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /52 in 2013) 1006 Number of Connections Waived Charges Waived per Connection (14) 0 0.00 (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived	(5) ETC Designation Type	e (Check one): Lifel	ine Only 📮	High	Cost/Low Income		
Contact Name: CHRIS LAWRENCE b) Data Month October 2015 Mailing Address: PO BOX 159 c) Type of Filing (check one) Original Revision Check one) Telephone Number: 270-678-8230 c) State Reporting KENTUCKY Fax Numbor: 270-678-8230 c) State Reporting KENTUCKY E-mail Address: 270-678-8230 c) State Reporting (c) Total Lifeline Revision Lifeline (a) # Lifeline Subscribers (b) Lifeline Support/ Subscriber Support (c) Total Lifeline Subscriber Support Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (b) 1662 x \$ 0.00 (not to exceed \$34.25) = \$ 0 (not to exceed \$34.25) Total Federal Lifeline Support (f) 0.000000 (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 15374 Total Limitation Services (TLS) Cost of Providing TLS per Subscriber (11) 0.000000 (not to exceed \$34.25) Tribal Link Up (Available only to ETCs receiving High Cost support) Number of TLS Subscribers (12) 1006 Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (fig) \$ 0.00 (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (f6) \$ 0.0 <td< td=""><td>(6) Organization Information</td><td>tion</td><td></td><td>(7)</td><td>Filing Information</td><td>_</td><td></td></td<>	(6) Organization Information	tion		(7)	Filing Information	_	
Mailing Address: PO BOX 159 c) Type of Filing (check one) GLASGOW, KY 42142 d) State Reporting KENTUCKY Telephone Number: 270-678-8230 Fax Number: 270-678-8230 E-mail Address: d) State Reporting KENTUCKY Lifeline (a) # Lifeline Support/ Non-Tribal Low-Income Subscribers (b) Lifeline Support/ Receiving federal Lifeline Support (a) # Lifeline Subscribers (b) 1 feline Support/ Receiving federal Lifeline Support (c) Total Lifeline Receiving federal Lifeline Support (b) 1 feline Support/ Receiving federal Lifeline Support (b) 1 feline Support (b) 0 x \$ 0.00 (cot to exceed \$34.25) 0 Receiving federal Lifeline Support (11) 0.000000 (not to exceed \$14.25) Total Federal Lifeline Support Claimed (10) \$ 15374 Total Limitation Services (TLS) Cost of Providing TLS per Subscriber Cost of Providing TLS per Subscriber (12) 1006 Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connection Waived (16) \$ 0.00	Company Legal Name:	South Central Rural T	elephone Coop. Corp. Inc	. a)	Submission Date	11/05/2	2015
FO BDA 159 (check one) Original Revision GLASGOW, KY 42142 d) State Reporting KENTUCKY Fax Number: 270-676-8230 Fax Number: (c) 7041 Lifeline Support E-mail Address: (c) 7041 Lifeline Support Lifeline (c) # Lifeline Subscribers Receiving federal Lifeline Support (b) Lifeline Support Non-Tribal Low-Income Subscribers (b) 1662 Receiving federal Lifeline Support (c) Total Lifeline Support (b) 0 x \$ 0.00 (not to exceed \$34.25) = \$ 0 Receiving federal Lifeline Support (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Total Federal Lifeline Support Claimed (10) \$ 15374 Total Limitation Services (TLS) Cost of Providing TLS per Subscribers (12) 1006 Tribal Link Up (Available only to ETCs receiving High Cost support) Total TLS Support Claimed (13) \$ 0 Tribal Link Up (Available only to ETCs receiving High Cost support) (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$ 0.0 (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$ 0.0 Deferred Inte	Contact Name:	CHRIS LAWR	ENCE	b)	Data Month	Octobe	r 2015
