EXHIBIT 30

FCC Form 497 April 2012 Edition			SHE	ΞT			B Approval 3060-0819
				Avg. E	Burden Est. pe		
(1) USAC Service Provider Id	lentification Number	143032568		(2) Stud	ly Area Code	269005	
(3) Filer 499 ID <u>827159</u>			pe (check one) Wirelin		Wireless	
	haak ana); lifaling	•• •• ••		Cost/Low Income			_
(5) ETC Designation Type (C		i i i i i i i i i i i i i i i i i i i	-				
(6) Organization Information	Cumberland Ce	llular Inc	(7) a)	Filing Information Submission Date	02/06/201	4	
Company Legal Name:			b)	Data Month	January 2		
Contact Name: Mailing Address:	teresa emerson		c)	Type of Filing	bandary 2	.011	
Maning Address.	2150 north main			(check one)	Original		
		42620	d)	State Reporting	Revision [
Telephone Number:	jamestown, KY / 270-343-1171	42029	u,	otato hoporting	RENTOC		
Fax Number:	270-343-2600		1				
E-mail Address:	temerson@duot	el.com	1				
	tomoreon@uuo						
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Lif	eline
		Subscribers		Subscriber Sup		(0) 10111 111	
Non-Tribal Low-Income Sub Receiving federal L		(8) 14		x \$ 9.2	5	= \$ 130	
Tribal Low-Income Subscrib		(9) 0		x \$ 0.00		= \$ 0	
Receiving federal L		(0)	otal I	(not to exce Federal Lifeline Sup	ed \$34.25))
			Juii				
Toll Limitation Servio	ces (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) 0.00000 in 2013)	00				
Number of TLS Sub	oscribers	(12) 0					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	ole only to ETCs rece	eiving High Cost su	ippo				
Number of Connect	tions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an averag	je amount)	
		(not to exceed \$100))				
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		I	Fotal	Tribal Link Up Sup	port Claimed	(18) \$ 0	
ETC Payment							
-	Total TLS \$_0		Tota	l Tribal Link Up \$ ()	_	
	10001120 Q				l Dollars (19)		
		141 1 4 3 2017/1044		1010			

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/06/2014

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER TITLE

OFFICER NAME

OFFICER SIGNATURE

TERESA EMERSON

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

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

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FCC Form 497 April 2012 Edition			SHE	ET			B Approval 3060-0819
				Avg. I	Burden Est. pe		
(1) USAC Service Provider lo	dentification Number	143032568		(2) Stud	ly Area Code	269005	
(3) Filer 499 ID <u>827159</u>			pe (check one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C	theck one): Lifeline			Cost/Low Income	_		
				Filing Information			
(6) Organization Information Company Legal Name:	Cumberland Cel	llular Inc	(<i>r</i>)	Submission Date	03/06/201	4	
Contact Name:	teresa emerson		b)	Data Month	February	2014	
Mailing Address:	po box 80		c)	Type of Filing (check one)			
			1	,	Original Revision	1	
	jamestown, KY	42629	d)	State Reporting	KENTUCI	KY	
Telephone Number:	270-343-3131						
Fax Number:							
E-mail Address:							
Lifeline							
Literine		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lif	eline
Non-Tribal Low-Income Sub						a 120	
Receiving federal L	ifeline Support	(8) 15		x \$ <u>9.2</u>		= \$ <u>139</u>	
Tribal Low-Income Subscril Receiving federal L		(9) 0		_ x \$ <u>0.00</u> (not to exce		= \$ _0	
Receiving lederal L	inenne Support	тс	otal I	ederal Lifeline Sup		(10) \$ <u>139</u>)
Toll Limitation Servi	ces (TLS)						
Cost of Providing T (the lesser of increment	FLS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	00				
Number of TLS Sul	oscribers	(12) 0					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availal	ble only to ETCs rece	iving High Cost su	ippo	rt)			
Number of Connec	tions Waived	(14) 0					
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	s, use an averag	e amount)	
		(
Total Connection C	Charges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		r	Total	Tribal Link Up Sup	port Claimed	(18) \$ 0	
ETC Payment							
Total Lifeline \$_139	Total TIS\$0		Tota	I Tribal Link Up \$ _)	_	
	10/// 100 \$				al Dollars (19)		
						•	
	If you have any ques	tions, please call U	SAC	al (000) 0/3-4/2/	ion riee		

bu have any questions, please call USAC at (866) 873-4727 1011 Fr

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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03/06/2014

teresa emerson

DATE

OFFICER SIGNATURE

accountant

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			KSHEE			OMB App 3060
				Avg.	Burden Est	. per Respondent: 2.8
(1) USAC Service Provide	r Identification Numbe	143032568		(2) Stu	dy Area Co	de <u>269005</u>
(3) Filer 499 ID 827159		(4) Technology T	Гуре (о	check one) Wireli	ine 🔲	Wireless 🗹
(5) ETC Designation Type	(Check one): Lifelin	e Only 🛄	High	Cost/Low Income		
(6) Organization Informat	ion		(7) F	Filing Information		
Company Legal Name:	Cumberland Ce	ellular Inc	a)	Submission Date	04/04/2	014
Contact Name:	TERESA EME	RSON	b)	Data Month	March 2	2014
Mailing Address:	P O BOX 80		c)	Type of Filing (check one)		
					Original Revision	\leq
	JAMESTOWN,	KY 42629	d)	State Reporting	KENTU	ICKY
Telephone Number: Fax Number:	2703433131		-			
	2703432600					
E-mail Address:	TEMERSON@	DUOTEL.COM				
Tribal Low-Income Subso	I Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>14</u> (9) <u>0</u>	Total F	(b) Lifeline Su <u>Subscriber Su</u> x \$ <u>9.3</u> x \$ <u>0.00</u> (not to exc rederal Lifeline Su	25 eed \$34.25)	(c) Total Lifeline = \$ <u>130</u> = \$ <u>0</u> ned (10) \$ <u>130</u>
Toll Limitation Ser Cost of Providin (the lesser of increm	vices (TLS) g TLS per Subscriber nental cost or \$3 in 2012 /\$2	(11) <u>0.0000</u> 2 in 2013)	000			
Number of TLS \$	Subscribers	(12) 0				
				Total TLS Sup	port Claime	ed (13) \$ <u>0</u>
Tribal Link Up (Avai	ilable only to ETCs red	eiving High Cost s	suppor			
Number of Conn Charges Waived		(14) 0 (15) \$ 0.00 (not to exceed \$100	0)	(for multiple rate	s, use an ave	erage amount)
Total Connectio	n Charges Waived	(16) \$ <u>0.0</u>				
Deferred Interes	t	(17) \$ 0.00				
			Total	Tribal Link Up Su	pport Claim	ned (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_130	Total TLS \$_0		Tota	I Tribal Link Up \$ _	0	
				Tot	al Dollars (19) \$ _130

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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04/04/2014

TERESA EMERSON

TERESA EMERSON

OFFICER SIGNATURE

DATE

ACCOUNTANT

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEI	ΕT			B Approval
				Avg. I	Burden Est. per		3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143032568		(2) Stud	ly Area Code <u>2</u>	69005	
(3) Filer 499 ID 827159			/pe (check one) Wirelin		Wireless	
(5) ETC Designation Type (C	heck one): Lifeline			Cost/Low Income			
			-	Filing Information			
(6) Organization Information Company Legal Name:	Cumberland Ce	llular Inc	(<i>r</i>) (a)	Submission Date	05/13/2014		
Contact Name:	TERESA EMER	SON	b)	Data Month	April 2014		
Mailing Address:	2150 NORTH M		c)	Type of Filing (check one)			
			1		Original ✓ Revision		
	JAMESTOWN,	KY 42629	d)	State Reporting	KENTUCK	Ý	
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duot	el.com					
Lifeline							
Elicinic		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup) Total Life	eline
Non-Tribal Low-Income Sub						s 130	
Receiving federal Li	feline Support	(8) <u>14</u>		x \$ <u>9.2</u>			
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u> (not to exce		<u>\$</u> 0	
Receiving federal Li	lienne Support	т	otal F	ederal Lifeline Sup		10) \$ <u>130</u>	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed (13	3) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ippoi		an y fi Diri in di Sakatrin Presidentale - 🗱 Fi s		
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rates	, use an average a	amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		1	otal	Tribal Link Up Sup	port Claimed (1	8) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_130			Total				
Total Lifeline \$_100			TOTA			130	
				Tota	I Dollars (19) \$	100	

