EXHIBIT 29

; Form 497 ril 2012 Edition		LIFELINE WO	RKSHE	ET		OMB A	\pprova
				Avg.	Burden Est. r	306 per Respondent: 3	60-0819
(1) USAC Service Provide	r Identification Num	ber 143001580			dy Area Code		
(3) Filer 499 ID <u>807297</u>			Type	check one) Wireli		Wireless	8
(5) ETC Designation Type	(Check one): Life	eline Only		Cost/Low Income			1
(6) Organization Informatio	on			Filing Information	XOUND.		
Company Legal Name:	West Kentucky Rural T	elephone Cooperative Corp		Submission Date	03/01/201	16	7
Contact Name:	Stacey Wray		b)	Data Month	February		-
Mailing Address:	237 North 8th	1 Street	c)	Type of Filing		2010	-
	PO Box 649		_	(check one) (Original 🔽	7	
	Mayfield, KY	42066	d)	State Reporting		1	_
Telephone Number:	270-856-1890				KENTUCI	KY	
Fax Number:	270-856-3045						
E-mail Address:	swray.wk@wl	k.net	1				
Lifeline							
Non-Tribal Low-Income Sul Receiving federal L	bscribers ifeline Support	(a) # Lifeline <u>Subscribers</u> (8) 126		(b) Lifeline Supp <u>Subscriber Supp</u>	port	(c) Total Lifeline	
			<u> </u>	x \$ <u>9.25</u>		= \$ <u>1166</u>	.
ribal Low-Income Subscril Receiving federal L	bers -ifeline Support	(9) 0		x \$ <u>0.00</u>		= \$ 0	
		ד	otal Fe	not to excee) deral Lifeline Supp	ort Claimed	(10) \$ <u>1166</u>	
Foll Limitation Servio	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$;	(11) 0.0000 2 in 2013)	00	_			
Number of TLS Sub	scribers	(12) <u>0</u>					
ribal Link Up (Availab	le only to ETCs rec	ceiving High Cost su	(trogal	Total TLS Suppor	rt Claimed(1	3) \$ <u>0</u>	
		0	,				
Number of Connect Charges Waived per	ions Waived	(14) <u>0</u> (15) \$ <u>0.00</u>		-			
C		(not to exceed \$100)		_ (for multiple rates, us	se an average a	amount)	
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00		-			
		т	otal Tr	- ibal Link Up Suppo	rt Claimed (1	a) ¢ ()	
TC Payment				24 - 14 - 16 - 16 - 16 - 16 - 16 - 16 - 1		∽/ Ψ	
tal Lifeline \$ <u>1166</u>	Total TLS \$ <u>0</u>	I	Γotal Ti	ibal Link Up \$ _0			
				Total D	ollars (19) \$ _	1166	

Form 497 fil 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

OFFICER TITLE

Todd R. Crandall

DATE

OFFICER SIGNATURE

Todd R. Crandall

Chief Financial Officer

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.

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			SHE	ET		OMI	3 Approval
				Avg.	Burden Est.		3060-0819
(1) USAC Service Provider I	dentification Number	143001580				de 260421	
(3) Filer 499 ID 807297			(ne (check one) Wirelin	-	Wireless	-
(5) ETC Designation Type (C	heck one): Lifeling			Cost/Low Income	Biotoura	WII 61655	LII
(6) Organization Information			-	Filing Information			
Company Legal Name:	West Kentucky Rural Telep	hone Cooperative Corp Inc		Submission Date	02/23/20	016	
Contact Name:	Stacey Wray		b)	Data Month	January		
Mailing Address:	237 North 8th S	treet	c)	Type of Filing	loandary		
	PO Box 649				Original	$\overline{\checkmark}$	
	Mayfield, KY 42	066	d)	State Reporting	Revision KENTU		
Telephone Number:	270-856-1890						
Fax Number:	270-856-3045						
E-mail Address:	swray.wk@wk.r	net					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 141		Subscriber Sup		• 1204	
_		· · · · · · · · · · · · · · · · · · ·		x \$ <u>9.25</u>	<u>></u>	= \$ <u>1304</u>	
Tribal Low-Income Subscrib Receiving federal Li		(9) 0		x \$ 0.00 (not to excer	ed \$34.25)	= \$ _0	
		Tot	tal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>1304</u>	
Toll Limitation Servic	es (TLS)						
Cost of Providing TL	S per Subscriber	(11) 0.00000	0				
(the lesser of incrementa	al cost or \$3 in 2012 /\$2 in						
Number of TLS Subs	scribers	(12) 0					
Tribollinkelln (A. 1944)				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs recei	iving High Cost sup	pon	()			
Number of Connecti		(14) <u>0</u> (15) \$ <u>0.00</u>		<u> </u>			
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Ch		(16) \$ 0.0					
	larges walved						
Deferred Interest		(17) \$ 0.00		<u> </u>		2	
		То	tal 1	ribal Link Up Supp	ort Claime	d (18) \$ <u>U</u>	
ETC Payment							
Total Lifeline \$ <u>1304</u>	Total TLS \$_0	То	otal	Tribal Link Up \$ <u>0</u>			
				Total	Dollars (19) \$ _1304	

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.

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02/23/2016

OFFICER TITLE

Todd R. Crandall

OFFICER SIGNATURE

Todd R. Crandall

DATE

Chief Financial Officer

OFFICER NAME

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

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Exhibit B FCC Form 497 CC Form 497 April 2012 Edition LIFELINE WORKSHEET **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (2) Study Area Code 260421 (1) USAC Service Provider Identification Number 143001580 (3) Filer 499 ID 807297 (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:** West Kentucky Rural Telephone Cooperative Corp Inc a) Submission Date 02/23/2016 **Contact Name:** Stacey Wray Data Month December 2015 b) Mailing Address: c) Type of Filing 237 North 8th Street (check one) Original PO Box 649 Revision d) State Reporting KENTUCKY Mayfield, KY 42066 **Telephone Number:** 270-856-1890 Fax Number: 270-856-3045 E-mail Address: swray.wk@wk.net Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 143 = \$ 1323 **Receiving federal Lifeline Support** 9.25 \$ х 0 \$ 0.00 = \$ 0 **Tribal Low-Income Subscribers** (9) **Receiving federal Lifeline Support** (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1323 Toll Limitation Services (TLS) 0.000000 Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013) Number of TLS Subscribers 0 (12)Total TLS Support Claimed (13) \$0 Tribal Link Up (Available only to ETCs receiving High Cost support) 0 **Number of Connections Waived** (14)(15) \$ 0.00 (for multiple rates, use an average amount) **Charges Waived per Connection** (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment _ Total Lifeline \$_1323 _____ Total TLS \$_0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 1323 If you have any questions, please call USAC at (866) 873-4727 Toll Free

Case No. 2016-00059

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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02/23/2016

Todd R. Crandall

DATE

OFFICER SIGNATURE

Chief Financial Officer

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.

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.