Notes of the second state s	Mailing Address:	PO BOX 159		c)	(check one)		
Telephone Number: 270-678-8230 Fax Number:		GLASGOW, K	Y 42142	d)			
Email Address: Lifeline (a) # Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (B) 1662 x \$9.25 ribal Low-Income Subscribers Receiving federal Lifeline Support (B) 0 x \$9.25 (B) 0 x \$9.25 (B) 0 (C) Total Lifeline (B) 0 (B) 0 (B) 0 (B) 0 (C) 0 (B) 0 (B) 0 (B) 0 (C) Total Lifeline (B) 0 (C) 0 (D) 0 (TLS Subscribers (12) 1006 (D) 0 (Tribal Link Up (Available only to ETCs receiving High Cost support)	Telephone Number:						
Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (a) # Lifeline Subscribers (c) Total Lifeline Non-Tribal Low-Income Subscribers (a) # Lifeline Subscribers (c) Total Lifeline Receiving federal Lifeline Support (b) 1662 × \$	Fax Number:			1			
(a) # Lifeline Subscribers (b) Lifeline Support (c) Total Lifeline Subscribers Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (b) 1662 x \$ <u>9.25</u> = \$ <u>15374</u> Tribal Low-Income Subscribers Receiving federal Lifeline Support (b) 1662 x \$ <u>0.00</u> = \$ <u>0</u> Tribal Low-Income Subscribers Receiving federal Lifeline Support (c) Total Lifeline Subscribers = \$ <u>0</u> (b) Lifeline Support (c) Total Lifeline Subscriber = \$ <u>0</u> (c) Total Lifeline Support (c) Total Lifeline Subscriber = \$ <u>0</u> (c) Total Lifeline Support (c) Total Lifeline Subscriber = \$ <u>0</u> (c) Total Lifeline Support = \$ <u>0</u> (c) Total Lifeline Subscriber = \$ <u>0</u> (c) Total Lifeline Support = \$ <u>0</u> (c) Total Lifeline Support = \$ <u>0</u> (c) Total Lifeline Support = \$ <u>0</u> (c) Total Lifeline Support = \$ <u>0</u> (c) Total Connections Vaived Charges Waived per Connection (11) <u>0.000000</u> (for multiple rates, use an average amount) (not to exceed \$100) (for multiple rates, use an average amount) Total Connection Charges Waived (16) \$ <u>0.0</u>	E-mail Address:]			
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) $\frac{1662}{0}$ x \$ <u>9.25</u> = \$ $\frac{15374}{0}$ Tribal Low-Income Subscribers Receiving federal Lifeline Support (9) $\frac{0}{0}$ x \$ $\frac{0.00}{0.00}$ = \$ $\frac{0}{0}$ Total Federal Lifeline Support Claimed (10) \$ $\frac{15374}{15374}$ Total Federal Lifeline Support Claimed (10) \$ $\frac{15374}{15374}$ Total Federal Lifeline Support Claimed (10) \$ $\frac{15374}{15374}$ Total Federal Lifeline Support Claimed (10) \$ $\frac{15374}{1006}$ Total TLS Subscriber (11) $\frac{0.000000}{100}$ Total TLS Subscribers (12) $\frac{1006}{100}$ Total TLS Support Claimed (13) \$ $\frac{0}{0}$ Total Connection Charges Waived (16) \$ $\frac{0.0}{0}$ Total Tribal Link Up Support Claimed (18) \$ $\frac{0}{0}$ Total Tribal Link Up Support Claimed (18) \$ $\frac{0}{0}$	Lifeline						(c) Total Lifeline
Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 15374 Number of TLS Subscribers (11) 0.000000 Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (14) 0/(15) \$ 0.00 Charges Waived per Connection (15) \$ 0.00 Total Connection Charges Waived (16) \$ 0.0 Deferred Interest (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ 0	••••						= \$ <u>15374</u>
Cost of Providing TLS per Subscriber (11) 0.000000 (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) 1006 Number of TLS Subscribers (12) 1006 Total TLS Support Claimed (13) \$0 Total Connections Waived (14) 0 (not to exceed \$100) (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$0.0 Deferred Interest (17) \$0.00 Total Tribal Link Up Support Claimed (18) \$0 Total Tribal Link Up Support Claimed (18) \$0				- otal F	(not to exce		
(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers (12) 12) 1006 Total TLS Support Claimed (13) \$0 Total TLS Support Claimed (13) \$0 Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived Charges Waived per Connection (14) 0 (for multiple rates, use an average amount) (not to exceed \$100) (for multiple rates, use an average amount) (for multiple rates, use an average amount) (for multiple rates, use an average amount) Deferred Interest (17) \$ 0.00 (for multiple rates, use an average amount) Total Tribal Link Up Support Claimed (18) \$0	Toll Limitation Ser	vices (TLS)					
Tribal Link Up (Available only to ETCs receiving High Cost support) Total TLS Support Claimed (13) \$ Number of Connections Waived Charges Waived per Connection (14) 0 (15) \$ (14) 0 0.00 (for multiple rates, use an average amount) (not to exceed \$100) Total Connection Charges Waived (16) \$ 0.0 (for multiple rates, use an average amount) Deferred Interest (17) \$ 0.00 (for multiple rates, use an average amount)	61 1 1 1 1 1 1 1 1 1 			00			
Tribal Link Up (Available only to ETCs receiving High Cost support) Number of Connections Waived (14) Charges Waived per Connection (15) \$ (15) \$ 0.00 (not to exceed \$100) (for multiple rates, use an average amount) Total Connection Charges Waived (16) \$ 0.0 Deferred Interest (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$	Number of TLS \$	Subscribers	(12) <u>1006</u>				
Number of Connections Waived Charges Waived per Connection (14) 0 (for multiple rates, use an average amount) (not to exceed \$100) (for multiple rates, use an average amount) (for multiple rates, use an average amount) Total Connection Charges Waived (16) \$ 0.0 (for multiple rates, use an average amount) Deferred Interest (17) \$ 0.00 (for multiple rates, use an average amount) Total Tribal Link Up Support Claimed (18) \$ 0 (for multiple rates, use an average amount)	T -16 - 6 6 1 b. 6 6 - 7					ort Claime	d (13) \$ <u>0</u>
Number of Connections Waived (14) 0.00 Charges Waived per Connection (15) \$ 0.00 (for multiple rates, use an average amount) Total Connection Charges Waived (16) \$ 0.0	i ridai Link Up (Avai	lable only to E I Cs re	ceiving High Cost su	ippol	<i>t)</i>		
Deferred Interest (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ 0			(15) \$ 0.00		(for multiple rates	, use an ave	rage amount)
Total Tribal Link Up Support Claimed (18) \$ 0	Total Connection	n Charges Waived	(16) \$ 0.0		-		
	Deferred Interes	t	(17) \$ 0.00				
ETC Payment			1	otal	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
					-		