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FCC Form 497 April 2012 Edition

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LIFELINE WORKSHEET

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

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05/13/2014

terea emerson

OFFICER SIGNATURE

DATE

accountant

OFFICER TITLE

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OFFICER NAME

terea emerson

FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est. pe	er Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143032568		(2) Stud	ly Area Code	269005
(3) Filer 499 ID <u>827159</u>		(4) Technology T	ype (check one) Wirelir	ne 🔲	Wireless 🔽
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮	High	Cost/Low Income		
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Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	06/09/201	4
Contact Name:	teresa emerson		b)	Data Month	May 2014	
Mailing Address:	2150 s main		c)	Type of Filing (check one)		
					Original V Revision	
Televise Membras	jamestown, KY	42629	d)	State Reporting	KENTUCK	(Y
Telephone Number:	2703431171		4			
Fax Number:	2703432600		-			
E-mail Address:	temerson@duot	tel.com				
Lifeline						
		(a) # Lifeline		(b) Lifeline Sup		c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup		
Receiving federal Li	feline Support	(8) 14		x \$9.2	5=	= \$ _130
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>	ALL DESIGN AND ALL DE	= \$ _0
Receiving federal Li	feline Support	т	otal F	not to exce) ederal Lifeline Sup		(10) \$ 130
Toll Limitation Convia	TIS)					
Toll Limitation Servic	ies (1L3)					
Cost of Providing T	LS per Subscriber	(11) 0.0000	00			
(the lesser of increment	al cost or \$3 in 2012 /\$2 i	n 2013)				
Number of TLS Sub	scribers	(12) <u>0</u>				
Taibal Link Harris				Total TLS Supp	ort Claimed (13) \$ <u>0</u>
Tribal Link Up (Availab	le only to E I Cs rece	iving High Cost si	ippoi	τ)		
Number of Connect		(14) 0				
Charges Waived per	r Connection	(15) \$ 0.00 (not to exceed \$100)	(for multiple rates,	use an average	amount)
		•				
Total Connection Cl	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		1	Fotal	Tribal Link Up Sup	oort Claimed (18) \$ 0
ETC Payment						
-	Total TLS \$_0		Total	Tribal Link Up \$ 0		
· · · · · · · · · · · · · · · · · · ·						130
				Total	Dollars (19) \$	

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teresa emerson

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accountant

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET			B Approval 3060-0819
				Avg. I	Burden Est. per		
(1) USAC Service Provider Id	lentification Number	143032568		(2) Stud	ly Area Code <u>2</u>	69005	
(3) Filer 499 ID <u>827159</u>		(4) Technology Ty	/pe (check one) Wirelin	ne 🔲	Wireless	\checkmark
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🖵 🕴	ligh	Cost/Low Income			
(6) Organization Information		Λ	(7)	Filing Information			
Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	07/09/2014		
Contact Name:	TERESA EMER	SON	b)	Data Month	June 2014		
Mailing Address:	1250 north mair	n streeet	c)	Type of Filing (check one)			
					Original ✓ Revision		
	jamestown, KY	42629	d)	State Reporting	KENTUCK	Y	
Telephone Number:	2703433131						
Fax Number:	2403432600						
E-mail Address:	TEMERSON@[DUOTEL.COM					
Lifeline							
Lifeline		(a) # Lifeline		(b) Lifeline Sup) Total Life	eline
Non-Tribal Low-Income Sub	scribors	Subscribers		Subscriber Sup	port		
Receiving federal Li		(8) 14		x \$9.25	5 =	\$ 130	
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00	=	\$_0	
Receiving federal Li	feline Support	Тс	otal F	(not to exce ederal Lifeline Sup		10) \$ <u>130</u>	0
Toll Limitation Servic	es (TLS)						
			_				
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) <u>0.00000</u> in 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed (1	3) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ppol	rt)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an average a	amount)	
Total Connection C	harges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Sup	port Claimed (1	8) \$ 0	
ETC Payment							
Total Lifeline \$_130			Total				
rotal Lifeline \$_100	10tal 125 \$_0		TUL			130	
				Tota	I 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.

07/09/2014

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER SIGNATURE

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			RKSHEET	Avg.	Burden Est		B Ap 3060 nt: 2.
(1) USAC Service Provide	er Identification Numbe	r 143032568		(2) Stu	dv Area Co	de_269005	
(3) Filer 499 ID 827159		(4) Technology			-		
						Wireless	Ľ
(5) ETC Designation Type	e (Check one): Lifelii	ne Only 🖵	High Cost/	Low Income			
(6) Organization Information			(7) Filing	Information			
Company Legal Name:	Cumberland C	ellular Inc	a) Subr	mission Date	08/05/2	014	
Contact Name:	TEREA EMER	SON		Month	July 20	14	
Mailing Address:	2150 N MAIN				Original Revision	P	
	JAMESTOWN	KY 42629	d) State	e Reporting	KENTU	CKY	
Telephone Number:	270 343 4550						
Fax Number:	270 343 2600		_				
E-mail Address:	temerson@duo	otel.com					
Lifeline		(a) # Lifeline Subscribers) Lifeline Sup ubscriber Sup		(c) Total Life	eline
Non-Tribal Low-Income S	Subscribers al Lifeline Support	(8) 13		\$ 9.2		= \$ 120	
Tribal Low-Income Subs		(9) 0	x	\$ 0.00 (not to exce	ed \$34.25)	$= \frac{0}{10}$	
Toll Limitation Ser	vices (TLS)				portorann	eu (10) ¢ <u>120</u>	
	g TLS per Subscriber nental cost or \$3 in 2012 /\$2	(11) 0.000 (in 2013)	000				
Number of TLS S	Subscribers	(12) 0					
Tribal Link Up (Ava	ilable only to ETCs rec	eiving High Cost		otal TLS Supp	ort Claime	d (13)\$ <u>0</u>	
Number of Conn Charges Waived		(14) 0 (15) \$ 0.00 (not to exceed \$10		or multiple rates	, use an aver	age amount)	
Total Connection	n Charges Waived	(16) \$ 0.0					
Deferred Interes	t	(17) \$ 0.00					
•			Total Tribal	Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline <u>\$</u> 120	Total TLS \$ <u>0</u>		Total Triba				
				Tota	l Dollars (1	9) \$ 120	

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

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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08/05/2014

TEREA EMERSON

DATE

accountant

TEREA EMERSON

OFFICER SIGNATURE

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHEI	ET			B Approval
				Avg. E	Burden Est. j	per Responde	3060-0819 nt: 2.5 Hrs.
		142022568		(2) 54	ly Area Cod	269005	
(1) USAC Service Provider Id	entification Number						_
(3) Filer 499 ID 827159				check one) Wirelin		Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 - F	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Cumberland Cel	lular Inc	a)	Submission Date	08/29/20)14	
Contact Name:	TERESA EMER	SON	b)	Data Month	August 2	2014	
Mailing Address:	2150 north main		(c)	Type of Filing (check one)		_	
					Original Revision		
	jamestown, KY 4	12629	d)	State Reporting	KENTU	CKY	
Telephone Number:	270-343-1171						
Fax Number:	270 343 2600		-				
E-mail Address:	TEMERSON@D	UOTEL.COM					
Lifeline							
Liteline		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport		
Receiving federal Li		(8) 11		x \$9.2	5		
Tribal Low-Income Subscrib		(9) _0				= \$ _0	
Receiving federal Li	feline Support	Тс	otal F	not to exce) ederal Lifeline Sup		ed (10) \$ <u>102</u>	!
Toll Limitation Servic	es (TIS)						
	.63 (120)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рро	rt)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	age amount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$_102	Total TLS \$ 0		Tota	I Tribal Link Up \$)		
. с.ш. вношно ψ					I Dollars (19		
						σι φ	
r	If you have any quest	tions, please call U	SAC	at (866) 873-4727 7	oll Free		

