EXHIBIT 31

OMB Approval

FCC Form 497 April 2012 Edition

Deferred Interest

ETC Payment

LIFELINE WORKSHEET

				Avg.	Burden Est.	per Responder	3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143028049		(2) Stud	dy Area Cod	le 269006	
(3) Filer 499 ID 822752			/pe (check one) Wirelin	-	Wireless	_ _
(5) ETC Designation Type (C	heck one): Lifeline	_		Cost/Low Income			
(6) Organization Information			0.00	Filing Information	solutio		
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	02/13/20)14	
Contact Name:	Kim Marsh		b)	Data Month	January	2014	
Mailing Address:	872 Hwy 52 By-	Pass E	c)	Type of Filing			
	P O Box 70		1		Original Revision	\checkmark	
	Lafayette, TN 37	7083	d)	State Reporting	KENTUC	CKY	
Telephone Number:	6156662151						
Fax Number:	6156666118		1				
E-mail Address:	kim.marsh@nct	c.com					
Lifeline Non-Tribal Low-Income Sub Receiving federal Li		(a) # Lifeline <u>Subscribers</u> (8) <u>136</u>		(b) Lifeline Sup <u>Subscriber Sup</u> x \$9.25	port	(c) Total Life = \$_1258	line
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u> To	otal F	x \$ <u>0.00</u> (not to excent ederal Lifeline Sup		= \$ <u>0</u>	3
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementa Number of TLS Sub:	al cost or \$3 in 2012 /\$2 ir	$\begin{array}{c} (11) \\ 0.2013) \\ (12) \\ 0 \end{array} \begin{array}{c} 0.00000 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0 \\ 0$	0				
		(,		Total TLS Supp		(42) ¢ ()	
Tribal Link Up (Availabl	le only to ETCs recei	ving High Cost su	opor		ort Claimed	(13) \$ <u>0</u>	
Number of Connecti Charges Waived per		(14) (15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	ge amount)	
Total Connection Cl	narges Waived	(16) \$ 0.0		_			

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

(17) \$ 0.00

Total Lifeline \$_1258 Total TLS \$_0 Total Tribal Link Up \$_0

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

Total Dollars (19) \$ <u>1258</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

02/13/2014

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

OFFICER NAME

Vice President - Finance

OFFICER TITLE

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

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

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

FCC Form 497 April 2012 Edition

(3) Filer 499 ID 822752

LIFELINE WORKSHEET

OMB Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number $\underline{143028}049$ (2) Study Area Code 269006 (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:	North Central Com	munications Inc.	a)	Submission Date	02/20/20)14
Contact Name:	Kim Marsh		b)	Data Month	February	/ 2014
Mailing Address:	872 Hwy 52 By-Pass E		c)	Type of Filing (check one)		
	P O Box 70				Original Revision	
	Lafayette, TN 37	7083	d)	State Reporting	KENTUC	CKY
Telephone Number:	6156662151					
Fax Number:	6156666118]			
E-mail Address:	kim.marsh@nct	c.com				
Lifeline						
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifeline
Non-Tribal Low-Income Subs Receiving federal Li		(8) 135		x \$ 9.2	5	= \$ 1249
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0
Receiving federal Li		()	tal E	(not to exce ederal Lifeline Sup		
Toll Limitation Services (TLS)						u (10) \$ <u>12+3</u>
Cost of Providing TI (the lesser of incrementation)	_S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> 1 2013)	0			
Number of TLS Sub	scribers	(12) 0				
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	ppor	Total TLS Supp t)	ort Claimed	(13) \$ <u>0</u>
		0				
Charges Waived per Connection (*		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	, use an avera	ge amount)
Total Connection Ch	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Sup	port Claimed	d (18) \$ <u>0</u>
ETC Payment						
Total Lifeline \$_1249	Total TLS \$_0		Fotal	Tribal Link Up \$ <u>0</u>		_

Total Dollars (19) \$ <u>1249</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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02/20/2	01	4
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Johnny L. McClanahan

Johnny L. McClanahan

OFFICER SIGNATURE

OFFICER NAME

DATE

VP - Finance

OFFICER TITLE

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> OMB Approval 3060-0819

	orm 497 112 Edition	LIFELINE WORK	SHEE	ΞT
(1) USA	AC Service Provider Ic	lentification Number <u>143028049</u>		
(3) File	r 499 ID <u>822752</u>	(4) Technology Ty	/pe (d	che
(5) ETC	CDesignation Type (C	heck one): Lifeline Only 🔲 - H	High	Cos
(6) Org	anization Information		(7) F	=ilir
Compar	ny Legal Name:	North Central Communications Inc.	a)	Sı
Contact	Name:	Kim Marsh	b)	Da
	A 1.1	TRANS MARK ADD ADD	1	-

Avg. Burden Est. per Respondent: 2.5 Hrs. (2) Study Area Code 269006 eck one) Wireline 🗹 Wireless st/Low Income 🗹 ng Information ubmission Date 04/10/2014 ata Month March 2014 Type of Filing Mailing Address: c) P O Box 70 (check one) 872 Hwy 52 By-Pass E Original \checkmark Revision Lafayette, TN 37083 d) State Reporting KENTUCKY Telephone Number: 6156662151 Fax Number: 6156666118 E-mail Address: kim.marsh@nctc.com Lifeline