Total Lifeline \$_15374	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ 0	
		15374	

Total Dollars (19) \$ 15374

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.

11/05/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

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

					FCC F	Form 497
FCC Form 497 April 2012 Edition			KSHE	ET		OMB Approval
,					Burden Es	3060-0819 t. per Respondent: 2.5 Hrs.
(1) USAC Service Provider	Identification Numb	. 143001578		-		ode 260418
			. ,		•	
(3) Filer 499 ID <u>802179</u>		_		check one) Wireli		Wireless 🛄
(5) ETC Designation Type (·	ne Only 🛄	-	Cost/Low Income	12	
(6) Organization Informatio			T	Filing Information	1.0.000	
Company Legal Name:	<u>.</u>	elephone Coop. Corp. Inc	; a)	Submission Date	12/07/2	
Contact Name: Mailing Address:	CHRIS LAWR	ENCE	b)	Data Month	Novem	ber 2015
Maining Address.	PO BOX 159		- C}	Type of Filing (check one)	0-1-11	_
					Original Revision	
Telephone Number:	GLASGOW, K 270-678-8230	Y 42142-0159	(D)	State Reporting	<u> KENTU</u>	JCKY
Fax Number:	270-070-0230		-			
E-mail Address:			1			
			J			
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Neg Tribal Low Income Su	ha a-ih a-a	Subscribers		Subscriber Su		
Non-Tribal Low-Income Su Receiving federal		(8) <u>1631</u>		x \$ <u>9.2</u>	5	= \$ <u>15087</u>
Tribal Low-Income Subscri	bers	(9) 0		x <u>\$</u> 0.00		= \$ 0
Receiving federal	Lifeline Support		otal F	(not to exce ederal Lifeline Sup		ned (10) \$ 15087
Toll Limitation Servi	ices (TLS)				-	
	TLS per Subscriber ntal cost or \$3 in 2012 /\$3	(11) <u>0.00000</u> 2 in 2013)	00			
Number of TLS Su	bscribers	(12) 981				
		()		Total TLS Supp	ort Claima	ы 1421 ¢ 0
Tribal Link Up (Availa	ble only to ETCs red	eiving High Cost su	ippor	••		d (13) ş <u>v </u>
Number of Connec		(14) 0				
Charges Waived p	er Connection	(15) \$ <u>0.00</u> (not to exceed \$100))	(for multiple rates	, use an ave	rage amount)
		<i>u</i> a 00				
Total Connection (-narges waived	(16) \$ 0.0				
Deferred Interest		(17) \$ <u>0.00</u>		_		•
		r	fotal '	Tribal Link Up Sup	port Claim	ed (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>15087</u>	Total TLS \$_0		Total	Tribal Link Up \$)	

Total Dollars (19) \$ _____

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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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.

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12/07/2015

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

OFFICER TITLE

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Case No. 2016-00059
Exhibit B
FCC Form 497

Total Dollars (19) \$ 15161

						orm 497
FCC Form 497 April 2012 Edition			(946	ET	1001	OMB Approval
			SHE		Durden Ert	3060-0819
				-		. per Respondent: 2.5 Hrs.
(1) USAC Service Provide	er Identification Number	er <u>143001578</u>	· · · - ·	(2) Stu	idy Area Co	de <u>260418</u>
(3) Filer 499 ID <u>802179</u>		(4) Technology T	ype ((check one) Wirel	ine 🗹	Wireless 🔲
(5) ETC Designation Type	e (Check one): Lifeli	ne Only 📮	High	Cost/Low Income		
(6) Organization Informat	ion		(7)	Filing Information	-	
Company Legal Name:	South Central Rural Te	elephone Coop, Corp. Inc	: a)	Submission Date	01/05/2	016
Contact Name:	CHRIS LAWR	ENCE	b)	Data Month	Decem	ber 2015
Mailing Address:	PO BOX 159		c)	Type of Filing (check one)		
					Original Revision	
Talashana Musahan	GLASGOW, K	Y 42142	d)	State Reporting	KENTU	CKY
Telephone Number: Fax Number:	2706788230		-			
E-mail Address:			-			
	I					
Lifeline		4-1 4 8 18-11				/ \ T / 1 /
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Suj <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income S Receiving federa	Subscribers Il Lifeline Support	₍₈₎ <u>1639</u>		x\$	25	= \$ 15161
Tribal Low-Income Subso	ribers	(9) 0		x \$ 0.00		= \$ 0
Receiving federa	I Lifeline Support	•••	otal F	(not to exc ederal Lifeline Su	eed \$34.25)	
Tall Linsidadia n Cam		•	••••			
Toll Limitation Ser	vices (TLS)					
Cost of Providing	g TLS per Subscriber	(11) 0.0000	00			
(the lesser of increm	iental cost or \$3 in 2012 /\$	2 in 2013)				
Number of TLS S	iubscribers	(12) <u>0</u>				
				Total TLS Sup	port Claime	d (13)\$ <u>0</u>
Tribal Link Up (Avai	lable only to ETCs re	ceiving High Cost su	ippoi	rt)		
Number of Conn	ections Waived	(14) 0				
Charges Waived	per Connection	(15) \$ 0.00 (not to exceed \$100	<u> </u>	(for multiple rates	s, use an aver	age amount)
		•	•			
Total Connection	n Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interest	t	(17) \$ 0.00				
		-	Total	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Baymant						
ETC Payment			_		n	
Total Lifeline \$_15161	Total TLS \$_0		Total	l Tribal Link Up \$ _	J	