£.,

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08/29/2014

TERESA EMERSON

DATE

OFFICER SIGNATURE

TERESA EMERSON

ACCOUNTANT

OFFICER TITLE

OFFICER NAME

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				Avg. I	Burden Est. per R		
(1) USAC Service Provider lo	dentification Number	143032568		(2) Stud	ly Area Code <u>26</u>	9005	
(3) Filer 499 ID 827159			ype (check one) Wirelin			
(5) ETC Designation Type (C	heck one): Lifelin			Cost/Low Income			
(6) Organization Information			-	Filing Information	-		
Company Legal Name:	Cumberland Ce	llular Inc	(,) (Submission Date	10/02/2014		
Contact Name:	TERESA EMER	RSON	b)	Data Month	September 2	2014	
Mailing Address:	P O BOX 80,		c)	Type of Filing			
	2150 N MAIN		1		Driginal ✓		
	JAMESTOWN,	KY 42629	d)	State Reporting	Revision		
Telephone Number:	2703431171	111 42020		, ,	RENTOORT		
Fax Number:	2703432600		1				
E-mail Address:	temerson@duo	tel.com	1				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/ (c)	Total Life	line
a a construction of the second se		Subscribers		Subscriber Sup			
Non-Tribal Low-Income Sub Receiving federal Li		(8) 12		x \$9.25	5 = \$	111	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	= \$	0	_
Receiving federal Li			otal F	(not to exce ederal Lifeline Sup	ed \$34.25)		
Tall Lingitztian Comda			Juli)	
Toll Limitation Servic	es (1L5)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2	(11) 0.00000 in 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed (13)	\$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	eiving High Cost su	ippor	<i>t)</i>			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe		(15) \$ 0.00		(for multiple rates,	use an average am	ount)	
		(not to exceed \$100)					
Total Connection C	harges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		1	otal	Tribal Link Up Supp	oort Claimed (18)	\$ <u>0</u>	
ETC Payment							
-	Total TLS \$_0	ал. Т	Te4-'				
Total Lifeline \$			Total			11	
1				Total	Dollars (19) \$ _1	11	
/	Kuou hava anu ausa	tiona places call !!	242	of (966) 972 4727 T	oll Eroo		

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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accountant

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OFFICER SIGNATURE

TERESA EMERSON

OFFICER NAME

FCC Form 497 April 2012 Edition			SHE	ET			B Approval 3060-0819
)				Avg.	Burden Est.	per Responde	
(1) USAC Service Provider Id	lentification Number	143032568		(2) Stud	ly Area Cod	le <u>269005</u>	
(3) Filer 499 ID 827159		(4) Technology Ty	pe (check one) Wirelin	ne 🛄	Wireless	 Image: A set of the set of the
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 H		Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Cumberland Cel	lular Inc	a)	Submission Date	11/03/20		
Contact Name:	TERESA EMER	SON	b)	Data Month	October	2014	
Mailing Address:	po box 80		c)	Type of Filing (check one)			
	2150 N HWY 12	7	- 6		Original Revision	\leq	
	JAMESTOWN, I	KY 42629	d)	State Reporting	KENTU	CKY	
Telephone Number:	2703431173			1			
Fax Number:	2703432600]				
E-mail Address:	TEMERSON@D	DUOTEL.COM]				
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Life	aline
Non-Tribal Low-Income Sub Receiving federal Li		(8) 10		x \$ 9.2	5	= \$ 93	
		0		x \$ 0.00		= \$ 0	
Tribal Low-Income Subscrib Receiving federal Li				(not to exce			
		Тс	otal F	ederal Lifeline Sup	port Claime	ed (10) \$ <u>93</u>	
Toll Limitation Servic	es (TLS)						
Cost of Providing T (the lesser of increment	LS per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed	1 (13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	рроі	<i>t</i>)			
Number of Connect	ions Waived	(14) 0					
Charges Waived pe	r Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates	, use an avera	age amount)	
		0.0					
Total Connection C	harges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>93</u>	Total TLS \$_0		Tota	Tribal Link Up \$ _)		
				Tota	I Dollars (1	9) \$	
	lf vou have anv ques	tions, please call U	SAC				

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.

11/03/2014

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER TITLE

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

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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

OFFICER NAME

FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval 3060-0819
				Avg.	Burden Est. p	per Respondent: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143032568		(2) Stud	dy Area Cod	e <u>269005</u>
(3) Filer 499 ID 827159			/pe (check one) Wirelin	ne 🔲	Wireless
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 I	High	Cost/Low Income		
(6) Organization Information	1		(7)	Filing Information	T	
Company Legal Name:	Cumberland Cel	llular Inc	a)	Submission Date	12/02/20	14
Contact Name:	teresa emerson	24	b)	Data Month	Novemb	er 2014
Mailing Address:	2150 n main		c)	Type of Filing (check one)		
					Original Revision	A I
	jamestown, KY 4	42629	d)	State Reporting	KENTUC	CKY
Telephone Number:	2703431171	12020			1	
Fax Number:	2703432600		1			
E-mail Address:	temerson@duot	el.com	1			
an an ann an tha						
Lifeline		(a) # Lifeline		(b) Lifeline Sup Subscriber Su		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers				00
Receiving federal L	ifeline Support	(8) 10		x \$9.2	5	= \$ 93
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00		= \$ _0
Receiving federal L	ifeline Support	т	otal F	not to exce) ederal Lifeline Sup	eed \$34.25) oport Claime	d (10) \$ <u>93</u>
Toll Limitation Servio	ces (TLS)					
Cost of Providing T (the lesser of incremen	LS per Subscriber tal cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	00			
Number of TLS Sub	oscribers	(12) 0				
				Total TLS Supp	oort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Availat	ole only to ETCs rece	iving High Cost sເ	ippol			
Number of Connect	tions Waived	(14) 0				
Charges Waived pe	er Connection	(15) \$ 0.00 (not to exceed \$100))	(for multiple rates	, use an avera	age amount)
		(not to exceed \$100)	,			
Total Connection C	harges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		1	Fotal	Tribal Link Up Sup	port Claime	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>93</u>	Total TLS \$_0	IN .	Tota	l Tribal Link Up \$ <u>(</u>)	
				Tota	al Dollars (19	93
	If you have any ques	tions please call L	SAC			