	(a) # Lifeline <u>Subscribers</u>	(b) Lifeline Support/ Subscriber Support	(c) Total Lifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support	(8) 131	x \$9.25	= \$ 1212
Tribal Low-Income Subscribers Receiving federal Lifeline Support	(9) <u>0</u> Total Fee	x \$ 0.00 (not to exceed \$34.25) leral Lifeline Support Claime	= 0 d (10) \$ 1212
Toll Limitation Services (TLS)			
Cost of Providing TLS per Subscriber (the lesser of incremental cost or \$3 in 2012 /\$2 in	(11) <u>0.000000</u>	-	
Number of TLS Subscribers	(12) 0	-	
Tribal Link Up (Available only to ETCs rece	iving High Cost support)	Total TLS Support Claimed	(13) \$ <u>0</u>
Number of Connections Waived Charges Waived per Connection	(14) 0 (15) \$ 0.00 (not to exceed \$100)	- (for multiple rates, use an avera	ge amount)
Total Connection Charges Waived	(16) \$ 0.0		
Deferred Interest	(17) \$ 0.00	-	
	Total Tr	ibal Link Up Support Claime	d (18) \$ <u>0</u>
ETC Payment			
Total Lifeline \$ <u>1212</u> Total TLS \$ <u>0</u>	Total T	ribal Link Up \$ <u>0</u> Total Dollars (19) <u>\$ 1212</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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04/10/2014

Johnny L. McClanahan

Johnny L. McClanahan

OFFICER SIGNATURE

DATE

VP - Finance

OFFICER TITLE

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		ОМ	B Approval 3060-0819
				Avg.	Burden Est.	per Responde	
(1) USAC Service Provider Ic	lentification Number	143028049		(2) Stud	dy Area Co	de <u>269006</u>	
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	vpe (check one) Wirelin	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🖵 🛛 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information	1		
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	04/22/20	014	
Contact Name:	Kim Marsh		b)	Data Month	April 20	14	
Mailing Address:	P O Box 70		c)	Type of Filing (check one)			
	872 Hwy 52 By-	Pass E			Original Revision		
	Lafayette, TN 37	7083	d)	State Reporting	KENTU	CKY	
Telephone Number:	6156662151						
Fax Number:	6156666118						
E-mail Address:	kim.marsh@nct	c.com					
l ifalina							
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	eline
New Tribell on hearing Out		Subscribers		Subscriber Sup		(,,	
Non-Tribal Low-Income Subs Receiving federal Li		(8) 131		x \$ 9.2	5	=\$ 1212	
Tribal Low-Income Subscrib	ers	(9) 0		x \$ 0.00		= \$ 0	
Receiving federal Li				(not to exce			
		10	lai r	ederal Lifeline Sup	port Claime	ed (10) \$ <u>121</u>	۷
Toll Limitation Servic	es (TLS)						
		(11) 0.00000	0				
Cost of Providing TI (the lesser of incrementation)	LS per Subscriber al cost or \$3 in 2012 /\$2 ii	(11)	0				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	d (13)\$ <u>0</u>	
Tribal Link Up (Availabi	le only to ETCs rece	iving High Cost su	opor	t)			
Number of Connecti	ions Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00		(for multiple rates	, use an avera	age amount)	
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ <u>0.0</u>					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Sup	port Claime	ed (18) \$ <u>0</u>	
ETC Payment							
1.72 at 1.72				-	1		
Total Lifeline \$ <u>1212</u>	Total TLS \$_0	T	otal				
				Tota	I Dollars (1	9) \$ 1212	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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06/06/2014

Johnny L. McClanahan

Johnny L. McClanahan

OFFICER SIGNATURE

OFFICER NAME

DATE

VP - Finance

OFFICER TITLE

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				Avg. E	Burden Est. pe		
(1) USAC Service Provider Id	lentification Number	143028049		(2) Stud	ly Area Code_	269006	
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	/pe (check one) Wirelin	ie 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔲 🛛 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	North Central Com	nmunications Inc.	a)	Submission Date	06/04/201	4	
Contact Name:	Kim Marsh		b)	Data Month	May 2014		
Mailing Address:	P O Box 70		c)	Type of Filing			
	872 Hwy 52 By-	Pass E	1		Driginal 🗸]	
	Lafayette, TN 37		d)	State Reporting	Revision L KENTUCł	J	
Telephone Number:	6156662151		<u> </u>			<u></u>	
Fax Number:	6156666118		1				
E-mail Address:	kim.marsh@nct	c.com	1				
1 16 - 11			-				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	oort/ ((c) Total Life	line
		Subscribers		Subscriber Sup			iiiie
Non-Tribal Low-Income Subs Receiving federal Li		(8) 131		x \$ 9.25		= \$ 1212	
				0.00		2	
Tribal Low-Income Subscribe Receiving federal Li		(9) <u>0</u>		. x \$ <u>0.00</u> (not to excee		= \$ _0	
	unan dari bahar bahar dara dari 🦉 🔹 Primir Primir	To	otal F	ederal Lifeline Sup	port Claimed	(10) \$ <u>121</u>	2
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementa	-S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	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	ppor	t)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average	e amount)	
		(not to exceed \$100)					
Total Connection Ch	arges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00		:			
		т	otal	Tribal Link Up Supp	ort Claimed ((18) \$ 0	
ETC Payment							
Total Lifeline <u>\$1212</u>	Total TIS\$0	-	Fotal	Tribal Link Lin \$ 0			
			Juli			- . 1212	
				Total	Dollars (19) \$	\$_1212	