The following worksheet provides the means by which eligible telecommunications carriers will be reimbursed by the Universal Service Administrative

Todd R. Crandall

OFFICER NAME

CC Form 497 April 2012 Edition

CC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

1) USAC Service Provider I	Identification Number	<u>14300</u>	1580		(2) Stu	dy Area C	ode <u>260421</u>
3) Filer 499 ID <u>807297</u>		(4) Tec	hnology Ty	pe (o	check one) Wireli	ne 🔽	Wireless 🔲
5) ETC Designation Type (Check one): Lifeline	Only 📮	Э н	ligh	Cost/Low Income		
6) Organization Informatio	n			(7)	Filing Information	-1	
ompany Legal Name:	West Kentucky Rural Teleph	one Coope	rative Corp Inc	a)	Submission Date	02/23/2	2016
ontact Name:	Stacey Wray			b)	Data Month	Novem	1ber 2015
lailing Address:	237 North 8th St	reet		C)	Type of Filing (check one)		
	PO Box 649	,		1	(check one)	Original Revision	\square
	Mayfield, KY 42	066	<u></u>	d)	State Reporting	KENT	JĊŔY
elephone Number:	270-856-1890						
Fax Number:	270-856-3045						
E-mail Address:	swray.wk@wk.n	et					
Lifeline		(a) # Li Subsci			(b) Lifeline Suj <u>Subscriber Su</u>		(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 14	48		x \$ 9.2	25	= \$ 1369
Tribal Low-Income Subscribers Receiving federal Lifeline Support		···		_ <u>. </u>	x \$ <u>0.00</u>		= \$ _0
		(9) 0 $x circle 0.00$ $= circle 0.00$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) $ circle 1365$					
Toll Limitation Servi	ices (TLS)						
	TLS per Subscriber ntal cost or \$3 in 2012 /\$2 i	(11) n 2013)	0.00000)0			
Number of TLS Su	bscribers	(12)	0				
					Total TLS Sup	port Claim	ned (13) \$ <u>0</u>
Tribal Link Up (Availa	ble only to ETCs rece	iving Hi	gh Cost su	ippol	rt)		
Number of Conne	ctions Waived	(14)	0				
Charges Waived p	er Connection	(15) \$			(for multiple rate	s, use an av	verage amount)
		(not to e	exceed \$100)				
Total Connection	Charges Waived	(16) \$	0.0			,	
Deferred Interest		(17) \$	0.00				
			٦	ſotal	Tribal Link Up Su	oport Clai	med (18) \$ <u>0</u>
ETC Payment							
Total Lifeline \$ <u>1369</u>	Total TLS \$ <u>0</u>			Tota	I Tribal Link Up \$ _	0	
,							(19) \$ _1369
					101		1

LIFELINE WORKSHEET

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

CC Form 497

April 2012 Edition

(20) CERTIFICATIONS AND SIGNATURES

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02/23/2016

OFFICER TITLE

Todd R. Crandall

OFFICER SIGNATURE

Todd R. Crandall

DATE

Chief Financial Officer

OFFICER NAME

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C Form 497 pril 2012 Edition			SHE		Burden Est. (OMB Approval 3060-0819 per Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143001580		(2) Stu	dy Area Cod	e260421
(1) USAC Service 1 Towner IC (3) Filer 499 ID <u>807297</u>						Wireless
. ,	<u> </u>			check one) Wirelin		
(5) ETC Designation Type (C	heck one): Lifeline	Only 🛄 🛛 H	ligh	Cost/Low Income		
(6) Organization Information				Filing Information	00/00/00	40
Company Legal Name:	West Kentucky Rural Teleph	one Cooperative Corp Inc	a)	Submission Date	02/23/20	
Contact Name:	Stacey Wray		b)	Data Month	October	2015
Mailing Address:	237 North 8th St	reet	C)	Type of Filing (check one)		_
	PO Box 649				Original Revision	
	Mayfield, KY 42	066	d)	State Reporting	KENTUC	CKY
Telephone Number: Fax Number:	270-856-1890					
	270-856-3045					
E-mail Address:	swray.wk@wk.n	et				
Lifeline Non-Tribal Low-Income Subs	scribers	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Receiving federal Li		(8) 148		x \$ <u>9.2</u>	5	= \$ 1369
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u> To	tal F	x \$ <u>0.00</u> (not to exce Federal Lifeline Sup		= \$ <u>0</u> d (10) \$ 1369
Toll Limitation Servic	es (TLS)					
Cost of Providing TI (the lesser of incrementa	L S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) <u>0.00000</u> 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ороі	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)
Total Connection Cl	harges 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 \$_1369	Total TLS \$ <u>0</u>	Т	otal	Tribal Link Up \$ <u>0</u>)	
				Tota	l Dollars (19) \$_1369

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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02/23/2016

Todd R. Crandall

DATE

OFFICER SIGNATURE Todd R. Crandall

Chief Financial Officer

OFFICER TITLE

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OFFICER NAME

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C Form 497 pril 2012 Edition

FCC Form 497 April 2012 Edition	,		SHE				B Approval 3060-0819
				-	Burden Est. pe		nt: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143001580		(2) Stu	dy Area Code _.	260421	
(3) Filer 499 ID 807297			pe ((check one) Wireli	ne 🔼	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔽 🕴 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	West Kentucky Rural Telepho	ne Cooperative Corporation	a)	Submission Date	11/3/15		
Contact Name:	Cathy Pigg		b)	Data Month	September	2015	
Mailing Address:	237 North 8th Street		C)	Type of Filing (check one)	×		
	PO Box 649				Original 🗍 🗍]	
	Mayfield, KY 42066		d)	State Reporting	КҮ		
Telephone Number: Fax Number:	270-674-1000	····					
	270-856-3045						
E-mail Address:	cpigg@wk.net	e une e se se de Adre Adre]				
Lifeline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub		<u>Subscribers</u> ₍₈₎ 149		Subscriber Sup x \$ 9.2		_{= \$} 1378	.25
Receiving federal Li		(0)					
Tribal Low-Income Subscrib Receiving federal Li		(9) To	tall	_ X \$ (not to exce Federal Lifeline Sup		= \$ (10) \$ 137	78.25
Toll Limitation Servic	es (TLS)	10			port orannea	(10) \$	
Cost of Providing TI (the lesser of incrementa	L S per Subscriber al cost or \$3 in 2012 /\$2 ii	(11)					
Number of TLS Sub	scribers	(12)					
4				Total TLS Supp	ort Claimed(13) \$	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	оро	rt)			
Number of Connect Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, use an average	e amount)	
Total Connection Cl	narges Waived	(16) \$					
Deferred Interest		(17) \$					
		Т	otal	Tribal Link Up Sup	port Claimed ((18) \$	
ETC Payment							
Total Lifeline \$_1378.25	Total TLS \$		Tota	l Tribal Link Up \$			
· · · · · · · · · · · · · · · · · · ·		•			l Dollars (19)	• • <u>1378.2</u>	5

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

11/03/2015

Tothe Lorender



officer signature Todd Crandall

OFFICER TITLE

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

OFFICER NAME

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FCC Form 497 April 2012 Edition			SHEI	ET		OMB Approval 3060-0819
				Avg.	Burden Est. pe	er Respondent: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143001580		(2) Stuc	dy Area Code	260421
(3) Filer 499 ID 807297			pe (check one) Wirelir		Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔽 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	T	
Company Legal Name:	West Kentucky Rural Telephor	ne Cooperative Corporation	a)	Submission Date	11/3/15	
Contact Name:	Cathy Pigg		b)	Data Month	August 207	15
Mailing Address:	237 North 8th Street		C)	Type of Filing (check one)	×	
	PO Box 649				Original Revision	
	Mayfield, KY 42066		d)	State Reporting	КҮ	
Telephone Number:	270-674-1000					
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 150		x \$9.2	5	= \$ 1387.50
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support			tal F		eed \$34.25) oport Claimed	= \$ (10) \$ 1387.50
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) n 2013)				
Number of TLS Sub	scribers	(12)				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рроі		ort Claimed	(13) \$
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, use an averag	e amount)
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claimed	(18) \$
ETC Payment						
Total Lifeline \$_1387.50	Total TI S ¢		Tota	I Tribal Link Up \$ _		
i otal Liteline \$	Ισιαί Ι Lο φ		, o ta	Tota	I Dollars (19)	\$ <u>1387.50</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.