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

وتفطيعه فأنقر والمتركر فالملين

(20) CERTIFICATIONS AND SIGNATURES

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12/02/2014

teresa emerson

DATE

accountant

OFFICER SIGNATURE

OFFICER TITLE

OFFICER NAME

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April 2012 Edition			KSHEE	г	OMB Appr
				Avg.	3060-0 Burden Est. per Respondent: 2.5
(1) USAC Service Provid	er Identification Number	143032568			ly Area Code 269005
(3) Filer 499 ID 827159				neck one) Wirelin	
(5) ETC Designation Typ	e (Check one): Lifelin	e Only 🖵	High C	ost/Low Income	
(6) Organization Informa			(7) Fi	ling Information	
Company Legal Name:	Cumberland Ce	ellular Inc	a)	Submission Date	01/08/2015
Contact Name:	TERESA EMER	RSON		Data Month	December 2014
Mailing Address:	2150 NORTH N	ЛАIN		Type of Filing (check one)	
				(Driginal Revision
and an end of the second second second	JAMESTOWN,	KY 42629	d) 3	State Reporting	KENTUCKY
Telephone Number:	2703433131				
Fax Number:	2703432600				
E-mail Address:	temerson@duo	otel.com			
Lifeline		(a) # Lifeline		(b) Lifeline Sup	
Non-Tribal Low-Income	Subscribers	Subscribers		Subscriber Sup	port
Receiving federa	al Lifeline Support	(8) 10		x \$9.25	5 = \$ 93
Tribal Low-Income Subs		(9) 0		x <u>\$</u> 0.00	= \$ 0
Receiving federa	al Lifeline Support	т	otal Fe	not to excee) deral Lifeline Sup	ed \$34.25) port Claimed (10) \$ 93
Toll Limitation Ser	vices (TLS)				
Cost of Providin (the lesser of increm	g TLS per Subscriber nental cost or \$3 in 2012 /\$2	(11) 0.0000 in 2013)	00		
Number of TLS S	Subscribers	(12) 0			
Humber of TLO		(12) <u> </u>		_	
		(12) <u> </u>		– Total TLS Suppo	ort Claimed (13) \$ <u>0</u>
Tribal Link Up (Avai	ilable only to ETCs rece	(12)	upport)	– Total TLS Suppo	ort Claimed (13) \$ <u>0</u>
Tribal Link Up (Ava		eiving High Cost s	upport)	– Total TLS Suppo	ort Claimed (13) \$ <u>0</u>
Tribal Link Up (Avai Number of Conn		(12) <u>-</u> eiving High Cost so (14) <u>0</u> (15) \$ <u>0.00</u>		_	ort Claimed (13) \$ 0
Tribal Link Up (Avai Number of Conn	nections Waived	eiving High Cost st		_	
<i>Tribal Link Up</i> (Avai Number of Conn Charges Waived	nections Waived	(12) <u>-</u> eiving High Cost so (14) <u>0</u> (15) \$ <u>0.00</u>))	_ _ (for multiple rates,	
<i>Tribal Link Up</i> (Avai Number of Conn Charges Waived Total Connection	nections Waived I per Connection n Charges Waived	(12) eiving High Cost so (14) 0 (15) \$ 0.00 (not to exceed \$100 (16) \$ 0.0))	_ _ (for multiple rates,	
<i>Tribal Link Up</i> (Avai Number of Conn Charges Waived	nections Waived I per Connection n Charges Waived	$(12) = \frac{14}{0}$ $(14) = \frac{0}{0.00}$ $(15) \$ = \frac{0.00}{0.00}$ $(16) \$ = \frac{0.0}{0.00}$ $(17) \$ = \frac{0.00}{0.00}$))	_ _ (for multiple rates, _ _	
<i>Tribal Link Up</i> (Avai Number of Conn Charges Waived Total Connection Deferred Interes	nections Waived I per Connection n Charges Waived	$(12) = \frac{14}{0}$ $(14) = \frac{0}{0.00}$ $(15) \$ = \frac{0.00}{0.00}$ $(16) \$ = \frac{0.0}{0.00}$ $(17) \$ = \frac{0.00}{0.00}$))	_ _ (for multiple rates, _ _	use an average amount)
<i>Tribal Link Up</i> (Avai Number of Conn Charges Waived Total Connection	nections Waived I per Connection n Charges Waived t	$(12) = \frac{14}{0}$ $(14) = \frac{0}{0.00}$ $(15) \$ = \frac{0.00}{0.0}$ $(16) \$ = \frac{0.0}{0.00}$ $(17) \$ = \frac{0.00}{0.00}$)) Total Tr	_ _ (for multiple rates, _ _ ibal Link Up Supp	use an average amount) port Claimed (18) \$ <u>0</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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01/08/2015

TERESA EMERSON

DATE

accountant

OFFICER NAME

OFFICER SIGNATURE

TERESA EMERSON

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FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHEI	ΞT		OMB A
				Avg.	Burden Est. pe	er Respondent:
(1) USAC Service Provid	ler Identification Numbe	r 143032568		(2) Stud	ly Area Code	269005
(3) Filer 499 ID <u>827159</u>)	(4) Technology	Туре (check one) Wirelin		Wireless 🗹
(5) ETC Designation Typ	e (Check one): Lifelin	ne Only 📮	High	Cost/Low Income		
(6) Organization Informa	ition		(7)	Filing Information		
Company Legal Name:	Cumberland C	ellular Inc	a)	Submission Date	02/09/201	5
Contact Name:	TERESA EME	RSON	b)	Data Month	January 2	015
Mailing Address:	2150 N MAIN		c)	Type of Filing (check one)		
					Original Revision	}
	JAMESTOWN	, KY 42629	d)	State Reporting	KENTUC	KY
Telephone Number:	2703433131		_			
Fax Number:	2703432900	- (-)	_			
E-mail Address:	temerson@duo	otel.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lifelir
Non-Tribal Low-Income		(8) 10				= \$ 93
	ral Lifeline Support			0.00		= \$ <u>95</u> = \$ 0
Tribal Low-Income Subs Receiving feder	scribers ral Lifeline Support	(9) 0		x \$ 0.00		= \$
			Total F	ederal Lifeline Sup	port Claimed	(10) \$ <u>93</u>
Toll Limitation Sei	rvices (TLS)					
Cost of Providiu (the lesser of incre	ng TLS per Subscriber	(11) 0.0000 2 in 2013)	000			
		0				
Number of TLS	Subscribers	(12) 0				
Number of TLS	Subscribers	(12) <u>0</u>			ort Claimod	(12) ¢ ()
Number of TLS Tribal Link Up (Ava			suppor	Total TLS Supp	ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Ava		ceiving High Cost s	suppor		ort Claimed	(13) \$ <u>0</u>
Tribal Link Up (Ava	ailable only to ETCs red	(14) 0 (15) \$ 0.00				
Tribal Link Up (Ava	ailable only to ETCs red nections Waived	ceiving High Cost s		t)		
Tribal Link Up (Ava Number of Con Charges Waived	ailable only to ETCs red nections Waived	(14) 0 (15) \$ 0.00		t)		
Tribal Link Up (Ava Number of Con Charges Waived	ailable only to ETCs red nections Waived d per Connection on Charges Waived	(14) 0 (15) \$ 0.00 (not to exceed \$10		t)		
Tribal Link Up (Ava Number of Com Charges Waived Total Connectio	ailable only to ETCs red nections Waived d per Connection on Charges Waived	ceiving High Cost s (14) 0 (15) \$ 0.00 (not to exceed \$10 (16) \$ 0.0	00)	t)	, use an averago	e amount)
<i>Tribal Link Up</i> (Ava Number of Con Charges Waived Total Connectio Deferred Interes	ailable only to ETCs red nections Waived d per Connection on Charges Waived	ceiving High Cost s (14) 0 (15) \$ 0.00 (not to exceed \$10 (16) \$ 0.0	00)	t) (for multiple rates	, use an averago	e amount)
Tribal Link Up (Ava Number of Com Charges Waived Total Connectio	ailable only to ETCs red nections Waived d per Connection on Charges Waived	ceiving High Cost s (14) 0 (15) \$ 0.00 (not to exceed \$10) (16) \$ 0.0 (17) \$ 0.00)0) Total	t) (for multiple rates	, use an averago port Claimed	e amount)