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07/03/2014

Johnny L. McClanahan

DATE

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Johnny L. McClanahan

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FCC Form 497 April 2012 Edition			SHE	ET			B Approval 3060-0819
				Avg.	Burden Est. p	er Responder	nt: 2.5 Hrs.
(1) USAC Service Provider Id	lentification Number	143028049		(2) Stuc	ly Area Code	269006	_
(3) Filer 499 ID 822752		(4) Technology Ty	pe (check one) Wirelir	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	only 🖵 🛛 🖁	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	07/03/201	14	
Contact Name:	Kim Marsh		b)	Data Month	June 201	4	
Mailing Address:	P O Box 70		c)	Type of Filing (check one)			
	872 Hwy 52 By-	Pass E			Original Revision		
	Lafayette, TN 3	7083	d)	State Reporting	KENTUC	KY	
Telephone Number:	6156662151						
Fax Number:	6156666118						
E-mail Address:	kim.marsh@nct	c.com					
Lifeline							
		(a) # Lifeline		(b) Lifeline Sup		(c) Total Life	line
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port		
Receiving federal Li	feline Support	(8) 130		x \$9.25	5	= \$ 1203	
Tribal Low-Income Subscrib		(9) 0		x <u>\$</u> 0.00		= \$ _0	
Receiving federal Li	feline Support	То	tal F	not to exce) ederal Lifeline Sup		(10) \$ 1203	3
Toll Limitation Servic	es (TLS)						
	00(120)						
Cost of Providing T (the lesser of increment	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Supp	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	opor	<i>t)</i>			
Number of Connect	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an averag	e amount)	
		(10110 exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Т	otal	Tribal Link Up Supp	port Claimed	(18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>1203</u>	Total TLS \$ 0	Т	otal	Tribal Link Un \$ 0			
φ			Jul		Dollars (19)	_ 1203	
				Iotal	Dollars (19)	\$ <u></u> \$	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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07/03/2014

Johnny L. McClanahan

Johnny L. McClanahan

OFFICER SIGNATURE

OFFICER NAME

DATE

· · · ---

Vice President - Finance

OFFICER TITLE

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FCC Form 497 April 2012 Edition

April 2012 Edition		LIFELINE WORK	SHE	ΞT		OMB Approval 3060-0819
				Avg.	Burden Est.	per Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	entification Number	143028049		(2) Stud	dy Area Coo	de 269006
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	pe (check one) Wirelin	ne 🗸	Wireless 🔲
(5) ETC Designation Type (Cl	heck one): Lifeline	Only 🖵 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	- iling Information		
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	07/21/20)14
Contact Name:	Kim Marsh		b)	Data Month	July 201	4
Mailing Address:	P O Box 70		c)	Type of Filing (check one)		
	872 Hwy 52 By-	Pass E			Original Revision	
	Lafayette, TN 37	7083	d)	State Reporting	KENTU(
Telephone Number:	6156662151					
Fax Number:	6156666118					
E-mail Address:	kim.marsh@ncto	c.com				
Lifeline						
		(a) # Lifeline Subscribers		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Subs				Subscriber Sup	pon	
Receiving federal Lif	eline Support	(8) 130		x \$9.2	5	= \$ 1203
Tribal Low-Income Subscribe Receiving federal Lif		(9) 0		× \$ <u>0.00</u>	100105	= \$
Receiving rederar Lin	enne Support	То	tal F	not to exce) ederal Lifeline Sup		ed (10) \$ <u>1203</u>
Toll Limitation Service	es (TLS)					
Cost of Providing TI		(11) 0.00000	0			

Cost of Providing TLS per Subscriber(11)(the lesser of incremental cost or \$3 in 2012 /\$2 in 2013)

0 Number of TLS Subscribers (12)

Total TLS Support Claimed (13) \$0

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

Number of Connections Waived Charges Waived per Connection	(14) 0 (15) 0.00 (for multiple rates, use an average amount) (not to exceed \$100)
Total Connection Charges Waived	(16) \$ 0.0
Deferred Interest	(17) \$ 0.00
	Total Tribal Link Up Support Claimed (18) \$ 0
ETC Payment	
Total Lifeline \$ <u>1203</u> Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
	Total Dollars (19) \$ <u>1203</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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08/27/2014

