

# EXHIBIT 28

**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419  
 (3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	02/07/2014
Contact Name:	Kimberly Jones	b) Data Month	January 2014
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>574</u>	x \$ <u>9.25</u>	= \$ <u>5310</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5310</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 5310 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 5310**

LIFELINE WORKSHEET

**(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.

02/07/2014

William K. Grigsby

DATE

OFFICER SIGNATURE

Vice-President

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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

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

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.

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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.

**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419  
 (3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	03/07/2014
Contact Name:	Kimberly Jones	b) Data Month	February 2014
Mailing Address:	60 Communications Lane	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 789		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-9500		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>585</u>	x \$ <u>9.25</u>	= \$ <u>5411</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5411</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) <small>(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)</small>	<u>0.000000</u>
Number of TLS Subscribers (12)	<u>0</u>
<b>Total TLS Support Claimed (13) \$ <u>0</u></b>	

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

Number of Connections Waived (14)	<u>0</u>
Charges Waived per Connection (15) \$	<u>0.00</u> (for multiple rates, use an average amount) <small>(not to exceed \$100)</small>
Total Connection Charges Waived (16) \$	<u>0.0</u>
Deferred Interest (17) \$	<u>0.00</u>
<b>Total Tribal Link Up Support Claimed (18) \$ <u>0</u></b>	

**ETC Payment**

Total Lifeline \$ 5411 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 5411

FCC Form 497  
April 2012 Edition

**LIFELINE WORKSHEET**

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

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03/07/2014

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

Vice-President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	04/07/2014
Contact Name:	Kimberly Jones	b) Data Month	March 2014
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>584</u>	x \$ <u>9.25</u>	= \$ <u>5402</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5402</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 5402 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 5402**

FCC Form 497  
April 2012 Edition

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OMB Approval  
3060-0819  
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04/07/2014

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

Vice-President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	05/14/2014
Contact Name:	Kimberly Jones	b) Data Month	April 2014
Mailing Address:	60 Communications Lane	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 789		
	Hndman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>594</u>	x \$ <u>9.25</u>	= \$ <u>5495</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5495</u></b>

**Toll Limitation Services (TLS)**

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) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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

**ETC Payment**

Total Lifeline \$ 5495 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 5495

FCC Form 497  
April 2012 Edition

**LIFELINE WORKSHEET**

OMB Approval  
3060-0819  
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05/14/2014

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

Vice-President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

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**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	06/03/2014
Contact Name:	Kimberly Jones	b) Data Month	May 2014
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>597</u>	x \$ <u>9.25</u>	= \$ <u>5522</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5522</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 5522 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 5522**

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3060-0819

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06/03/2014

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

Vice-President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	07/07/2014
Contact Name:	Kimberly Jones	b) Data Month	June 2014
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>593</u>	x \$ <u>9.25</u>	= \$ <u>5485</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5485</u></b>

**Toll Limitation Services (TLS)**

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) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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

**ETC Payment**

Total Lifeline \$ 5485 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 5485

FCC Form 497  
April 2012 Edition

**LIFELINE WORKSHEET**

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

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

07/07/2014

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

Vice-President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419  
 (3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	07/25/2014
Contact Name:	Kimberly Jones	b) Data Month	July 2014
Mailing Address:	60 Communications Lane	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 789		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>484</u>	x \$ <u>9.25</u>	= \$ <u>4477</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4477</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 4477 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 4477**

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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07/25/2014

William K. Grigsby

DATE

OFFICER SIGNATURE

Vice-President/GM

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419  
 (3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	09/03/2014
Contact Name:	Kimberly Jones	b) Data Month	August 2014
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>549</u>	x \$ <u>9.25</u>	= \$ <u>5078</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5078</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) <small>(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)</small>	<u>0.000000</u>
Number of TLS Subscribers (12)	<u>0</u>
<b>Total TLS Support Claimed (13) \$ <u>0</u></b>	

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

Number of Connections Waived (14)	<u>0</u>
Charges Waived per Connection (15) <small>(not to exceed \$100)</small>	\$ <u>0.00</u> (for multiple rates, use an average amount)
Total Connection Charges Waived (16)	\$ <u>0.0</u>
Deferred Interest (17)	\$ <u>0.00</u>
<b>Total Tribal Link Up Support Claimed (18) \$ <u>0</u></b>	

**ETC Payment**

Total Lifeline \$ 5078 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 5078**