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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02/09/2015

teresa emerson

DATE

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accountant

teresa emerson

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FCC Form 497 April 2012 Edition			SHE		Burden Est. pe		IB Approval 3060-0819 ent: 2.5 Hrs	
(1) USAC Service Provider I	dentification Number	143032568			dy Area Code			
(3) Filer 499 ID 827159			ype (check one) Wirelin		Wireless		
(5) ETC Designation Type (C	heck one): Lifelin	_		Cost/Low Income				
(6) Organization Information			(7)	Filing Information				
Company Legal Name:	Cumberland Ce	ellular Inc	a)	Submission Date	03/12/201	5		
Contact Name:	TERESA EMER	RSON	b)	Data Month	February 2	2015		
Mailing Address:	2150 n main		c)	Type of Filing				
	po box 80		1		Original 🗸	1		
	jamestown, KY	42629	d)	State Reporting	KENTUC	(Y		
Telephone Number:	2703431171							
Fax Number:	2703432600							
E-mail Address:	TEMERSON@	DUOTEL.COM]					
Lifeline								
Liteline		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Life	line	
Non-Tribal Low-Income Sub	o a rib o ro	Subscribers		Subscriber Sup		oy rotar Ent	inte	
Receiving federal Li		(8) 10		x \$ 9.25	5 =	=\$ 93		
Tribal Low-Income Subscrib	ers	(9) 0		× \$ 0.00		= \$ 0		
Receiving federal Li	feline Support	(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 93						
				ederal Lifeline Sup	port Claimed	(10) \$ 93		
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) 0.00000 in 2013)	0					
Number of TLS Subs	scribers	(12) 0						
				Total TLS Suppo	ort Claimed (1	13) \$ <u>0</u>		
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ppor)				
Number of Connecti	ons Waived	(14) 0						
Charges Waived per		(15) \$ 0.00 (for multiple rates, use an average amount)						
		(not to exceed \$100)						
Total Connection Ch	arges Waived	(16) \$ 0.0		_				
Deferred Interest		(17) \$ 0.00						
			otal 1	 ribal Link Up Supp	ort Claimad (10) ¢ ()		
			otar	inear clink op Supp	on claimed (10) \$		
ETC Payment								
Total Lifeline \$_93	Total TLS \$_0	I	otal	Tribal Link Up \$ <u>0</u>				
				Total	Dollars (19) \$	93		
н	f you have any quest	ions, please call US	AC					
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,						

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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03/12/2015

TERESA EMERSON

OFFICER SIGNATURE

TERESA EMERSON

DATE

ACCOUNTANT

OFFICER TITLE

OFFICER NAME

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		Avg. Burden E						306 ent: 2
(1) USAC Service Prov	ider Identification Numbe	r 143032568			(2) Stuc	ly Area Co	de 269005	
(3) Filer 499 ID 82715	59	(4) Technology	Туре (о	check one)	Wirelin	ne 🗖	Wireless	\checkmark
(5) ETC Designation Ty	vpe (Check one): Lifelir	ne Only 📮	High	Cost/Low Ir	ncome	\checkmark		
(6) Organization Inform	nation		(7) F	Filing Inform	nation			
Company Legal Name:	Cumberland Co	ellular Inc	a)	Submission	n Date	04/10/2	2015	
Contact Name:	teresa emersor	n	b)	Data Month	I	March 2	2015	
Mailing Address:	1250 n main		c)	Type of Fili (check one)				
						Original Revision	\leq	
Telephone Number:	jamestown, KY	42629	d)	State Repo	rting	KENTU	JCKY	
Fax Number:	2703431171 2703432600		-					
E-mail Address:	temerson@duc	otel com	-					
-	eral Lifeline Support	(8) <u>10</u>		× \$_		5	= \$ <u>93</u>	
Tribal Low-Income Sub	oscribers eral Lifeline Support	(9) 0	Fotal F	x \$ <u>(no</u>	0.00 ot to excee	ed \$34.25)	= \$ <u>93</u> = \$ <u>0</u> ned (10) \$ <u>93</u>	
Tribal Low-Income Sub Receiving fede Toll Limitation Se Cost of Provid	oscribers eral Lifeline Support	(9) <u>0</u> 1 (11) <u>0.0000</u>		x \$ <u>(no</u>	0.00 ot to excee	ed \$34.25)	= \$ 0	
Tribal Low-Income Sub Receiving fede Toll Limitation Se Cost of Provid	oscribers eral Lifeline Support ervices (TLS) ing TLS per Subscriber remental cost or \$3 in 2012 /\$2	(9) <u>0</u> 1 (11) <u>0.0000</u>		x \$ <u>(no</u>	0.00 ot to excee	ed \$34.25)	= \$ 0	
Tribal Low-Income Sub Receiving fede Toll Limitation Se Cost of Provid (the lesser of incr Number of TLS	oscribers eral Lifeline Support ervices (TLS) ing TLS per Subscriber remental cost or \$3 in 2012 /\$2	(9) <u>0</u> (11) <u>0.0000</u> 2 in 2013) (12) <u>0</u>	000	× \$ _(nc ederal Lifel Total TL).00 of to excer ine Sup	ed \$34.25) port Claim	= \$ 0	
Tribal Low-Income Sub Receiving fede Toll Limitation Se Cost of Provid (the lesser of incr Number of TLS Tribal Link Up (Av Number of Con	oscribers eral Lifeline Support ervices (TLS) ing TLS per Subscriber remental cost or \$3 in 2012 /\$2 S Subscribers	(9) <u>0</u> (11) <u>0.0000</u> 2 in 2013) (12) <u>0</u>	upport	x \$ <u>(nc</u> ederal Lifel Total TL).00 ht to excee ine Sup	ed \$34.25) port Claim	= \$ 0 ned (10) \$ <u>93</u>	
Tribal Low-Income Sub Receiving fede Toll Limitation Se Cost of Provid (the lesser of incr Number of TLS Tribal Link Up (Av Number of Con Charges Waive	eral Lifeline Support ervices (TLS) ing TLS per Subscriber emental cost or \$3 in 2012 /\$2 S Subscribers vailable only to ETCs rec nnections Waived	(9) 0 (11) 0.0000 (12) 0 (12) 0 (14) 0 (15) \$ 0.00	upport	x \$ <u>(nc</u> ederal Lifel Total TL).00 ht to excee ine Sup	ed \$34.25) port Claim	= \$ 0 ned (10) \$ <u>93</u> nd (13) \$ 0	
Tribal Low-Income Sub Receiving fede Toll Limitation Se Cost of Provid (the lesser of incr Number of TLS Tribal Link Up (Av Number of Con Charges Waive	eral Lifeline Support ervices (TLS) ing TLS per Subscriber emental cost or \$3 in 2012 /\$2 S Subscribers vailable only to ETCs rec nnections Waived ed per Connection	(9) 0 (11) 0.0000 (12) 0 (12) 0 (12) 0 (14) 0 (15) 0.00 (not to exceed \$100)	upport	x \$ <u>(nc</u> ederal Lifel Total TL).00 ht to excee ine Sup	ed \$34.25) port Claim	= \$ 0 ned (10) \$ <u>93</u> nd (13) \$ 0	
Tribal Low-Income Sub Receiving fede Toll Limitation Se Cost of Provid (the lesser of incr Number of TLS Tribal Link Up (Av Number of Con Charges Waive Total Connecti	eral Lifeline Support ervices (TLS) ing TLS per Subscriber emental cost or \$3 in 2012 /\$2 S Subscribers vailable only to ETCs rec nnections Waived ed per Connection	(9) 0 (11) 0.0000 (12) 0 retiving High Cost s (14) 0 (15) 0.00 (not to exceed \$100 (16) 0.00 (17) 0.00	upport	x \$ <u>(nc</u> ederal Lifel Total TL).00 ot to exceed ine Support S Support ple rates,	ed \$34.25) port Claim ort Claime use an aver	= \$ 0 ned (10) \$ 93 ed (13) \$ 0 rage amount)	
Tribal Low-Income Sub Receiving fede Toll Limitation Se Cost of Provid (the lesser of incr Number of TLS Tribal Link Up (Av Number of Con Charges Waive Total Connecti	eral Lifeline Support ervices (TLS) ing TLS per Subscriber emental cost or \$3 in 2012 /\$2 S Subscribers vailable only to ETCs rec nnections Waived ed per Connection	(9) 0 (11) 0.0000 (12) 0 retiving High Cost s (14) 0 (15) 0.00 (not to exceed \$100 (16) 0.00 (17) 0.00	upport	x \$ <u>(nc</u> ederal Lifel).00 ot to exceed ine Support S Support ple rates,	ed \$34.25) port Claim ort Claime use an aver	= \$ 0 ned (10) \$ 93 ed (13) \$ 0 rage amount)	