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

OFFICER TITLE

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FCC Form 497 April 2012 Edition LIFELINE WORKSHEET **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006 (3) Filer 499 ID 822752 (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 North Central Communications Inc. Company Legal Name: a) Submission Date 08/27/2014 Contact Name: Kim Marsh b) Data Month August 2014 Mailing Address: c) Type of Filing P O Box 70 (check one) Original 872 Hwy 52 By-Pass E Revision Lafayette, TN 37083 d) State Reporting KENTUCKY **Telephone Number:** 6156662151 Fax Number: 6156666118 E-mail Address: kim.marsh@nctc.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 120 **Receiving federal Lifeline Support** x \$ 9.25 = \$ 1110 \$ 0.00 (9) 0 = \$ 0 **Tribal Low-Income Subscribers** х Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1110 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) 0 Number of TLS Subscribers (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 **Charges Waived per Connection** ____ (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived Deferred Interest** (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ _____ ETC Payment Total Lifeline \$_1110 _____ Total TLS \$_0 _____ Total Tribal Link Up \$_0 Total Dollars (19) \$ _____

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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09/23/2014

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

OFFICER NAME

Vice President - Finance

OFFICER TITLE

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				Avg. I	Burden Est. per R	3060-0819 Respondent: 2.5 Hrs.
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(3) Filer 499 ID 822752		(4) Technology Ty	/pe (check one) Wirelin		Vireless
(5) ETC Designation Type (C	heck one): Lifeline	_		Cost/Low Income	NCXCOMB	
(6) Organization Information		- 100000	-	Filing Information	- 44703	
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	09/23/2014	
Contact Name:	Kim Marsh		b)	Data Month	September 2	2014
Mailing Address:	P O Box 70		c)	Type of Filing		
	872 Hwy 52 By-	Pass E	1		Driginal 🗸	
	Lafayette, TN 3		d)	State Reporting	Revision 🔲 KENTUCKY	2
Telephone Number:	6156662151					
Fax Number:	6156666118		1			
E-mail Address:	kim.marsh@nct	c.com				
Lifeline			-			
Liieiiiie		(a) # Lifeline		(b) Lifeline Sup	port/ (c)	Total Lifeline
Non-Tribal Low-Income Sub	scribors	Subscribers		Subscriber Sup		
Receiving federal Li		(8) 115		x \$9.25	5 = \$	1064
Tribal Low-Income Subscrib		(9) 0		× \$ <u>0.00</u>	= \$	0
Receiving federal Li	feline Support	То	tal F	not to excee) ederal Lifeline Sup		o) \$ 1064
Toll Limitation Servic	es (TLS)					· · · ·
Cost of Providing TI (the lesser of incrementation)	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0			
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Suppo	ort Claimed (13)	\$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	<i>t</i>)		
Number of Connecti	ions Waived	(14) 0				
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average am	iount)
		(not to exceed \$100)				
Total Connection Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Supp	oort Claimed (18)) \$ <u>0</u>
ETC Payment						
Total Lifeline \$ <u>1064</u>	DaartetoT	-	[otal	Tribal Link Un ¢ ()		
			otal			064
				Total	Dollars (19) \$ _1	004

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMB Approval
				Avg. I	Burden Est. pe	3060-0819 r Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	dentification Number	143028049		(2) Stuc	ly Area Code	269006
(3) Filer 499 ID 822752		(4) Technology Ty	/pe (check one) Wirelin	ne 🗹	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	only 🖵 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information	10	
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	10/30/201	4
Contact Name:	Kim Marsh		b)	Data Month	October 2	014
Mailing Address:	P O Box 70		c)	Type of Filing (check one)		
	872 Hwy 52 By-	Pass E		, í c	Driginal ✓ Revision	
	Lafayette, TN 37	7083	d)	State Reporting	KENTUCK	(Y
Telephone Number:	6156662151					
Fax Number:	6156666118					
E-mail Address:	kim.marsh@nct	c.com				
Lifeline			-			
Litenne		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Lifeline
Non Tribal Low Income Sub	a a vib a va	Subscribers		Subscriber Sup		,
Non-Tribal Low-Income Sub Receiving federal Li		(8) 116		x \$9.25	5=	= \$ 1073
Tribal Low-Income Subscrib	ers	(9) 0		_{x \$} 0.00		= \$ _0
Receiving federal Li			tal E	(not to excee	ed \$34.25)	
		10		ederal Lifeline Sup	port Claimed	(10) \$ 1073
Toll Limitation Servic	es (TLS)					
Cost of Providing T	S par Subcaribar	(11) 0.00000	0			
Cost of Providing TI (the lesser of incrementation)	al cost or \$3 in 2012 /\$2 in		<u> </u>			
Number of TLS Sub	scribers	(12) 0				
				Total TLS Suppo	ort Claimed(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor		,	
Number of Connect	ions Waived	(14) 0				
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average	amount)
		(not to exceed \$100)				
Total Connection Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$ 0
ETC Payment						
	~			~		
Total Lifeline \$ <u>1073</u>	Total TLS \$ <u>_</u>	٦	Fotal			
				Total	Dollars (19) \$	1073

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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10/30/2014