**LIFELINE WORKSHEET**

**(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.

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09/03/2014

William K. Grigsby

DATE

OFFICER SIGNATURE

Vice-President/GM

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	10/08/2014
Contact Name:	Kimberly Jones	b) Data Month	September 2014
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>547</u>	x \$ <u>9.25</u>	= \$ <u>5060</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>5060</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (11) <small>(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)</small>	<u>0.000000</u>
Number of TLS Subscribers (12)	<u>0</u>
<b>Total TLS Support Claimed (13) \$ <u>0</u></b>	

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

Number of Connections Waived (14)	<u>0</u>
Charges Waived per Connection (15) \$	<u>0.00</u> (for multiple rates, use an average amount) <small>(not to exceed \$100)</small>
Total Connection Charges Waived (16) \$	<u>0.0</u>
Deferred Interest (17) \$	<u>0.00</u>
<b>Total Tribal Link Up Support Claimed (18) \$ <u>0</u></b>	

**ETC Payment**

Total Lifeline \$ 5060 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 5060

LIFELINE WORKSHEET

**(20) CERTIFICATIONS AND SIGNATURES**

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10/08/2014

William K. Grigsby

DATE

OFFICER SIGNATURE

Vice-President/GM

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419  
 (3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	10/31/2014
Contact Name:	Kimberly Jones	b) Data Month	October 2014
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>408</u>	x \$ <u>9.25</u>	= \$ <u>3774</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3774</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 3774 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3774**

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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10/31/2014

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

Vice-President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	12/08/2014
Contact Name:	Kimberly Jones	b) Data Month	November 2014
Mailing Address:	60 Communications Lane	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	P.O. Box 789		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>427</u>	x \$ <u>9.25</u>	= \$ <u>3950</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3950</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 3950 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3950**

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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

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

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

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

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

12/08/2014

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

Vice-President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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FCC Form 497  
 April 2012 Edition

**LIFELINE WORKSHEET**

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

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	01/08/2015
Contact Name:	Kimberly Jones	b) Data Month	December 2014
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>437</u>	x \$ <u>9.25</u>	= \$ <u>4042</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4042</u></b>

**Toll Limitation Services (TLS)**

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) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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

**ETC Payment**

Total Lifeline \$ 4042 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4042

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

FCC Form 497  
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**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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01/08/2015

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

Vice-President/GM

William K. Grigsby

**OFFICER TITLE**

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	02/04/2015
Contact Name:	Kimberly Jones	b) Data Month	January 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>444</u>	x \$ <u>9.25</u>	= \$ <u>4107</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4107</u></b>

**Toll Limitation Services (TLS)**

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) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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

**ETC Payment**

Total Lifeline \$ 4107 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4107

FCC Form 497  
April 2012 Edition

**LIFELINE WORKSHEET**

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

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02/04/2015

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

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(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	03/05/2015
Contact Name:	Kimberly Jones	b) Data Month	February 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>444</u>	x \$ <u>9.25</u>	= \$ <u>4107</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4107</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber <small>(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)</small>	(11) <u>0.000000</u>	
Number of TLS Subscribers	(12) <u>0</u>	
		<b>Total TLS Support Claimed (13) \$ <u>0</u></b>

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

Number of Connections Waived	(14) <u>0</u>	
Charges Waived per Connection	(15) \$ <u>0.00</u> <small>(not to exceed \$100)</small>	<small>(for multiple rates, use an average amount)</small>
Total Connection Charges Waived	(16) \$ <u>0.0</u>	
Deferred Interest	(17) \$ <u>0.00</u>	
		<b>Total Tribal Link Up Support Claimed (18) \$ <u>0</u></b>

**ETC Payment**

Total Lifeline \$ 4107 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 4107**

**LIFELINE WORKSHEET**

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03/05/2015

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**DATE**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419  
 (3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	04/06/2015
Contact Name:	Kimberly Jones	b) Data Month	March 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>455</u>	x \$ <u>9.25</u>	= \$ <u>4209</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4209</u></b>

**Toll Limitation Services (TLS)**

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) 0  
**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0  
 Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 4209 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 4209**

FCC Form 497  
April 2012 Edition

**LIFELINE WORKSHEET**

OMB Approval  
3060-0819

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

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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04/06/2015

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

President

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	05/28/2015
Contact Name:	Kimberly Jones	b) Data Month	April 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>462</u>	x \$ <u>9.25</u>	= \$ <u>4274</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4274</u></b>