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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04/10/2015

teresa emerson

DATE

OFFICER SIGNATURE

teresa emerson

OFFICER NAME

accountant

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FCC Form 497 April 2012 Edition		LIFELINE WOR	RKSHEI	ET		ON	ИВ Арр
)				Avg.	Burden Est.	per Responde	-3060 ent: 2.5
(1) USAC Service Provi	der Identification Numb	er 143032568		(2) Stur	dy Area Cod	le 269005	
(3) Filer 499 ID 82715				check one) Wirelin		Wireless	
(5) ETC Designation Ty	pe (Check one): Lifeli	ne Only		Cost/Low Income	and the second s	Wireless	Ľ
(6) Organization Inform	ation			iling Information			
Company Legal Name:	Cumberland C	ellular Inc	a)	Submission Date	05/04/20	15	
Contact Name:	teresa emerso	n	b)	Data Month	April 201		
Mailing Address:	p o box 80		c)	Type of Filing	7.pm 201	0	
			-		Driginal [Z	
	jamestown, KY	42629	d)	State Reporting	Revision [
Telephone Number:	2703433131				RENTOC		
Fax Number:	2703432600						
E-mail Address:	temerson@due	otel.com					
Lifeline							
Litenne		(a) # Lifeline		(b) Lifeline Supp	ort/	(c) Total Life	alino
Non-Tribal Low-Income	Subcaribara	Subscribers		Subscriber Sup			enne
	ral Lifeline Support	(8) 11		x \$9.25		= \$ 102	
Tribal Low-Income Subs	scribers	(9) 0		x \$ 0.00			
Receiving feder	ral Lifeline Support			(not to excee	(not to exceed \$34.25)		
		1	otal Fe	deral Lifeline Supp	oort Claimed	d (10) \$ <u>102</u>	
Toll Limitation Se	rvices (TLS)						
Cost of Providi (the lesser of incre	ng TLS per Subscriber mental cost or \$3 in 2012 /\$2	(11) 0.0000 (in 2013)	00	-			
Number of TLS	Subscribers	(12) 0					
				Total TLS Suppo	rt Claimod	(12) 0	
Tribal Link Up (Ava	ailable only to ETCs rec	eiving High Cost sι	upport)	Total TES Suppo	Gaimed	(13) \$ <u> </u>	
Number of Con	nections Waived	(14) 0					
	d per Connection	(15) \$ 0.00		 _ (for multiple rates, ι 	use an averag	e amount)	
		(not to exceed \$100))		Ū	2	
Total Connectio	n Charges Waived	(16) \$ 0.0					
Deferred Interes	-	(17) \$ 0.00		_			
			Total Tr	– ibal Link Up Suppo	ort Claimed	(18) \$ 0	
ETC Payment				of other	enamed		
Total Lifeline \$_102			T.4.1 -				
	10tal 1LS \$_0_		i otal T			-	
				Total I	Dollars (19)	<u>\$ 102</u>	

5.00

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LIFELINE WORKSHEET

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05/04/2015

teresa emerson

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officer signature

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FCC Form 497 April 2012 Edition							
		LIFELINE WORK	SHE				1B Approv 3060-081
/				Avg.	Burden Est.	per Responde	ent: 2.5 Hr
(1) USAC Service Provider I	dentification Number	r <u>143032568</u>		(2) Stu	dy Area Coo	de 269005	
(3) Filer 499 ID 827159		(4) Technology T	ype (check one) Wireli	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 🔲	High	Cost/Low Income			
(6) Organization Information	1		(7)	Filing Information			
Company Legal Name:	Cumberland Ce	ellular Inc	a)	Submission Date	06/02/20	015	
Contact Name:	TERESA EMER	RSON	b)	Data Month	May 201	5	
Mailing Address:	2150 N Main		c)	Type of Filing (check one)			
	po box 80]		Original Revision	4	
	jamestown, KY	42629	d)	State Reporting	KENTU		
Telephone Number:	2703433131						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 11		x \$9.2	5	= \$ 102	
Tribal Low-Income Subscrib		(9) 0		× \$ <u>0.00</u>		= \$ _0	
Receiving federal Li	feline Support	Та	tal F	not to exce) ederal Lifeline Sup		d (10) \$ 102	
Toll Limitation Servic	as (TIS)						
	cs (120)						
Cost of Providing TI (the lesser of incrementa	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed	(13) \$ 0	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	opor	t)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		 (for multiple rates, 	use an averag	ge amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		10	Jal	Fribal Link Up Supp	ort Claimed	i (18) \$ <u>U</u>	
ETC Payment							
Total Lifeline \$_102	Total TLS \$_0	т	otal	Tribal Link Up \$ <u>0</u>			
				Total	Dollars (19)	<u>\$ 102</u>	

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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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06/02/2015

teresa emerson

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officer signature

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							111. 2.5 1115.
(1) USAC Service Provider Ic	lentification Number	143032568		(2) Stud	dy Area Code	269005	_
(3) Filer 499 ID 827159		(4) Technology	Туре (check one) Wirelin	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	07/08/201	5	
Contact Name:	teresa emerson		b)	Data Month	June 2018	5	
Mailing Address:	2150 n main		c)	Type of Filing (check one)			
					Original Revision ☐	1	
	jamestown, KY	42629	d)	State Reporting	KENTUC	ΚY	
Telephone Number:	2703431171						
Fax Number:	2703432600		_				
E-mail Address:	temerson@duot	el.com					
Lifeline							
Liteline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	eline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	oport		
Receiving federal Li		(8) 12		x \$9.2	5	= \$ 111	
Tribal Low-Income Subscrib	ers	(9) 0		x <u>\$</u> 0.00		= \$_0	
Receiving federal Li	feline Support		Total F	ed \$34.25)	ned (10) \$ 111		
			Totari	ederal Literine Sup	port Glaimeu	(10) \$ 111	
Toll Limitation Servic	es (TLS)						
	0	(11) 0.000	000				
Cost of Providing TI (the lesser of incrementation)	al cost or \$3 in 2012 /\$2 in	(11)	000				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed ((13) \$ 0	
Tribal Link Up (Availabi	e only to ETCs rece	iving High Cost	suppo				
Number of Connect	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates	, use an average	e amount)	
		(not to exceed \$10	00)				
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		(, +	Total	 Tribal Link Up Sup	nort Claimad	(19) ¢ ()	
			TOTAL		port Glaimeu	(10) \$	
ETC Payment							
Total Lifeline \$_111	Total TLS \$_0		Tota	Tribal Link Up \$ <u>0</u>		-	
				Tota	I Dollars (19)	<u>\$ 111</u>	
	6		110.4.0	-4 (000) 070 4707 7	- // 5		