Johnny L. McClanahan

Johnny L. McClanahan

OFFICER SIGNATURE

DATE

Vice President - Finance

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		LIFELINE WORK	SHE	ET		OMB Approval
				Avg. I	Burden Est. pe	3060-0819 er Respondent: 2.5 Hrs.
(1) USAC Service Provider Id	Antification Number	143028049		~	ly Area Code	
			,		1. (2) 1. (2)	
(3) Filer 499 ID <u>822752</u>		_		check one) Wirelir		Wireless
(5) ETC Designation Type (C	heck one): Lifeline	• Only 🖵 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	12/16/201	4
Contact Name:	Kim Marsh		b)	Data Month	Novembe	r 2014
Mailing Address:	P O Box 70		c)	Type of Filing (check one)		
	872 Hwy 52 By-	Pass E			Driginal 🔽 Revision]
	Lafayette, TN 37	7083	d)	State Reporting	KENTUC	KY
Telephone Number:	615-666-2151					
Fax Number:	615-666-6118					
E-mail Address:	kim.marsh@nct	c.com				
Lifeline						
Literine		(a) # Lifeline		(b) Lifeline Sup		(c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Li		(8) 115		x \$9.25	5	= \$ 1064
Tribal Low-Income Subscribers		(9) 0		x <u>\$</u> 0.00		= \$ _0
Receiving federal Li	feline Support	То	tal F	not to excee) ederal Lifeline Sup		(10) \$ 1064
			iui i			(10) \$ 1004
Toll Limitation Servic	es (TLS)					
Cost of Providing T	S par Subscribar	(11) 0.00000	0			
(the lesser of increment	al cost or \$3 in 2012 /\$2 in					
Number of TLS Sub	scribers	(12) <u>0</u>				
				Total TLS Supp	ort Claimed	(13) \$ 0
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	opor		in a second de la construction de l Second	
Number of Connect	ione Waived	(14) 0				
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an average	e amount)
		(not to exceed \$100)			ç	
Total Connection Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		Т	otal	Tribal Link Up Supp	oort Claimed	(18) \$ 0
ETC Payment						
Total Lifeline \$ <u>1064</u>	Total TIS ¢ ()	-	[otal	Tribal Link Un e ()		
			otal			
				Total	Dollars (19)	\$_1004

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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12/16/2014

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Johnny L. McClanahan

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Vice President - Finance

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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 NAME

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET OMB Appro					
				Avg. I	Burden Est. per F	3060-0819 Respondent: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143028049		(2) Stud	ly Area Code <u>26</u>	9006
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	ype (check one) Wirelin	ne 🗹 🛛 V	Vireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	only 🔲 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	12/16/2014	
Contact Name:	Kim Marsh		b)	Data Month	December 2	014
Mailing Address:	P O Box 70		c)	Type of Filing		
	872 Hwy 52 By-	Pass E	1		Driginal 🗸	
	Lafayette, TN 37		d)	State Reporting	Revision L	
Telephone Number:	615-666-2151				RENTOOR	
Fax Number:	615-666-6118		1			
E-mail Address:	kim.marsh@nct	c.com	1			
Lifeline			-			
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/ (c)	Total Lifeline
		Subscribers		Subscriber Sup		
Non-Tribal Low-Income Sub Receiving federal Li		(8) 113		x \$ 9.25	5 = \$	1045
Tribal Low-Income Subscrib	ers	(9) 0		× \$ 0.00	= \$	0
Receiving federal Li	feline Support		otal F	(not to excee		m s 1045
Toll Limitation Servic	ac(TIS)		, cui i			,,
Ton Linnation Servic	es (123)					
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> n 2013)	0	_		
Number of TLS Sub	scribers	(12) 0				
				Total TLS Suppo	ort Claimed (13)	\$ <u>0</u>
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	ppor	<i>t)</i>		
Number of Connecti	ons Waived	(14) 0				
Charges Waived per	Connection	(15) \$ 0.00		(for multiple rates,	use an average an	iount)
		(not to exceed \$100)				
Total Connection Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$
ETC Payment						
	Total TISE ()	-	Total	Tribal Link Un ¢ ()		
Total Lifeline \$_1045 Total TLS \$_0 Total Tribal Link Up \$_0						
				Total	Dollars (19) \$ _	<u></u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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OFFICER NAME

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FCC Form 497 April 2012 Edition LIFELINE WORKSHEET **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006 (3) Filer 499 ID 822752 (4) Technology Type (check one) Wireline Wireless High Cost/Low Income (5) ETC Designation Type (Check one): Lifeline Only (6) Organization Information (7) Filing Information Company Legal Name: North Central Communications Inc. a) Submission Date 02/19/2015 January 2015 Contact Name: Kim Marsh b) Data Month Mailing Address: c) Type of Filing P O Box 70 (check one) Original 872 Hwy 52 By-Pass E Revision Lafayette, TN 37083 d) State Reporting KENTUCKY **Telephone Number:** 6156662151 Fax Number: 6156666118 E-mail Address: kim.marsh@nctc.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 116 **Receiving federal Lifeline Support** x \$ 9.25 = \$ 1073 \$ 0.00 (9) 0 = \$ 0 **Tribal Low-Income Subscribers** х Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1073 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) 0 Number of TLS Subscribers (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 Deferred Interest** (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ <u>0</u>____ ETC Payment Total Lifeline \$_1073 _____ Total TLS \$_0 _____ Total Tribal Link Up \$_0 Total Dollars (19) \$ <u>1073</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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02/19/2015