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

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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01/05/2016

OFFICER TITLE

Chris Lawrence

DATE

OFFICER SIGNATURE

Business Director

OFFICER NAME

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Case No. 2016-00059
Exhibit B
FCC Form 497

								Form 497	
FCC Form 497 April 2012 Edition		LIFE	LINE WORK	SHE	ET			O	MB Approvat 3060-0819
						Avg.	Burden E	Est. per Respond	
(1) USAC Service Provider Id	entification Number	1430	01578			(2) Stud	dy Area (Code <u>260418</u>	
(3) Filer 499 ID 802179		(4) Te	chnology Ty	pe (check one)	Wirelin	ne 🔽	Wireless	
(5) ETC Designation Type (Cl	neck one): Lifeline	e Only	-	ligh	Cost/Low Ir	ncome			
(6) Organization Information				(7)	Filing Inform	nation			
Company Legal Name:	South Central Rural Tele	phone Co	oop. Corp. Inc.	a)	Submission	n Date	02/02	/2016	
Contact Name:	CHRIS LAWRE	NCE		b)	Data Month		Janua	ary 2016	
Mailing Address:	PO BOX 159			C)	Type of Fill (check one)				
							Original Revision	4	:
	GLASGOW, KY	′ 4214	2	d)	State Repor			UĈKY	
Telephone Number:	2706788230								
Fax Number:				ļ					
E-mail Address:									
Lifeline			.ifeline <u>cribers</u>		(b) Lifeli <u>Subscri</u>			(c) Total Li	feline
Non-Tribal Low-Income Subs Receiving federal Life		₍₈₎ 1	637		x \$_	9.2	5	=\$ 1514	12
Tribal Low-Income Subscribe	215	(9) ()		x s (00.0		= \$ 0	
Receiving federal Li		(-7 _	То	tal F			ed \$34.25 port Clai		142
Toll Limitation Servic	es (TLS)								
Cost of Providing TL (the lesser of incrementation)		(11) in 2013)	0.00000	0					
Number of TLS Subs	scribers	(12)	0						
Tribal Link Up (Availabl	e only to ETCs rece	niving H	ligh Cost su	ppor		S Supp	ort Clain	ned (13) \$ <u>0</u>	
Number of Connecti Charges Waived per		(14) (15) \$ (not to	0 0.00 exceed \$100>		(for multi	pie rates.	, use an a	verage amount)	
Total Connection Ch	arges Waived	(16) \$	0.0						
Deferred Interest		(17) \$	0.00						
			т	otal	Tribal Link	Up Sup	port Clai	med (18) \$ 0	

ETC Payment

Total Lifeline \$_15142	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
		Total Dollars (19) \$_15142

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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02/02/2016

Chris Lawrence

DATE

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

Business Director

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.