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11/03/2015

Little Crandel





OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHEE	ET		OMB Approval 3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	Antification Number	143001580		(2) Stuc	lv Area Coo	_{le_} 260421
(1) USAC Service Provider II 807207	dentification Number _					Wireless
(3) Filer 499 ID 807297				check one) Wirelir	_	Willeless L
(5) ETC Designation Type (C	Check one): Lifeline	Only 🔽 🛛 🖁	ligh	Cost/Low Income		
(6) Organization Information			(7) 	Filing Information	00/04/0	
Company Legal Name:	West Kentucky Rural Telephon	e Cooperative Corporation	a)	Submission Date	08/24/2	
Contact Name:	Cathy Pigg		b)	Data Month	July 2018	5
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)		×.
	PO Box 649				Original Revision	
	Mayfield, KY 42066		d)	State Reporting	KY	
Telephone Number:	270-674-1000		-			
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L	ifeline Support	(8) 153		x \$ <u>9.2</u>	25	= <u>\$</u> <u>1415.25</u>
Tribal Low-Income Subscril Receiving federal L	bers	(9)			eed \$34.25)	
		Тс	otal F	ederal Lifeline Sup	oport Claim	ed (10)\$ <u>1415.25</u>
Toll Limitation Servi	ces (TLS)					
Cost of Providing (the lesser of increment	FLS per Subscriber Ital cost or \$3 in 2012 /\$2 ir	(11) 1 2013)				
Number of TLS Su	bscribers	(12)				
Tribal Link Up (Availa	ble only to ETCs rece	iving High Cost su	ippo		oort Claime	d (13) \$
Number of Connec		(14)		(for multiple rates		rade amount)
Charges Waived p	er Connection	(15) (not to exceed \$100))		s, use an aver	
Total Connection (Charges Waived	(16) \$				
Deferred Interest		(17) \$				
			lotal	Tribal Link Up Sup	oport Claim	ed (18) \$
ETC Dovroont						
ETC Payment 1415 25			-	i mata at i tast i ta A		
Total Lifeline \$_1415.25	Total TLS \$		lota	I Tribal Link Up \$ _		AAAE OE
				Tota	al Dollars (1	19) \$

LIFELINE WORKSHEET

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

OMB Approval

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08/24/2015

Field Crander



OFFICER SIGNATURE

Todd Crandall

OFFICER TITLE

OFFICER NAME

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C Form 497 April 2012 Edition

Kanada and Andrea and A	Case No. 2016-00059
с ч	Exhibit B FCC Form 497
	FCC Form 497
FCC Form 497 April 2012 Edition	WORKSHEET OMB Approval
	3060-0819
	Avg. Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider Identification Number 1430015	80 (2) Study Area Code_260421
807297	ogy 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: West Kentucky Rural Telephone Cooperative Co	
Contact Name: Cathy Pigg	b) Data Month June 2015
Mailing Address: 237 North 8th Street	c) Type of Filing
PO Box 649	———— (check one) Original
Mayfield, KY 42066	Revision d) State Reporting KY
Telephone Number: 270-674-1000	
Fax Number: 270-856-3045	
E-mail Address: cpigg@wk.net	
Lifeline	
(a) # Lifeline <u>Subscribers</u>	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support (8) 157	
Tribal Low-Income Subscribers (9) Receiving federal Lifeline Support	X \$ =\$
	Total Federal Lifeline Support Claimed (10) \$ 1452.25
Toll Limitation Services (TLS)	
Cost of Providing TLS per Subscriber (11) (the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)	
Number of TLS Subscribers (12)	
Tribal Link In (August 1)	Total TLS Support Claimed (13) \$
Tribal Link Up (Available only to ETCs receiving High Co	ost support)
Charges Waived per Connection (15) \$ (not to exceed	(for multiple rates, use an average amount)
Total Connection Charges Waived (16) \$	
Deferred Interest (17) \$	
	Total Tribal Link Up Support Claimed (18) \$
ETC Payment	·
1450.05	
Total Lifeline \$ Total TLS \$	Total Tribal Link Up \$
	Total Dollars (19) \$

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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7/06/15

Toll Coronale

date CFO

OFFICER SIGNATURE

OFFICER TITLE

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			÷		Case I Exhibit	No. 2016-00059 t B
K3799999999999999999999999999999					-	Form 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
		X		Avg	. Burden Est	3060-0819 , per Respondent: 2.5 Hrs,
(1) USAC Service Provider I	dentification Number	143001580		(2) 64		_{de} 260421
	dentification Number					
(3) Filer 499 ID 807297		(4) Technology Ty	/pe (check one) Wirel	ine 🔼	Wireless 🛄
(5) ETC Designation Type (0	·	e Only 🔽 🛛 I	-	Cost/Low Income		
(6) Organization Information			1	Filing Information		
Company Legal Name:	West Kentucky Rural Telepho	one Cooperative Corporation	a)	Submission Date	07/06/1	15
Contact Name:	Cathy Pigg		b)	Data Month	May 201	5
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)		×
	PO Box 649				Original Revision	
	Mayfield, KY 42066	· · · · · · · · · · · · · · · · · · ·	d)	State Reporting	KY	
Telephone Number:	270-674-1000		1			
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline						
		(a) # Lifeline		(b) Lifeline Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		<u>Subscribers</u> (8) <u>157</u>		Subscriber Su x \$9.2		= <u>\$</u> <u>1452.25</u>
Tribal Low-Income Subscril	pers	(9)		x \$		= \$
Receiving federal L			tal E	for all the second		ed (10) \$ 1452.25
Toll Limitation Servio	ces (TLS)		nai r	ederal Liteline Su	pport Claim	ed (10)\$
	LS per Subscriber tal cost or \$3 in 2012 /\$2 i					
Number of TLS Sul	oscribers	(12)				
i		. , _		Total TI & Sup	oort Claima	d (13) \$
Tribal Link Up (Availat	ble only to ETCs rece	iving High Cost su	рроі			α (13) φ
Number of Connec	tions Waived	(14)				
Charges Waived pe	er Connection	(15) \$ (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
		(not to exceed \$100)				
Total Connection C	harges Waived	(16) \$				
Deferred Interest	•	(17) \$				
		т	otal	Tribal Link Up Sup	oport Claime	ed (18) \$
ETC Payment						
Total Lifeline <u></u> 1452.25	.	-		wall of the state of the		
i otal Lifeline \$	Total TLS \$		otal	Tribal Link Up \$ _		
				Tota	al Dollars (1	9) \$1452.25
	If you have any quest	tions, please call US	SAC			

LIFELINE WORKSHEET

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

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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7/06/15