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

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FCC Form 497 April 2012 Edition			SHE	ET		OMB Approval	
				Avg. I	Burden Est. p	3060-0819 er Respondent: 2.5 Hrs.	
(1) USAC Service Provider Identification Number <u>143028049</u> (2) Study Area Code <u>269006</u>							
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	/pe (check one) Wirelin	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔲 🛛 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	02/19/201	15	
Contact Name:	Kim Mash		b)	Data Month	February	2015	
Mailing Address:	P O Box 70		c)	Type of Filing			
	872 Hwy 52 By-	Pass E	1		Driginal 🗸		
	Lafayette, TN 3		d)	State Reporting	Revision C		
Telephone Number:	6156662151	1000			ILLIII OO		
Fax Number:	6156666118		1				
E-mail Address:	kim.marsh@nct	c.com					
1 :6-1:			1				
Lifeline		(a) # Lifeline		(b) Lifeline Sup	nort/	(c) Total Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Sup			
		(8) 115		x \$ 9.25	5	= \$ 1064	
Tribal Low-Income Subscribers		(9) 0		x \$ 0.00		= \$ 0	
Receiving federal Li		(not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1064					
Toll Limitation Comis		10	lari		port claimed	(10) \$ 1004	
Toll Limitation Servic	es (1LS)						
Cost of Providing T		(11) 0.00000	0				
(the lesser of incrementa	al cost or \$3 in 2012 /\$2 i	n 2013)					
Number of TLS Sub	scribers	(12) <u>U</u>					
Tribal Link IIn (Availab	la anhuta ETCa rada	wing Lligh Cost ou		Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>	
Tribal Link Up (Availab	e only to ETCS rece	iving High Cost su	opor	t)			
Number of Connect		(14) 0					
Charges Waived per	Connection	(15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an average	e amount)	
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Т	otal	Tribal Link Up Supp	oort Claimed	(18) \$	
ETC Payment							
Total Lifeline \$ <u>1064</u>	Total TLS \$ 0	т	otal	Tribal Link Un \$ 0			
T			etui		Dollars (19)		
				Iotal	Dollars (19)	\$	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHEET				B Approval
				Avg.	Burden Est. pe		3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Identification Number <u>143001635</u> (2) Study Area Code <u>290573</u>							
(3) Filer 499 ID <u>803364</u>		(4) Technology Ty	/pe (check one) Wirelir	ne 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔲 🛛 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	North Central Tele	phone Coop Inc.	a)	Submission Date	05/04/201	5	
Contact Name:	Kim Marsh			Data Month	March 201	15	_
Mailing Address:	P O Box 70		c)	Type of Filing (check one)			
	872 Hwy 52 By-	·Pas E		(Driginal 🗸		
	Lafayette, TN 3		d)	State Reporting	TENNESS	SEE	
Telephone Number:	6156662151				TERRECO		
Fax Number:	6156666118		1				
E-mail Address:	kim.marsh@nct	c.com	1				
Lifeline							
LITEIIIIE		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Life	eline
Non-Tribal Low-Income Subscribers		Subscribers		Subscriber Sup			
Receiving federal Li		(8) 646		x \$9.25	5=	= \$ _5976	
Tribal Low-Income Subscribers		(9) 0		x <u>\$</u> 0.00	=	= \$ 0	
Receiving federal Li	feline Support	То	tal F	not to excee) ederal Lifeline Sup		(10) \$ 597	6
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) <u>0.00000</u>	0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Supp	ort Claimed(13) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	opor	<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 average	amount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ 0.0]			
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>5976</u>	Total TLS \$ 0	Т	otal	Tribal Link Up \$ 0			
					Dollars (19) \$	5976	
				Total	Donais (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.

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05/04/2015

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

OFFICER TITLE

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

OFFICER NAME

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

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FCC Form 497 April 2012 Edition		LIFELINE WORK	SHE	ET		OMI	3 Approval
				Avg. I	Burden Est. pe		3060-0819 nt: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143028049		1. 145 - 1609			
(1) USAC Service Provider Identification Number <u>143028049</u> (2) Study Area Code <u>269006</u>							_
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	/pe (check one) Wirelin	ne 🔽	Wireless	
(5) ETC Designation Type (Check one): Lifeline Only 🔲 High Cost/Low Income 🗹							
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	04/30/201	5	
Contact Name:	Kim Marsh		b)	Data Month	April 2015		
Mailing Address:	P O Box 70		c)	Type of Filing (check one)			
	872 Hwy 52 By-	Pass E		Ċ	Driginal ✓ Revision		
	Lafayett, TN 370	083	d)	State Reporting	KENTUCH	Ϋ́	
Telephone Number:	6156662151						
Fax Number:	6156666118						
E-mail Address:	km.marsh@ncto	c.com					
Lifeline							
Lilenne		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total Life	line
Non Tribal Low Income Sub	aribara	Subscribers		Subscriber Sup			
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 116		x \$9.25	5:	= \$ 1073	
Tribal Low-Income Subscribers		(9) 0		x \$ 0.00		= \$ 0	
Receiving federal Li		(-)		(not to excee	ed \$34.25)	Ψ	
		10	tal F	ederal Lifeline Sup	port Claimed	(10) \$ 107.	3
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementation)	_S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	scribers	(12) 0					
				Total TLS Suppo	ort Claimed(13) \$ 0	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	opor		(
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)	
Total Connection Cl	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		Т	otal	Tribal Link Up Supp	oort Claimed ((18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>1073</u>	Total TLS \$_0		otal	Tribal Link Up \$ 0		- 1	
					Dollars (19) S		
				iotai	Jonars (13) 3		