Case No. 2016-00059
Exhibit B
FCC Form 497

					FCC F	в orm 497
FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval
				Avg.	Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provide	er Identification Numb	er <u>143001578</u>		(2) Stu	dy Area Co	de <u>260418</u>
(3) Filer 499 ID 802179		(4) Technology T	ype (check one) Wireli	ine 🗹	Wireless 🗖
(5) ETC Designation Type	e (Check one): Lifeli	ne Only 🛄	High	Cost/Low Income		
(6) Organization Informat	tion		(7)	Filing Information		
Company Legal Name:		elephone Coop. Corp. Inc.	1	Submission Date	03/01/2	016
Contact Name:	CHRIS LAWR	ENCE	Ь	Data Month	Februar	
Mailing Address:	PO BOX 159		c)	Type of Filing	r cordar	<u>, 2010</u>
			1		Original	
	GLASGOW, K	V 42142	d)	State Reporting		
Telephone Number:	2706788230	1 42 142	– "	otate Keporting	KENTU	
Fax Number:	2700700230		-			
E-mail Address:			1			
Lifeline			-			
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lifeline
Non-Tribal Low-Income S	Subscribers	Subscribers		Subscriber Su	pport	
	al Lifeline Support	(8) <u>1619</u>		x \$ <u>9.2</u>	5	= \$ _14976
Tribal Low-Income Subso	cribers	(9) 0		x <u>\$</u> 0.00		= \$ 0
Receiving federal Lifeline Support		Тс	otal F	(not to exce ederal Lifeline Sup	ed \$34.25)	
Toll Limitation Ser	vices (TLS)				•	
	g TLS per Subscriber nental cost or \$3 in 2012 /\$	(11) <u>0.00000</u> 2 in 2013)	00			
Number of TLS S	Subscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>
Tribal Link Up (Avai	ilable only to ETCs red	ceiving High Cost su	ippoi	••		
Number of Conn	ections Waived	(14) 0				
Charges Waived	per Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an avera	age amount)
Total Connection	n Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interes	t	(17) \$ 0.00				
	-	· · ·	otal	— Tribal Link Up Sup	port Claime	ed (18) \$ 0
570 D						
ETC Payment						

Total Lifeline \$ <u>14976</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ 0	

Total Dollars (19) \$ 14976

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.

03/01/2016

Chris Lawrence

DATE

Business Director

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

OFFICER SIGNATURE

Chris Lawrence

OFFICER NAME

					FCC F	Form 497
FCC Form 497 April 2012 Edition			SHE	ΈŤ		OMB Approval
					Burden Est.	3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143001578		(2) Stu	dy Area Co	de <u>260418</u>
(3) Filer 499 ID <u>802179</u>		(4) Technology Ty	/pe ((check one) Wireli	ne 🗹	Wireless 🔲
(5) ETC Designation Type (0	Check one): Lifeline	ə Only 📮 🕴 t	ligh	Cost/Low Income		
(6) Organization Information	<u>י</u>		(7)	Filing Information	1	
Company Legal Name:	South Central Rural Tele	phone Coop. Corp. Inc.	a)	Submission Date	04/07/20	016
Contact Name:	CHRIS LAWRE	NCE	b)	Data Month	March 2	2016
Mailing Address:	PO BOX 159		C)	Type of Filing (check one)		_
					Original Revision	
T-t	GLÁSGOW, KY	42142	d)	State Reporting	KENTU	СКҮ
Telephone Number:	2706788230		4			
			-			
E-mail Address:						
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 1647		x \$ 9.2		= \$ 15235
		~		x <u>\$_0.00</u>		= \$ 0
		(not to exceed \$34.25				
		То	otal F	Federal Lifeline Sup	oport Claim	ed (10) \$ <u>15235</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing 1 (the lesser of increment	F LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> in 2013))0			
Number of TLS Sul	bscribers	(12) <u>0</u>				
				Total TLS Supp	ort Claime	d (13) \$ <u>0</u>
Tribal Link Up (Availal	ble only to ETCs rece	aiving High Cost su	рро	rt)		
Number of Connec	tions Waived	(14) 0				
Charges Waived pe		(15) \$ <u>0.00</u>		(for multiple rates	, use an aver	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$ <u>0.0</u>		_		
Deferred Interest		(17) \$ <u>0.00</u>				
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>
ETC Payment	-					
Total Lifeline \$ <u>15235</u>	Total TLS <u>\$ 0</u>		Tota	l Tribal Link Up \$ <u>(</u>	J	<u> </u>
				Tota	l Dollars (1	9) \$ <u>15235</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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04/07/2016

Chris Lawrence

DATE

Business Director

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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