Todel Granded

DATE CFO

OFFICER SIGNATURE

Todd Crandall

OFFICER TITLE

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OFFICER NAME

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497

2 Edition

			3		Case N Exhibit	No. 2016-00059 B
						orm 497
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approv
				Avg	. Burden Est	3060-08 per Respondent: 2,5 H
		143001580				de_260421
(1) USAC Service Provider I 807297	dentification Number		1.19			
(3) Filer 499 ID 807297		(4) Technology Ty	/pe (check one) Wirel	ine 🔼	Wireless 🗔
(5) ETC Designation Type (0	Check one): Lifelin	e Only 🔽 🛛 I	ligh	Cost/Low Income		
(6) Organization Information	<u>1</u>	····,	(7)	Filing Information		
Company Legal Name:	West Kentucky Rural Teleph	one Cooperative Corporation	a)	Submission Date	07/06/	15
Contact Name:	Cathy Pigg		b)	Data Month	April 201	15
Mailing Address:	237 North 8th Stree	t	(c)	Type of Filing (check one)		×
	PO Box 649				Original Revision	
Talanhana Numban	Mayfield, KY 42066	·	d)	State Reporting	KY	
Telephone Number: Fax Number:	270-674-1000		-			
	270-856-3045		-			
E-mail Address:	cpigg@wk.net	·····				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Su Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) <u>159</u>		x \$ <u>9.2</u>		= <u>\$</u> 1470.75
Tribal Low-Income Subscrib	bers	(9)		. x \$	eed \$34.25)	= \$
Receiving federal L	ifeline Support	Тс	otal F	not to exc) ederal Lifeline Su	eed \$34.25) pport Claim	ed (10)\$ <u>1470.75</u>
Toll Limitation Servio	cos(TIS)					
Ton Enniation Service	.63 (123)					
	'LS per Subscriber tal cost or \$3 in 2012 /\$2					
Number of TLS Sub	scribers	(12)				
				Total TLS Sup	oort Claime	d (13) \$
Tribal Link Up (Availat	le only to ETCs rece	əiving High Cost su _l	ррог			• •
Number of Connect	tions Waived	(14)				
Charges Waived pe	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates	s, use an aver	age amount)
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
· ·		т	otal	Tribal Link Un Sur	nort Claime	ed (18) \$
FTO D		•				······································
ETC Payment						
Total Lifeline \$ <u>1470.75</u>	Total TLS \$	1	otal	Tribal Link Up \$ _		
				Tota	al Dollars (1	9) \$
	lf you have any ques	tions, please call US	SAC			

d cosses

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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7/06/15

Zozle Genelal

DATE

CFO

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OFFICER TITLE

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CC Form 497 April 2012 Edition

FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		ОМ	B Approval 3060-0819
				Avg.	Burden Est. p	er Responde	
(1) USAC Service Provider I	dentification Number	143001580		(2) Stu	dy Area Code	260421	
(3) Filer 499 ID 807297			/pe ((check one) Wireli		Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🔽 🛛 H	ligh	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	West Kentucky Rural Telephe	one Cooperative Corporation	a)	Submission Date	4/10/15		
Contact Name:	Cathy Pigg		b)	Data Month	March 201	5	
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)			
	PO Box 649				Original (Revision (-	
Malan barra blandar	Mayfield, KY 42066		d)	State Reporting	KY		
Telephone Number: Fax Number:	270-674-1000						
	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	line
Non-Tribal Low-Income Sub		Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 160		x \$ <u>9.2</u>	5	= <u>\$</u> 1480.	00
Tribal Low-Income Subscrib		(9)		. × \$		= \$	
Receiving federal Li	feline Support	Tot	tal F	not to exce) ederal Lifeline Sup	ed \$34.25) port Claimed	(10) \$ 148	0.00
Toll Limitation Servic	es (TLS)				,	(, +	
Cost of Providing TL (the lesser of incrementa	-S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Subs	scribers	(12)					
3				Total TLS Suppo	ort Claimed (13) \$	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	port	<i>t)</i>	······································		<u></u>
Number of Connecti		(14) (15) \$					
Charges Waived per	Connection	(15) \$ (not to exceed \$100)		(for multiple rates,	use an average	amount)	
Total Connection Ch	arges Waived	(16) \$					
Deferred Interest		(17) \$					
				 Fribal Link Up Supp	ort Claimed (18) \$	
ETC Payment					·		
-							
Total Lifeline \$_1480.00	Total TLS \$	То	otal	Tribal Link Up \$			
				Total	Dollars (19) \$	1480.00	

Exhibit B FCC Form 497

Sase NO. 2010-00038

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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4/10/15

Touchnender V



OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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Construction of the second s						e No. 2016-00059 bit B	
					FCC	bit B Form 497	
						3/24/1	5
FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Ap	proval)-0819
				Avg.	Burden Est.	per Respondent: 2.	5 Hrs.
(1) USAC Service Provider I	dentification Number	143001580		(2) Stu	dy Area Co	_{de} _260421	
(3) Filer 499 ID 807297		(4) Technology Ty	/pe (check one) Wireli	ne 🔼	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	ə Only 🔽 🕴 ዞ	ligh	Cost/Low Income		- स्थानव	
(6) Organization Information	1	_	-	Filing Information	- Agenzoa		
Company Legal Name:	West Kentucky Rural Telepho	ne Cooperative Corporation	a)	Submission Date	3/2/201	5	
Contact Name:	Cathy Pigg		b)	Data Month	February	······	
Mailing Address:	237 North 8th Street		c)	Type of Filing	robraary	2010	
	PO Box 649				Original	۲	
	Mayfield, KY 42066		d)	State Reporting	Revision KY		
Telephone Number: Fax Number:	270-674-1000					·····	
E-mail Address:	270-856-3045						
E-mail Address;	cpigg@wk.net						
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline	
Non-Tribal Low-Income Subs Receiving federal Li	scribers feline Support	(8) 155		x \$9.25		_{= \$} 1433.75	
Tribal Low-Income Subscribe		(9)		× \$		* <u> </u>	
Receiving federal Li				(not to excee	ed \$34.25)	=\$	 F
Toll Limitation Domin		101		ederal Lifeline Sup	port Claime	d (10) \$ _1433.73	
Toll Limitation Servic	es (TLS)						
Cost of Providing TL (the lesser of incrementa	.S per Subscriber Il cost or \$3 in 2012 /\$2 in	(11)					
Number of TLS Subs	scribers	(12)					
s				Total TLS Suppo	ort Claimed	(13) \$	
Tribal Link Up (Available	e only to ETCs recei	ving High Cost sup	port)	e e unitou	(10) \$	
Number of Connection	ons Waived	(14)					
Charges Waived per		(15) \$ (not to exceed \$100)		(for multiple rates, i	use an averaç	ge amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$					
Deferred Interest		(17) \$					
		Tot	tal T	 ribal Link Up Suppo	ort Claimed	(18) \$	
ETC Payment					v enameu	(, · · ·) •	
-	_						
Total Lifeline \$_1433.75	Total TLS \$	То	tal 1			-	
				Total I	Dollars (19)	<u>\$ 1433.75</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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3/2/2015