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FCC Form 497 April 2012 Edition			SHE	ET		ON	AB A
				Avg.	Burden E	st. per Responde	30 ent:
(1) USAC Service Provide	er Identification Numbe	r 143032568		(2) Stu	dy Area C	ode 269005	
(3) Filer 499 ID 827159			une (check one) Wireli		Wireless	
					_	wireless	L.
(5) ETC Designation Type	e (Check one): Lifelir	ne Only 📮	High	Cost/Low Income			
(6) Organization Informat			(7)	Filing Information	1		
Company Legal Name:	Cumberland C	ellular Inc	a)	Submission Date	08/05/	2015	
Contact Name:	TERESA EME	RSON	b)	Data Month	July 20	015	
Mailing Address:	2150 N MAIN		()	Type of Filing (check one)			
					Original Revision		
Talashara Nasahara	JAMESTOWN,	, KY 42629	d)	State Reporting	KENT	UCKY	
Telephone Number: Fax Number:	2703433131		-				
	2703432600	DUOTEL COM	-				
E-mail Address:	TEMERSON@	DUOTEL.COM					
Lifeline Non-Tribal Low-Income S Receiving federa	Subscribers al Lifeline Support	(a) # Lifeline <u>Subscribers</u> (8) <u>12</u>		(b) Lifeline Sup <u>Subscriber Sup</u> x \$ <u>9.2</u>	pport	(c) Total Lif = \$ <u>111</u>	elir
Tribal Low-Income Subso Receiving federa	cribers al Lifeline Support	(9) <u>(</u> 9) <u>(</u> 9)	otal F	x \$ <u>0.00</u> (not to exce ederal Lifeline Sup	eed \$34.25) oport Clair		
Toll Limitation Ser	vices (TLS)						
	ng TLS per Subscriber mental cost or \$3 in 2012 /\$2	(11) 0.00000 2 in 2013)	00				
Number of TLS S	Subscribers	(12) 0					
Tribal Link Up (Avai	ilable only to ETCs rec	0 0	ippor	Total TLS Supp t)	oort Claim	ed (13)\$ <u>0</u>	
Number of Conn Charges Waived		(14) (15) \$ 0.00 (not to exceed \$100))	(for multiple rates	, use an av	erage amount)	
Total Connection	n Charges Waived	(16) \$ <u>0.0</u>		_			
Total Connection		(16) \$ <u>0.0</u> (17) \$ <u>0.00</u>		_			
		(17) \$ 0.00	「otal ⊺	— — Fribal Link Up Sup	port Clain	ned (18) \$ <u>0</u>	
		(17) \$ 0.00	「otal ⊺	— — Γribal Link Up Sup	port Clain	ned (18) \$ <u>0</u>	
Deferred Interest	t	(17) \$ <u>0.00</u> T					

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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08/05/2015

TERESA EMERSON

TERESA EMERSON

OFFICER SIGNATURE

DATE

ACCOUNTANT

OFFICER TITLE

OFFICER NAME

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FCC Form 497 April 2012 Edition		LIFELINE WOR	KSHE	ET		OM	1B Approval
				Avg.	Burden Est. r	per Responde	3060-0819
(1) USAC Service Provider I	dentification Number	143032568					
(3) Filer 499 ID 827159			-		dy Area Cod		
			Гуре (check one) Wirelin	ne 🛄	Wireless	
(5) ETC Designation Type (C	heck one): Lifelin	e Only 📮	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Cumberland Ce	ellular Inc	a)	Submission Date	09/04/20	15	
Contact Name:	TERESA EMER	RSON	b)	Data Month	August 2	015	
Mailing Address:	2150 n main		c)	Type of Filing (check one)			
				C	Driginal Revision	2	
	jamestown, KY	42629	d)	State Reporting	KENTUC		
Telephone Number:	2703431171						
Fax Number:	2703432600						
E-mail Address:	temerson@duo	tel.com					
Lifeline							
Literine		(a) # Lifeline		(b) Lifeline Supp	oort/	(c) Total Life	eline
Non-Tribal Low-Income Subs	scribers	Subscribers		Subscriber Sup		. ,	
Receiving federal Li		(8) 11	_	x \$9.25		= \$ 102	
Tribal Low-Income Subscribe		(9) 0		× \$ 0.00		= \$_0	
Receiving federal Li	feline Support	т	otal F	(not to excee ederal Lifeline Supp	d \$34.25)		
Toll Limitation Comis			otarr	ederal Liteline Supp	on claimed	1 (10) \$ 102	
Toll Limitation Servic	es (1LS)						
Cost of Providing TL (the lesser of incrementa	S per Subscriber I cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00	_			
Number of TLS Subs	cribers	(12) 0					
				Total TLS Suppo	rt Claimed	(13) \$ 0	
Tribal Link Up (Available	e only to ETCs rece	iving High Cost su	ipport)			
Number of Connection	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates, u	use an average	e amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
				—		0	
		т	otal T	ribal Link Up Suppo	ort Claimed	(18) \$ <u>U</u>	
ETC Payment							
Total Lifeline \$ 102	Total TLS \$_0		Fotal ⁻	Tribal Link Up \$ _0		_	
					Dollars (19) \$		
						ф —	
lf	you have any quest	ons, please call US	SAC a	t (866) 873-4727 Tol	ll Free		

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FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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09/04/2015

teresa emerson

DATE

officer signature teresa emerson

accountant

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition LIFELINE WOIl				ET		OM	B Approval 3060-0819
				Avg. I	Burden Est. pe	r Responde	
(1) USAC Service Provider Id	lentification Number	143032568		(2) Stud	ly Area Code	269005	_
(3) Filer 499 ID 827159		(4) Technology T	ype (check one) Wirelir	ne 🔲	Wireless	\checkmark
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮	High	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	Cumberland Ce	llular Inc	a)	Submission Date	10/05/201	5	
Contact Name:	TERESA EMER	RSON	b)	Data Month	Septembe	r 2015	
Mailing Address:	2150 n main		c)	Type of Filing (check one)			
				(Driginal √ Revision	1	
	jamestown, KY	42629	d)	State Reporting	KENTUCK	(Y	
Telephone Number:	270 343 1171						
Fax Number:	270 343 2600						
E-mail Address:	temerson@duot	tel.com					
Lifeline			_				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Life	eline
		Subscribers		Subscriber Sup		-,	
Non-Tribal Low-Income Sub Receiving federal Li		(8) 11		x \$9.25	5=	s <u>102</u>	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00	=	s_0	
Receiving federal Li	feline Support		otal F	(not to excee ederal Lifeline Sup	ed \$34.25)		
			Juli			(10) © 102	
Toll Limitation Servic	es (1LS)						
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (1	13) \$ 0	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ippor				
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)					
Total Connection Cl	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	ort Claimed (18) \$ 0	
ETC Payment							
Total Lifeline \$_102	Total TIS\$0		Total	Tribal Link Un \$ 0			
	10411E0 \$\		····			102	
				Total	Dollars (19) \$	102	

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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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teresa emerson

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accountant

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ſ				Avg.	Burden Est.	per Responde	
(1) USAC Service Provider lo	dentification Number	143032568		(2) Stu	dy Area Co	de <u>269005</u>	
(3) Filer 499 ID 827159		(4) Technology T	Гуре	(check one) Wireli	ne 🔲	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 📮	High	Cost/Low Income			
(6) Organization Information	-		(7)	Filing Information			
Company Legal Name:	Cumberland Ce	ellular Inc	a)		11/04/20	015	
Contact Name:	TERESA EMER	RSON	b)	Data Month	October	2015	
Mailing Address:	2150 N MAIN		c)	Type of Filing (check one)			
					Original Revision	M	
Telephone Number:	JAMESTOWN,	KY 42629	d)	State Reporting	KENTU	CKY	
Fax Number:	2703433131		_				
E-mail Address:	2703432600 temerson@duot	tel com	-				
	ternerson@ddo	lei.com					
Lifeline							
		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Life	eline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 10		x \$9.25	5	= \$ 93	
Tribal Low-Income Subscribe		(9) 0		× \$ 0.00		= \$ _0	
Receiving federal Li	feline Support	т	otal F	(not to exce) ederal Lifeline Sup		ed (10) \$ 93	
Toll Limitation Servic	es (TIS)					() + <u></u>	
I on Emilation Dervic	es (120)						
Cost of Providing TL (the lesser of incrementa		(11) 0.00000 n 2013)	00				
Number of TLS Subs	scribers	(12) 0					
				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ippor	<i>t</i>)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100))	(for multiple rates,	use an avera	ige amount)	
			/				
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal [·]	Tribal Link Up Supp	ort Claimed	d (18) \$ <u>0</u>	
ETC Payment							
-	Total TLS \$_0		Total	Tribal Link Un \$ 0			
					Dollars (19	93	
				Iotal	Dollars (19) ֆ	