**Toll Limitation Services (TLS)**

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) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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

**ETC Payment**

Total Lifeline \$ 4274 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4274

**LIFELINE WORKSHEET**

**(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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05/28/2015

William K. Grigsby

DATE

OFFICER SIGNATURE

President

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419  
 (3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	06/01/2015
Contact Name:	Kimberly Jones	b) Data Month	May 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>461</u>	x \$ <u>9.25</u>	= \$ <u>4264</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4264</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)	(11) <u>0.000000</u>	
Number of TLS Subscribers	(12) <u>0</u>	
<b>Total TLS Support Claimed (13)</b>		<b>\$ <u>0</u></b>

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

Number of Connections Waived	(14) <u>0</u>	
Charges Waived per Connection	(15) \$ <u>0.00</u>	<small>(for multiple rates, use an average amount) (not to exceed \$100)</small>
Total Connection Charges Waived	(16) \$ <u>0.0</u>	
Deferred Interest	(17) \$ <u>0.00</u>	
<b>Total Tribal Link Up Support Claimed (18)</b>		<b>\$ <u>0</u></b>

**ETC Payment**

Total Lifeline \$ 4264 Total TLS \$ 0 Total Tribal Link Up \$ 0  
 Total Dollars (19) \$ 4264

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

**(20) CERTIFICATIONS AND SIGNATURES**

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06/01/2015

William K. Grigsby

DATE

OFFICER SIGNATURE

President

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	07/03/2015
Contact Name:	Kimberly Jones	b) Data Month	June 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original <input type="checkbox"/> Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>470</u>	x \$ <u>9.25</u>	= \$ <u>4348</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4348</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 4348 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 4348**

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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07/03/2015

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

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(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	07/27/2015
Contact Name:	Kimberly Jones	b) Data Month	July 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.com		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>459</u>	x \$ <u>9.25</u>	= \$ <u>4246</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4246</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 4246 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 4246**

FCC Form 497  
April 2012 Edition

**LIFELINE WORKSHEET**

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

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07/27/2015

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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FCC Form 497  
 April 2012 Edition

**LIFELINE WORKSHEET**

OMB Approval  
 3060-0819

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	09/17/2015
Contact Name:	Kimberly Jones	b) Data Month	August 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>457</u>	x \$ <u>9.25</u>	= \$ <u>4227</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>4227</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 4227 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 4227**

*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**

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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09/17/2015

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	10/06/2015
Contact Name:	Kimberly Jones	b) Data Month	September 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>443</u>	x \$ <u>9.25</u>	= \$ <u>4098</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u>	= \$ <u>0</u>
			(not to exceed \$34.25)
<b>Total Federal Lifeline Support Claimed</b>			(10) \$ <u>4098</u>

**Toll Limitation Services (TLS)**

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) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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

**ETC Payment**

Total Lifeline \$ 4098 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 4098

**LIFELINE WORKSHEET**

**(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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10/06/2015

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	11/02/2015
Contact Name:	Kimberly Jones	b) Data Month	October 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822		
Telephone Number:	606-785-2226	d) State Reporting	KENTUCKY
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>432</u>	x \$ <u>9.25</u>	= \$ <u>3996</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3996</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 3996 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3996**

LIFELINE WORKSHEET

(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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11/02/2015

William K. Grigsby

DATE

OFFICER SIGNATURE

President/GM

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.
Contact Name:	Kimberly Jones
Mailing Address:	P.O. Box 789 60 Communications Lane Hindman, KY 41822
Telephone Number:	606-785-2226
Fax Number:	606-785-9521
E-mail Address:	k.jones@tgtel.net

**(7) Filing Information**

a) Submission Date	12/17/2015
b) Data Month	November 2015
c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
d) State Reporting	KENTUCKY

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>328</u>	x \$ <u>9.25</u>	= \$ <u>3034</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3034</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 3034 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3034**

**LIFELINE WORKSHEET**

**(20) CERTIFICATIONS AND SIGNATURES**

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12/17/2015

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

President/GM

William K. Grigsby

**OFFICER TITLE**

**OFFICER NAME**

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**LIFELINE WORKSHEET**

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(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	01/06/2016
Contact Name:	Kimberly Jones	b) Data Month	December 2015
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	Hindman, KY 41822		
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>369</u>	x \$ <u>9.25</u>	= \$ <u>3413</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> (not to exceed \$34.25)	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3413</u></b>

**Toll Limitation Services (TLS)**

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) 0

Total TLS Support Claimed (13) \$ 0

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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

**ETC Payment**

Total Lifeline \$ 3413 Total TLS \$ 0 Total Tribal Link Up \$ 0

Total Dollars (19) \$ 3413

LIFELINE WORKSHEET

Avg. Burden Est. per Respondent: 2.5 Hrs.