Tode Guerden

DATE

CFO

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					Case No. 2016 Exhibit Bleed FCC Form 497	
FCC Form 497 April 2012 Edition			SHE		(Burden Est. per Respor	DMB Approval 3060-0819
		143001580				
(1) USAC Service Provider I 807207	dentification Number				dy Area Code <u>26042</u>	
(3) Filer 499 ID 807297		(4) Technology Ty	pe (e	check one) Wireli	ne 🔼 🛛 Wireles	s 🗋
(5) ETC Designation Type (0	Check one): Lifeline	Only 🔽 🛛 H	ligh	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information		
Company Legal Name:	West Kentucky Rural Telephor	e Cooperative Corporation	a)	Submission Date	3/2/2015	
Contact Name:	Cathy Pigg		b)	Data Month	January 2015	
Mailing Address:	237 North 8th Street		C)	Type of Filing (check one)	v	
	PO Box 649				Original 🗍 Revision 🗍	
Telephone Number:	Mayfield, KY 42066		d)	State Reporting	КҮ	
Fax Number:	270-674-1000					
E-mail Address:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>	port/ (c) Total l port	.ifeline
Non-Tribal Low-Income Sub Receiving federal L		(8) 153		x \$ 9.2	₅ _ ε 141	5.25
Tribal Low-Income Subscrib	•••			γ Φ		
Receiving federal L				x \$ (not to exce	= \$ ed \$34.25)	415.25
Toll Limitation Servio	ces (TLS)	То	tal F	ederal Lifeline Sup	port Claimed (10) \$ <u>1</u>	
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 in	(11)				
Number of TLS Sub	scribers	(12)				
 		(/ <u></u>		Total TLS Supp	ort Claimed (13) \$	
Tribal Link Up (Availab	le only to ETCs recei	ving High Cost sup	port			
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)			use an average amount)	
Total Connection C	harges Waived	(16) \$				
Deferred Interest	-	(17) \$				
					oort Claimed (18) \$	
ETC Payment						
Total Lifeline \$_1415.25	Total TLS \$	Т	otal	Tribal Link Up \$		
				Total	Dollars (19) \$	25

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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DellandaN

date CFO officer signature
Todd Crandall

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			Avg.	Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provide	er Identification Number <u>143001580</u>		(2) Stu	dy Area Code_260421
3) Filer 499 ID 807297	, (4) Technology T	ype (check one) Wireli	
5) ETC Designation Type	e (Check one): Lifeline Only 🔛	High	Cost/Low Income	
6) Organization Informat	ion	(7)	Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation	n a)	Submission Date	3/2/15
Contact Name:	Cathy Pigg	b)	Data Month	December 2014
Mailing Address:	237 North 8th Street	c)	Type of Filing	
	PO Box 649	1		Original
	Mayfield, KY 42066	d)	State Reporting	Revision
Felephone Number:	270-674-1000	-		JJ
^s ax Number:	270-856-3045			
E-mail Address:	cpigg@wk.net			
Receiving federa	l Lifeline Support (8) <u>157</u>		x \$ <u>9.2</u>	$-e^{14}UZ.ZU$
Fribal Low-Income Subso	ribers (9)	otal F	_ x \$	= \$
Fribal Low-Income Subso	ribers (9) I Lifeline Support T	otal F	_ x \$	
Tribal Low-Income Subso Receiving federa Toll Limitation Ser Cost of Providin	ribers (9) I Lifeline Support T	otal F	_ x \$	= \$
Tribal Low-Income Subso Receiving federa Toll Limitation Ser Cost of Providin	ribers (9) I Lifeline Support T Vices (TLS) g TLS per Subscriber (11) ental cost or \$3 in 2012 /\$2 in 2013)	otal F	x \$ (not to exce ederal Lifeline Sup	= \$
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Tribal Low-Income Subso Receiving federa Toll Limitation Ser Cost of Providin (the lesser of increm Number of TLS S Tribal Link Up (Avai Number of Conn Charges Waived Total Connection	(9)	<i>uppor</i>	x \$ (not to exce rederal Lifeline Sup Total TLS Supp t) (for multiple rates	= \$ port Claimed (10) \$ 1452.25
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LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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3/2/15

FCC Form 497 April 2012 Edition

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CFC

OFFICER SIGNATURE



OFFICER TITLE

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OFFICER NAME

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					Case Exhib	No. 2016-00059	12 M. Ino
					FCC	it Billice al Form 497	1419114
FCC Form 497 April 2012 Edition			SHEI	ET		OMB App	
		Ava			3060-0819 Burden Est. per Respondent: 2.5 Hrs.		
		143001580		-	260421		
(1) USAC Service Provider Identification Number							
(3) Filer 499 ID 807297	(4) Technology Ty	/pe (check one) Wirelir	ne 🔼	Wireless		
(5) ETC Designation Type (C	Check one): Lifeline	Only 🔽 🛛 H	High	Cost/Low Income			
(6) Organization Information		(7) Filing Informati		Filing Information	n		
Company Legal Name:	West Kentucky Rural Telephor	e Cooperative Corporation	a)	Submission Date	12/12/14	1	
Contact Name:	Cathy Pigg		b)	Data Month	Novembei	r 2014	
Mailing Address:	237 North 8th Street		C)	Type of Filing (check one)		x	
	PO Box 649			· · · ·	Original (Revision [
	Mayfield, KY 42066		d)	State Reporting	KY		
Telephone Number:	270-674-1000						
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline	
Non-Tribal Low-Income Subscribers		<u>3005cmbers</u> (8) <u>157</u>				= \$ <u>1452.25</u>	
Receiving federal L	ifeline Support						
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9)		x \$ (not to exce	ed \$34.25)	= \$	
		Τα	otal F	ederal Lifeline Sup	port Claimed	d (10)\$ <u>1452.2</u>	<u> </u>
Toll Limitation Servio	ces (TLS)						
Cost of Providing T	LS per Subscriber tal cost or \$3 in 2012 /\$2 ir	(11)					
·							
Number of TLS Sub	oscribers	(12)					
Tribal Link Up (Availat	lo only to ETCo mas	wing High Cost su			ort Claimed	(13) \$	
TTIDAI LITIK OP (Avalla).		wing nigh Cost su	φροι	<i>l</i>)			
Number of Connec		(14)					
Charges Waived pe	er Connection	(15) \$ (not to exceed \$100)		(for multiple rates	, use an averaç	ge amount)	
		,,					
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		Total Tribal Link Up Support Claimed (18) \$					
						-	
ETC Payment							
Total Lifeline \$_1452.25	Total TLS \$		Total	Tribal Link Up \$			
				Tota	I Dollars (19)	\$ 1452.25	

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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12/12/2014

Touch Landan

DATE

CFO

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition LIFELINE WORKS						B Approval 3060-0819 nt: 2.5 Hrs.	
(1) USAC Service Provider Id		143001580		(2) Stur	ly Area Code_	260421	
(1) USAC Service Provider Id 807207	entification Number						— —
(3) Filer 499 ID 807297				check one) Wirelir		Wireless	Ļ
(5) ETC Designation Type (C	heck one): Lifeline	Only 💭 🛛 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	West Kentucky Rural Telephor	ne Cooperative Corporation	a)	Submission Date	11/12/20	14	
Contact Name:	Cathy Pigg		b)	Data Month	October 20	14	
Mailing Address:	237 North 8th Street		c)	Type of Filing (check one)	x		
	PO Box 649				Original 🗍		
	Mayfield, KY 42066		d)	State Reporting	КҮ	····	
Telephone Number:	270-674-1000						
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		c) Total Life	eline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) <u>156</u> (9)		x \$ <u>9.2</u>	5 :	= \$	
				1	ed \$34.25) port Claimed		
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 1 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availabi	lo only to ETCs roco	iving High Cost su	nnar	Total TLS Supp	ort Claimed(13) \$	
	e only to E i os iece	wing riigh oost su	οροι	9			
Number of Connections Waived Charges Waived per Connection		(14) (15) \$ (not to exceed \$100)		(for multiple rates, use an a		verage amount)	
Total Connection Cl	narges Waived	(16) \$					
Deferred Interest		(17) \$					
		т	otal	Tribal Link Up Sup	port Claimed ((18) \$	
ETC Payment							
	Total TLS \$		[ntal	Tribal Link Up \$			
тотат спенне ф	ισται ι ΕΟ Ψ		Juai		Dollars (19)	1443.	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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11/10/14