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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04/30/2015

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

OFFICER NAME

Vice President - Finance

OFFICER TITLE

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FCC Form 497 April 2012 Edition						OMB Approval
				Avg. I	Burden Est. pe	3060-0819 r Respondent: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143028049		(2) Stuc	ly Area Code	269006
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	/pe (check one) Wirelir	ie 🔽	Wireless 🔲
(5) ETC Designation Type (C	heck one): Lifeline	Only 🗖 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	05/28/201	5
Contact Name:	Kim Marsh		b)	Data Month	May 2015	
Mailing Address:	P O Box 70		c)	Type of Filing (check one)		
	872 Hwy 52 By-	Pass E		Original		
	Lafayett, TN 370	083	d)	Revision L		
Telephone Number:	6156662151					
Fax Number:	6156666118					
E-mail Address:	kim.marsh@ncte	c.com				
Lifeline						
Litenne		(a) # Lifeline		(b) Lifeline Sup	port/ (d	c) Total Lifeline
Non-Tribal Low-Income Sub	scribers	Subscribers		Subscriber Sup	port	
Receiving federal Li		(8) 114		x \$9.25	5=	\$ 1055
Tribal Low-Income Subscrib	ers	(9) 0		× \$ <u>0.00</u>	=	= \$ _0
Receiving federal Li	feline Support	То	tal F	(not to excee ederal Lifeline Sup		(10) \$ 1055
					port oranneu	(10) \$ 1000
Toll Limitation Servic	es (TLS)					
Cost of Providing Tl	LS per Subscriber	(11) 0.00000	0			
	al cost or \$3 in 2012 /\$2 ir					
Number of TLS Sub	scribers	(12) <u>0</u>				
		101 (101 12 101)		Total TLS Suppo	ort Claimed (1	13) \$ <u>0</u>
Tribal Link Up (Availabi	le only to ETCs rece	iving High Cost su _l	ppor	<i>t</i>)		
Number of Connecti	ions 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 Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$ 0
ETC Payment						
100	0	_				
Total Lifeline \$ <u>1055</u>	Total TLS \$ <u></u>	1	otal			
				Total	Dollars (19) \$	1055

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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05/28/2015

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice-Prsident Finance

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHEET Avg. Burden Est. per Res				B Approval 3060-0819
				Avg. t	Surden Est. per	Responde	nt: 2.5 Hrs.
(1) USAC Service Provider Ic	lentification Number	143028049		(2) Stud	ly Area Code <u>2</u>	69006	
(3) Filer 499 ID 822752		(4) Technology Ty	vpe (check one) Wirelin	ie 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🖵 🛛 H	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	07/01/2015	5	
Contact Name:	Kim Marsh		b)	Data Month June 2015			
Mailing Address:	P O Box 70		c)	Type of Filing			
	872 Hwy 52 By-	Pass E	1		Driginal 📝		
	Lafayette, TN 3		d)	State Reporting	Revision	v	
Telephone Number:	6156662151				ILLIII OOK	1	
Fax Number:	6156666118						
E-mail Address:	kim.marsh@nct	c.com					
			1				
Lifeline		(a) # Lifeline		(h) Lifeline Curr		\ T = 4 = 1 1 = 6	
		(a) # Lifeline <u>Subscribers</u>		(b) Lifeline Supp Subscriber Sup) Total Life	line
Non-Tribal Low-Income Subs		(8) _112		x \$ 9.25		\$ 1036	
Receiving federal Lifeline Support		0		2000 10			
Tribal Low-Income Subscrib Receiving federal Li		(9) <u>0</u>		x \$ 0.00	en en antiere en antiere antiere en antiere e	\$ <u>0</u>	
	tenne oupport	То	tal F	ederal Lifeline Sup		10) \$ <u>103</u>	6
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementation)	-S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Suppo	ort Claimed (1	3) \$ <u>0</u>	
Tribal Link Up (Availabl	e only to ETCs rece	iving High Cost su	opor	<i>t</i>)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per		(15) \$ 0.00 (for multiple rates, use an average amount)			amount)		
		(not to exceed \$100)					
Total Connection Cl	narges Waived	(16) \$ 0.0		_			
Deferred Interest		(17) \$ 0.00					
		т	otal [.]	Tribal Link Up Supp	ort Claimed (1	8) \$ 0	
ETC Payment							
Total Lifeline \$_1036		т	• • • - •				
	10tal 1L5 \$	I	otal			1026	
				Total	Dollars (19) \$	1030	
FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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07/01/2015