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01/06/2016

William K. Grigsby

DATE

OFFICER SIGNATURE

President/GM

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419  
 (3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless   
 (5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

(6) Organization Information		(7) Filing Information	
Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	02/02/2016
Contact Name:	Kimberly Jones	b) Data Month	January 2016
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original <input checked="" type="checkbox"/> Revision <input type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	6067852226		
Fax Number:	6067859521		
E-mail Address:	k.jones@tgtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>392</u>	x \$ <u>9.25</u>	= \$ <u>3626</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3626</u></b>

**Toll Limitation Services (TLS)**

Cost of Providing TLS per Subscriber <small>(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)</small>	(11) <u>0.000000</u>	
Number of TLS Subscribers	(12) <u>0</u>	
		<b>Total TLS Support Claimed (13) \$ <u>0</u></b>

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

Number of Connections Waived	(14) <u>0</u>	
Charges Waived per Connection	(15) \$ <u>0.00</u> <small>(not to exceed \$100)</small>	<small>(for multiple rates, use an average amount)</small>
Total Connection Charges Waived	(16) \$ <u>0.0</u>	
Deferred Interest	(17) \$ <u>0.00</u>	
		<b>Total Tribal Link Up Support Claimed (18) \$ <u>0</u></b>

**ETC Payment**

Total Lifeline \$ 3626 Total TLS \$ 0 Total Tribal Link Up \$ 0  
**Total Dollars (19) \$ 3626**

LIFELINE WORKSHEET

(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.

02/02/2016

William K. Grigsby

DATE

OFFICER SIGNATURE

President/GM

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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

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

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-PER, 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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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	03/04/2016
Contact Name:	Kimberly Jones	b) Data Month	February 2016
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane		
	Hindman, KY 41822	d) State Reporting	KENTUCKY
Telephone Number:	606-785-2226		
Fax Number:	606-785-9521		
E-mail Address:	k.jones@tgtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>391</u>	x \$ <u>9.25</u>	= \$ <u>3617</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3617</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 3617 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3617**

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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03/04/2016

William K. Grigsby

DATE

OFFICER SIGNATURE

President

William K. Grigsby

OFFICER TITLE

OFFICER NAME

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**LIFELINE WORKSHEET**

Avg. Burden Est. per Respondent: 2.5 Hrs.

(1) USAC Service Provider Identification Number 143001579 (2) Study Area Code 260419

(3) Filer 499 ID 804591 (4) Technology Type (check one) Wireline  Wireless

(5) ETC Designation Type (Check one): Lifeline Only  High Cost/Low Income

**(6) Organization Information**

**(7) Filing Information**

Company Legal Name:	Thacker-Grigsby Telephone Co. Inc.	a) Submission Date	04/08/2016
Contact Name:	Kimberly Jones	b) Data Month	March 2016
Mailing Address:	P.O. Box 789	c) Type of Filing (check one)	Original Revision <input checked="" type="checkbox"/>
	60 Communications Lane Hindman, KY 41822		
Telephone Number:	6067852226	d) State Reporting	KENTUCKY
Fax Number:	6067859521		
E-mail Address:	k.jones@tgtel.net		

**Lifeline**

	(a) # Lifeline Subscribers	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) <u>400</u>	x \$ <u>9.25</u>	= \$ <u>3700</u>
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u>	x \$ <u>0.00</u> <small>(not to exceed \$34.25)</small>	= \$ <u>0</u>
<b>Total Federal Lifeline Support Claimed (10)</b>			<b>\$ <u>3700</u></b>

**Toll Limitation Services (TLS)**

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) 0

**Total TLS Support Claimed (13) \$ 0**

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

Number of Connections Waived (14) 0

Charges Waived per Connection (15) \$ 0.00 (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**

**ETC Payment**

Total Lifeline \$ 3700 Total TLS \$ 0 Total Tribal Link Up \$ 0

**Total Dollars (19) \$ 3700**

**LIFELINE WORKSHEET**

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04/08/2016

William K. Grigsby

**DATE**

**OFFICER SIGNATURE**

President/GM

William K. Grigsby

**OFFICER TITLE**

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