Total Cradal

date CFO

officer signature
Todd Crandall

OFFICER TITLE

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						Case N Exhibit	o. 2016-00059 B	10/10/14
						FCC Fo	B prm 497	
	FCC Form 497						OMB	Approval
April 2012 Edition						OMB Approval 3060-0819 Burden Est. per Respondent: 2.5 Hrs.		
					•			2.0 118.
(1) USAC Service Provider Identification Number			143001580		(2) Stud	dy Area Co	_{de} _260421	
	(3) Filer 499 ID 807297		(4) Technology Ty	pe (check on	e) Wireliı	ne 🔼	Wireless 🗍	<u>ا</u> ر
	(5) ETC Designation Type (C	heck one): Lifeline	Only 🔽 🛛 H	ligh Cost/Lov	v Income			
	(6) Organization Information	F		(7) Filing Inf				
	Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a) Submiss	sion Date	10/10/2		
	Contact Name:	Cathy Pigg		b) Data Mo		Septem	ber 2014	
	Mailing Address:	PO Box 649		c) Type of (check c	one)	Original	Max	
		237 North 8th	Street	<u></u>		Revision		
		Mayfield, KY 42066		d) State Re	porting	KY]
	Telephone Number: Fax Number:	270-856-1889						
		270-856-3045						
	E-mail Address:	cpigg@wk.net]				
	Lifeline		(a) # Lifeline Subscri <u>bers</u>		ifeline Suj scriber Su		(c) Total Lifel	ine
	Non-Tribal Low-Income Sub Receiving federal L	oscribers .ifeline Support	(8) <u>158</u>			25	= <u>\$</u> 1461.	50
Tribal Low-Income Subscribers		bers	(9)	x \$	\$	eed \$34.25)	= \$	
	Receiving federal L	ifeline Support	То	otal Federal L	ifeline Su	pport Clain	ned (10)\$ 146	1.50
	Toll Limitation Servi	ces (TLS)						
	Cost of Providing 1 (the lesser of increment	FLS per Subscriber Ital cost or \$3 in 2012 /\$2	(11) in 2013)					
	Number of TLS Sul	bscribers	(12)	. <u></u>				
					I TLS Sup	port Claim	ed (13) \$	
	Tribal Link Up (Availal	ble only to ETCs rece	eiving High Cost su	ipport)				
	Number of Connec Charges Waived p		(14) (15) \$	(for	multiple rate	s, use an av	erage amount)	
			(not to exceed \$100)				
	Total Connection (Charges Waived	(16) \$					
	Deferred Interest		(17) \$					
				Total Tribal L	ink Up Su	pport Clair	ned (18) \$	
					-			
	ETC Payment							
	Total Lifeline \$_1461.50	Total TLS \$		Total Tribal			1161 50	 1
					Tot	tal Dollars	(19) \$,

1.00
LIFELINE WORKSHEET

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

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10/10/2014

DATE CFC

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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 Todd Crandall

OFFICER NAME

Zidd Mandall

FCC Form 497 April 2012 Edition

FCC Form 497 April 2012 Edition			SHEI			OMB Approval 3060-0819
				•		. per Respondent: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143001580		(2) Stud	dy Area Co	_{de} _260421
(3) Filer 499 ID 807297		(4) Technology Ty	pe (check one) Wireli	ne 🔼	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔽 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	T	
Company Legal Name:	West Kenlucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	09/26/	14
Contact Name:	Cathy Pigg	-	b)	Data Month	August 2	2014
Mailing Address:	PO Box 649		C)	Type of Filing (check one)		
	237 North 8th	Street		, ,	Original Revision	
	Mayfield, KY 42066		d)	State Reporting	KY	
Telephone Number:	270-856-1889					
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline						
Liieiiiie		(a) # Lifeline		(b) Lifeline Sup	oport/	(c) Total Lifeline
Non Tribal Low Income Sub	ooriboro	Subscribers		Subscriber Sup	oport	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 157		x \$ <u>9.2</u>	5	_{= \$} <u>1452.25</u>
Tribal Low-Income Subscrib	ers	(9)		. × \$		= \$
Receiving federal Li				, , , ,	1 40 4 0 5	ned (10) \$ 1452.25
Toll Limitation Servic	rac (TI S)				port orann	
Ton Emilation Servic	es (123)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)				
Number of TLS Sub	scribers	(12)				
				Total TLS Supp	ort Claime	d (13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	opor			
Number of Connect	ions Waived	(14)				
Charges Waived per		(15) \$		(for multiple rates	, use an avei	rage amount)
		(not to exceed \$100)				
Total Connection Cl	harges Waived	(16) \$				
Deferred Interest		(17) \$				
		т	otal	Tribal Link Up Sup	port Claim	ed (18) \$
ETC Payment						
Total Lifeline \$_1452.25	Total TLS \$	т	otal	Tribal Link Un \$		
						9) \$1452.25
				Tota	I Dollars (1	9) \$

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CC Form 497 April 2012 Edition

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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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09/29/14

Total Cravela

DATE

CFO

OFFICER TITLE

OFFICER NAME

OFFICER SIGNATURE

Todd Crandall

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	
		FCC Form 497	15 (N
FCC Form 497			
April 2012 Edition			Approv 060-08
		Avg. Burden Est. per Respondent:	
(1) USAC Service Provi	der Identification Number <u>143001580</u>	(2) Study Area Code_260421	_
(3) Filer 499 ID 80729	brind By: LIFELINE WORKSHEET Avg. Burden Est. per Respon AC Service Provider Identification Number 143001580 (2) Study Area Code 26042 ar 499 ID 807297 (4) Technology Type (check one) Wirelees C Designation Type (Check one): Lifeline Only (a) High Cost/Low Income (a) Wirelees C Designation Type (Check one): Lifeline Only (a) High Cost/Low Income (a) Submission Date (b) 08/25/2014 Name: Todd Crandall b) Data Month July 2014 Original Name: Todd Crandall (check one) Original Original Original Name: PO Box 649 (a) Submission Date O8/25/2014 Original Inderess: PO Box 649 (a) State Reporting (c) Total I Inderess: Inderess PO Box 649 (b) Lifeline Support (c) Total I Matricess: torandall@tmsvcs.com Interfere Original (c) Total I Inderess: torandall@tmsvcs.com (b) Lifeline Support (c) Total I (c) Total I Inbal Low-Income Subscribers (b) 159 x \$ 9,26 = \$ 147 (not to exc		
(5) ETC Designation Ty	pe (Check one): Lifeline Only 🔀	High Cost/Low Income 🔲	
(6) Organization Inform	ation	(7) Filing Information	
Company Legal Name:	West Kentucky Rural Telephone Cooperative Corporation, Inc	a) Submission Date 08/25/2014	
Contact Name:	Todd Crandall	b) Data Month July 2014	
Mailing Address:	PO Box 649	c) Type of Filing	
	237 North 8th Street	Original 🗹	
			_
Telephone Number:			
Fax Number:	270-856-3045	1	
E-mail Address:	tcrandall@tmsvcs.com	1	
]	
	Subscribers		ıe
	ral Lifeline Support (8) 159	x \$9.25 = \$1470.7	5
Tribal Low-Income Subscribers (9)			
Receiving rede	Telefine Support	otal Federal Lifeline Support Claimed (10) \$ 1470	.75
Toll Limitation Se			
·			
	• •	Total TLS Support Claimed (13) \$	
Tribal Link Up (Ava	ailable only to ETCs receiving High Cost su	pport)	
Number of Com	mentione Minister (4.4)		
	d per Connection (14)	(for multiple rates, use an average amount)	
	(not to exceed \$100)		
Total Connectio	on Charges Waived (16) \$		
Deferred Interes	st (17) \$		
	·		·
ETC Payment	26		
Total Lifeline \$_1470.7	<u>ں</u> Total TLS \$ ۲	otal Tribal Link Up \$	
		Total Dollars (19) \$	