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Form 497 il 2012 Edition

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accouintant

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				Avg.	Burden Es	t. per Responde	ent: 2.5 Hr
(1) USAC Service Prov	ider Identification Number	143032568		(2) Stud	dy Area Co	ode 269005	
(3) Filer 499 ID 8271	59	(4) Technology T	ype (check one) Wirelin	ne 🔲	Wireless	\checkmark
(5) ETC Designation T	ype (Check one): Lifelin	e Only 📮	High	Cost/Low Income	\checkmark		
(6) Organization Inform	nation		(7)	Filing Information			
Company Legal Name:	Cumberland Ce	ellular Inc	a)	Submission Date	12/01/2	2015	-
Contact Name:	teresa emersor	1	b)	Data Month	Novem	ber 2015	
Mailing Address:	2150 n main		c)		Original		
	jamestown, KY	42629	d)	State Reporting	Revision KENTU		
Telephone Number:	2703433131	12020					
Fax Number:	2703432600						
E-mail Address:	temerson@duc	otel.com					
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup Subscriber Sup		(c) Total Lit	feline
Non-Tribal Low-Incom Receiving fed	e Subscribers eral Lifeline Support	(8) 9		x \$9.2		= \$ 83	
Tribal Low-Income Su Receiving fed	bscribers eral Lifeline Support	(9) <u>0</u> T	otal F	x \$ 0.00 (not to exce ederal Lifeline Sup		$= \frac{0}{10}$	
Toll Limitation S	ervices (TLS)						
Cost of Provid (the lesser of inc	ding TLS per Subscriber remental cost or \$3 in 2012 /\$2	(11) 0.0000 in 2013)	00				
Number of TL	S Subscribers	(12) 0					
Tribal Link Up (A	vailable only to ETCs rec	eiving High Cost su	uppol	Total TLS Supp	oort Claim	ed (13)\$ <u>0</u>	
	onnections Waived ved per Connection	(14) (15) \$ 0.00 (not to exceed \$100		(for multiple rates	, use an ave	erage amount)	
Total Connec	tion Charges Waived	(16) \$ <u>0.0</u>					
Deferred Inter	rest	(17) \$ 0.00					
			Total	Tribal Link Up Sup	port Clain	ned (18) \$ <u>0</u>	
ETC Payment				-			
Total Lifeline \$ <u>83</u>	Total TLS \$ <u>0</u>		Tota				
				Tota	l Dollars (19) \$ _03	

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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.

12/01/2015

teresa emerson

OFFICER SIGNATURE

DATE

accountant

OFFICER TITLE

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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.

teresa emerson

OFFICER NAME

FCC Form 497 April 2012 Edition			SHE	ET		OM	B Approval
				Avg. I	Burden Est. pe	er Responde	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider I	dentification Number	143032568		(2) Stur	ly Area Code	269005	
(3) Filer 499 ID 827159			vne (check one) Wirelin		Wireless	
(5) ETC Designation Type (C	theck one): Lifelin	_				WITCHESS	U I
			-	Cost/Low Income			
(6) Organization Information Company Legal Name:	Cumberland Ce		(7) a)	Filing Information Submission Date	01/06/001	0	
Contact Name:					01/06/201		
Mailing Address:	teresa emerson 2150 n main	l	b) c)	Data Month Type of Filing	December	2015	
	215011111111		1	(check one)	Driginal 📝		
	jamestown, KY	42629	d)		Revision KENTUCK		
Telephone Number:	2703433131	42020			RENTOCH		
Fax Number:			1				
E-mail Address:	temerson@duo	tel.com	1				
Lifeline	L						
Lifeline		(a) # Lifeline		(b) Lifeline Sup	oort/ (c) Total Life	line
Non-Tribal Low-Income Sub	criboro	Subscribers		Subscriber Sup		o) i o tui 110	
Receiving federal Li		(8) 8		x \$9.25	=	\$ 74	
Tribal Low-Income Subscrib	ers	(9) 0		× \$ 0.00		s_0	
Receiving federal Li	feline Support		otal F	(not to excee ederal Lifeline Supp		(10) \$ 74	
Toll Limitation Servic	as (TIS)					(, +	
Ton Ennitation Servic	es (1L3)						
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000 n 2013)	00				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed (1	13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	pport)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		т	otal T	ribal Link Up Supp	ort Claimed (*	18) \$ 0	
ETC Payment							
-	Total TLS \$_0	-	Cotol '				
	10tai 115 \$_0		otar			74	
				Total	Dollars (19) \$	<u></u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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01/06/2016

teresa emerson

DATE

teresa emerson

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OFFICER SIGNATURE

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	FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET			ON	1B Approval
ž					/	Avg. B	Burden Est.	per Responde	3060-0819
	(1) USAC Service Provider I	dentification Number	r 143032568		(2)	Study	y Area Coo	de <u>269005</u>	
	(3) Filer 499 ID 827159		(4) Technology Ty	/pe (check one) W	ireline	e 🔲	Wireless	
	(5) ETC Designation Type (C	Check one): Lifelin	e Only 🖵 🛛 H	ligh	Cost/Low Inco	me Ç	7		
	(6) Organization Information	1		(7)	Filing Informat	ion			
	Company Legal Name:	Cumberland Ce	ellular Inc	a)	Submission Da	te	02/05/20	016	
	Contact Name:	teresa emersor	1	b)	Data Month		January	2016	
	Mailing Address:	2150 north main	n	c)	Type of Filing (check one)				
					(check one)		riginal evision		
		jamestown, KY	42629	d)	State Reporting		KENTU	CKY	
	Telephone Number: Fax Number:	2703431171							
		2703432600							
	E-mail Address:	temerson@duo	tel.com						
	Lifeline								
			(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Subscriber			(c) Total Life	eline
	Non-Tribal Low-Income Sub Receiving federal Li		(8) 9		× \$			= \$ 83	
	Tribal Low-Income Subscrib		(9) 0		x \$ 0.00			= \$ <u>00</u> = \$ 0	
)	Receiving federal Li			tal F		exceed	1 \$34.25)	-	
	Toll Limitation Servic	es (TLS)				oupp		u (10) \$ <u>00</u>	_
	Cost of Providing TI (the lesser of incrementa	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) 0.00000	0					
	Number of TLS Sub	scribers	(12) 0						
	Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost sup	port	Total TLS S	uppor	t Claimed	(13) \$ <u>0</u>	
	Number of Connecti	one Waived	(14) 0						
	Charges Waived per		(14) (15) \$ 0.00 (not to exceed \$100)		(for multiple ra	ates, u	se an averaç	ge amount)	
	Total Connection Ch	arges Waived	(16) \$ 0.0						
	Deferred Interest		(17) \$ 0.00						
			То	tal T	ribal Link Up S	uppo	rt Claimed	I (18) \$ <u>0</u>	
	ETC Payment								
	Total Lifeline \$ <u>83</u>	Total TLS \$_0	Т	otal	Tribal Link Up \$	<u>0</u>			
							ollars (19)		
)									

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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02/05/2016	02	/05	/20	16
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TERESA EMERSON

TERESA EMERSON

DATE

accountant

OFFICER NAME

OFFICER SIGNATURE

OFFICER TITLE

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03/04/2016

teresa emerson

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FCC Form 497

FCC Form 497 April 2012 Edition

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03/31/2016

teresa emerson

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