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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08/26/2014

Totlel Grender

date CFO

OFFICER SIGNATURE

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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.

April 2012 Edition

FCC Form 497 April 2012 Edition			SHE	ET			3 Approval
				Avg. I	Burden Est. pe		3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Io	landifia adiana Nismala an	143001580		(0) 64	iy Area Code_	260421	
(1) USAC Service Provider id 807207	ientification Number						_
(3) Filer 499 ID 807297	· · · · · · · · · · · · · · · · · · ·	(4) Technology Ty	pe (check one) Wirelir	ne 🔼	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔽 🛛 F	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	08/01/201	14	
Contact Name:	Cathy Pigg		b)	Data Month	JUNE 2014		
Mailing Address:	PO Box 649		c)	Type of Filing (check one)	Hav		
	237 North 8th	Street			Driginal 🗍 Revision 🗌		
The second s	Mayfield, KY 42066		d)	State Reporting	КҮ		
Telephone Number: Fax Number:	270-856-1889						
rax number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline							
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		c) Total Life	line
Non-Tribal Low-Income Sub		<u>300scribers</u> (8) 168				. _{\$} 1554.	00
Receiving federal Li	feline Support	(8)		x \$9.25		• \$	
Tribal Low-Income Subscrib Receiving federal Li		(9)		(not to over	=	:\$	
Receiving recerar Li	lenne Support	То	tal F	ederal Lifeline Sup	port Claimed	(10) \$ <u>155</u>	4.00
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Sub	scribers	(12)					
3				Total TLS Suppo	ort Claimed (1	3) \$	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost sup	opor		· · · · · · · · · · · · · · · · · · ·	-, .	
Number of Connecti		(14)					
Charges Waived per	[•] Connection	(15) \$ (not to exceed \$100)		(for multiple rates,	use an average	amount)	
Total Connection Cl	narges Waived	(16) \$					
Deferred Interest		(17) \$					
		Тс	otal '	Tribal Link Up Supp	ort Claimed (1	18) \$	
ETC Payment							
Total Lifeline \$_1554.00	Total TLS \$	т	otal	Tribal Link Up \$			
τ	· · · · · · · · · · · · · · · · ·	······································			Dollars (19) \$	1554.00	I
				Total	Dollars (19) \$		

LIFELINE WORKSHEET

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

FCC Form 497 April 2012 Edition

(20) CERTIFICATIONS AND SIGNATURES

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08/01/2014

Zierer Granden



officer signature
Todd Crandall

OFFICER TITLE

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Case No. 2016-00059	
Exhibit B mail a	11/24/14
FCC Form 497	

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB App					B Approval	
				Ava	Burden Est. p	er Responde	3060-0819 nt: 2.5 Hrs
		142004590		-	•	•	11. 2.0 113.
(1) USAC Service Provider I	dentification Number	143001580		(2) Stud	dy Area Code	200421	
(3) Filer 499 ID 807297		(4) Technology Ty	pe (check one) Wireli	ne 🖾	Wireless	
(5) ETC Designation Type (C	Check one): Lifeline	only 🔽 🕴 ト	ligh	Cost/Low Income			
(6) Organization Information	<u>)</u>	· · · · · · · · · · · · · · · · · · ·	(7)	Filing Information	1		· · · · · · · · · · · · · · · · · · ·
Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	06/24/20)14	
Contact Name:	Cathy Pigg		b)	Data Month	MAY 2014	•	
Mailing Address:	PO Box 649		C)	Type of Filing (check one)		·····	5v
	237 North 8th	Street		· ·	Original (Revision (
	Mayfield, KY 42066	·····	d)	State Reporting	Kevision <u> </u>		
Telephone Number:	270-856-1889	· · · ·			·•• ·· ·	· · · · · · · · · · · · · · · · · · ·	
Fax Number:	270-856-3045	<u>.</u>					
E-mail Address:	cpigg@wk.net						
Lifeline							
LIICIIIIC		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Sup	oport		
		(8) 173		x \$9.2	5	= \$ 1600	.25
Tribal Low-Income Subscribers		(9)		×\$		= \$	
Receiving federal L	ifeline Support		tal F	not to exce) ederal Lifeline Sup	ed \$34.25) port Claimed	_{I (10) \$} 160)0.25
Toll Limitation Servio	rac(T(S))			· · ·			
	.es (123)						
Cost of Providing T (the lesser of increment	'LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) n 2013)					
Number of TLS Sub	oscribers	(12)		· · · ·			
r.			Total TLS Support Claimed (13) \$				
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	opor	••			
Number of Connect	tions Waived	(14)					
Charges Waived pe	r Connection	(15) \$ (not to exceed \$100)		(for multiple rates	, use an averag	e amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
		те	otal '	Tribal Link Up Sup	port Claimed	(18) \$	
ETC Payment							
4000.05							
Total Lifeline \$_1600.25	Total TLS \$	Т	otal	Tribal Link Up \$		-	_
				Tota	l Dollars (19)	\$)

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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06/24/2014

otherranda V

DATE

CFO

OFFICER TITLE

OFFICER NAME

OFFICER SIGNATURE

Todd Crandall

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					Case No. 2016-00059 Exhibit B @mached FCC Form 497
FCC Form 497 April 2012 Edition			SHE	ET	OMB Approval 3060-0819
				Avg.	Burden Est. per Respondent: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	, 143001580		(2) Stu	dy Area Code_260421
(3) Filer 499 ID 807297		(4) Technology T ₃	/pe (check one) Wireli	ine 🖾 🛛 Wireless 🗋
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🔽 🛛 I	ligh	Cost/Low Income	
(6) Organization Information			(7)	Filing Information	
Company Legal Name:	West Kentucky Rural Telephon	e Cooperative Corporation, Inc.	a)	Submission Date	05/22/14
Contact Name:	Cathy Pigg		b)	Data Month	April 2014
Mailing Address:	PO Box 649		c)	Type of Filing (check one)	
	237 North 8th	Street		(oneok one)	Original Har Revision
	Mayfield, KY 42066		d)	State Reporting	
Telephone Number:	270-856-1889				
Fax Number:	270-856-3045				
E-mail Address:	cpigg@wk.net				
L <u>ifeline</u> Non-Tribal Low-Income Sub Receiving federal L Tribal Low-Income Subscrib Receiving federal L	ifeline Support ers	(a) # Lifeline <u>Subscribers</u> (8) <u>175</u> (9) To	tal F	(makka away	pport
Toll Limitation Servic			ŗ		
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) in 2013)		<u> </u>	
Number of TLS Sub	scribers	(12)	;		
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	opor		oort Claimed (13) \$
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	s, use an average amount)
Total Connection C	narges Waived	(16) \$			
Deferred Interest		(17) \$			
		Т	otal '	ſribal Link Up Sup	port Claimed (18) \$
ETC Payment					
Total Lifeline \$ <u>1618.75</u>	Total TLS \$	т	otal	Tribal Link Up \$	
			Jul	Tota	1618.75

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6 Form 497 11 2012 Edition

LIFELINE WORKSHEET

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

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05/22/2014

Till nameled

DATE

CFO

OFFICER SIGNATURE

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Case No. 2016-00059	1 Charles
Case No. 2016-00059 Exhibit B cmarked	9/30/14
FCC Form 497	

FCC Form 497 April 2012 Edition			SHE		Rurdon Est		B Approval 3060-0819
		142004580		_			11. 2.5 1115.
(1) USAC Service Provider Ic	lentification Number	143001580		(2) Stud	ly Area Cod	_{le} _260421	
(3) Filer 499 ID 807297		(4) Technology Ty	/pe (check one) Wirelir	1e 🔼	Wireless	
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Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	04/30/20	014	
Contact Name:	Cathy Pigg		b)	Data Month	March 20	14	
Mailing Address:	PO Box 649		C)	Type of Filing (check one)	1		
	237 North 8th	Street			Original Revision	Å. □	
	Mayfield, KY 42066		d)	State Reporting	KY		
Telephone Number:	270-856-1889				•		
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline Non-Tribal Low-Income Sub Receiving federal Li		(a) # Lifeline <u>Subscribers</u> (8) _ <u>178</u>		(b) Lifeline Sup Subscriber Sup x \$9.23	oport	(c) Total Life = \$1646.	
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) To	tal F	x \$ (not to excent rederal Lifeline Sup	ed \$34.25) port Claime	= \$ d (10) \$ _164	6.50
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incremented)	LS per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 1 2013)		·			
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availabi	le only to ETCs rece	iving High Cost su	opor	Total TLS Supp t)	ort Claimed	(13) \$	
Number of Connecti Charges Waived per		(14) (15) \$ (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Cl	narges Waived	(16) \$		_			
Deferred Interest		(17) \$					
		т	otal '	Tribal Link Up Supp	oort Claimed	d (18) \$	
ETC Payment							
Total Lifeline \$	Total TLS \$	т	otal	Tribal Link Up \$			h
				Total	Dollars (19))\$,

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

04/30/2014

2011 Charden

DATE

CFO

officer signature Todd Crandall

OFFICER TITLE

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

OFFICER NAME

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

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

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

			v	4	Exh	e No. 2016-00059 ibit B 2⊄orm 497
FCC Form 497 April 2012 Edition			SHE			OMB Approval 3060-0819
				-		per Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	lentification Number	143001580		(2) Stu	dy Area Coo	_{de_} 260421
(3) Filer 499 ID 807297		(4) Technology Ty	/pe (check one) Wireli	ne 🔼 🗋	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔽 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	-iling Information	1	
Company Legal Name:	West Kentucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	03/27/2	014
Contact Name:	Cathy Pigg		b)	Data Month	February	2014
Mailing Address:	PO Box 649		c)	Type of Filing (check one)		
	237 North 8th	Street		. ,	Original Revision	
	Mayfield, KY 42066		d)	State Reporting	KY	
Telephone Number:	270-856-1889					
Fax Number:	270-856-3045					
E-mail Address:	cpigg@wk.net					
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Sub						1665.00
Receiving federal L	ifeline Support	(8) 180		x \$ <u>9.2</u>		= <u>\$</u> 1665.00
Tribal Low-Income Subscrib		(9)		4	ad \$24.25)	= \$
Receiving federal L	iteline Support	Τα	otal F	ederal Lifeline Sup	oport Claime	ed (10) \$ 1665.00
Toll Limitation Servio	es (TLS)					
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 ir	(11)				
Number of TLS Sub	scribers	(12)				
					ort Claimer	l (13) \$
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	••	ont Grannet	1 (13) φ
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	s, use an avera	age amount)
Total Connection C	harges Waived	(16) \$				
Deferred Interest		(17) \$				
					port Claime	ed (18) \$
ETC Payment						
Total Lifeline \$_1665.00	2 2 IT letoT	· •	Fotal	Tribal Link Un \$		
ι σται επσίπισ φ			. J.al			1665.00
				Tota	I Dollars (19	9) \$

Form 497 1 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

(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.

03/27/2014

vel Crandol

DATE CFO

OFFICER SIGNATURE

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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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.

Construction of the Constr			,		Case No. 2016-00059 Exhibit B FCC Form 497 March 20	28/1y	
FCC Form 497 April 2012 Edition			SHE		OMB Approval 3060-0819 Burden Est. per Respondent: 2.5 Hrs.		
		1/3001580		-			
(1) USAC Service Provider Ic	dentification Number	143001300		(2) Stud	dy Area Code_260421		
(3) Filer 499 ID 807297		(4) Technology Ty	pe (check one) Wirelin	ne 🖾 🦷 Wireless 🗔		
(5) ETC Designation Type (C	heck one): Lifeline	Only 💭 🛛 F	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	West Kenlucky Rural Telephone	Cooperative Corporation, Inc.	a)	Submission Date	02/28/2014		
Contact Name:	Cathy Pigg		b)	Data Month	January 2014		
Mailing Address:	PO Box 649		c)	Type of Filing (check one)			
	237 North 8th S	Street			Original Revision		
	Mayfield, KY 42066		d)	State Reporting	КҮ		
Telephone Number:	270-856-1889						
Fax Number:	270-856-3045						
E-mail Address:	cpigg@wk.net						
Lifeline Non-Tribal Low-Income Sub	scribers	(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>	port		
Receiving federal Li		(8) 186		x \$9.2			
Tribal Low-Income Subscribers Receiving federal Lifeline Support		(9) x \$ = \$ (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ _1720.5					
Toll Limitation Servic	es (TLS)		-				
	LS per Subscriber al cost or \$3 in 2012 /\$2 ir	(11) 1 2013)					
Number of TLS Sub	scribers	(12)					
Tribal Link Up (Availab	le only to ETCs recei	iving High Cost su	рроі	••	ort Claimed (13) \$		
Number of Connect Charges Waived pe		(14) (15) \$ (not to exceed \$100)		(for multiple rates	, use an average amount)		
Total Connection C	harges Waived	(16) \$					
Deferred Interest		(17) \$					
					port Claimed (18) \$		
ETC Payment							
Total Lifeline \$_1720.50	Total TLS \$	7	Fotal	l Tribal Link Up \$			
				Tota	l Dollars (19) \$		

LIFELINE WORKSHEET

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

RTIFICATIONS AND SIGNATURES

dition

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02/28/2014

odel render



OFFICER SIGNATURE

OFFICER TITLE

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

OFFICER NAME

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