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President -Finance & A

OFFICER TITLE

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FCC Form 497 April 2012 Edition LIFELINE WORKSHEET **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006 (3) Filer 499 ID 822752 (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: North Central Communications Inc. Submission Date 07/21/2015 a) Contact Name: July 2015 Kim Marsh b) Data Month Mailing Address: Type of Filing c) 872 Hwy 52 By-Pass E (check one) P O Box 70 Original Revision Lafayette, TN 37083 d) State Reporting KENTUCKY **Telephone Number:** 6156662151 Fax Number: 6156666118 kim.marsh@nctc.com E-mail Address: Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 111 x \$ 9.25 = \$ 1027 **Receiving federal Lifeline Support** \$ 0.00 (9) 0 = \$ 0 Tribal Low-Income Subscribers х **Receiving federal Lifeline Support** (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 1027 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) 0 Number of TLS Subscribers (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 **Charges Waived per Connection** (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ <u>0</u> ETC Payment Total Lifeline \$_1027_____ Total TLS \$_0_____ Total Tribal Link Up \$_0 Total Dollars (19) \$ 1027

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

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07/21/2015

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance & A

OFFICER TITLE

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FCC Form 497 April 2012 Edition	LIFELINE WORK					MB Approval 3060-0819
				Avg. I	Burden Est. per Respond	Jent: 2.5 Hrs.
(1) USAC Service Provider lo	lentification Number	143028049		(2) Stuc	ly Area Code <u>269006</u>	
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	/pe (check one) Wirelir	ne 🗹 🛛 Wireless	s 🛄
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🔲 🛛 H	ligh	Cost/Low Income		
(6) Organization Information			(7)	Filing Information		
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	08/13/2015	
Contact Name:	Kim Marsh		b)	Data Month	August 2015	
Mailing Address:	P O Box 70		c)	Type of Filing (check one)		
	872 Hwy 52 By-	Pass E			Driginal	
	Lafayette, TN 3	7083	d)	State Reporting	KENTUCKY	
Telephone Number:	6156662151					
Fax Number:	6156666118		1			
E-mail Address:	kim.marsh@nct	c.com	1			
1 : 6 - 11						
Lifeline		(a) # Lifeline		(b) Lifeline Sup	port/ (c) Total L	ifeline
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Sup		nenne
		(8) 110		x \$ 9.25	5 = \$_101	8
		0		0.00	= \$ _0	
Tribal Low-Income Subscrib Receiving federal Li				(not to exce	ed \$34.25)	
		То	tal F	ederal Lifeline Sup	port Claimed (10) \$ <u>10</u>	18
Toll Limitation Servic	es (TLS)					
Cost of Providing TI	_S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u>	0			
Number of TLS Sub		(12) <u>0</u>				
Number of TES Sub	schbers	(12)			0	
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	opor		ort Claimed (13) \$ <u> 0 </u>	
Number of Connect	iona Waiwad	(14) 0				
Number of Connect Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple rates.	use an average amount)	
		(not to exceed \$100)				54 (14)
Total Connection Cl	narges Waived	(16) \$ 0.0				
Deferred Interest		(17) \$ 0.00				
		т	otal	Tribal Link Up Supr	port Claimed (18) \$ 0	
ETC Doumont				 		
ETC Payment	-			-		
Total Lifeline \$ <u>1018</u>	Total TLS \$ <u>0</u>	1	otal	Tribal Link Up \$ <u>0</u>		
				Total	Dollars (19) \$ <u>1018</u>	

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

08/13/2015

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance & A

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.

Johnny L. McClanahan

OFFICER NAME

FCC Form 497 April 2012 Edition	LIFELINE WORKSHEET						Approval
				Avg. I	Burden Est. pe		8060-0819 t: 2.5 Hrs.
(1) USAC Service Provider Io	lentification Number	143028049		(2) Stud	ly Area Code	269006	_
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	/pe (check one) Wirelin	ie 🔽	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	e Only 🗖 🛛 I	ligh	Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	11/18/201	5	
Contact Name:	KIM BUTTO		b)	Data Month	Septembe	r 2015	
Mailing Address:	P O BOX 70		c)	Type of Filing (check one)			
	872 HWY 52 BY	-PASS E	1	Original Revision			
	LAFAYETE, TN	37083	d)	State Reporting		(Y	
Telephone Number:	6156662151						
Fax Number:	6156666118		1				
E-mail Address:	KIM.BUTTON@	NCTC.COM	1				
Lifeline			-				
Liteline		(a) # Lifeline		(b) Lifeline Sup		c) Total Lifel	ine
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Sup	port		
		(8) 108		x \$9.25	<u> </u>	\$ 999	
Tribal Low-Income Subscribers		(9) 0		× \$ <u>0.00</u>		= \$ 0	
Receiving federal Li	feline Support	Тс	tal F	not to excee) ederal Lifeline Sup		(10) \$ 999	
Toll Limitation Sanvia	oc(TIS)					(, + 000	
Toll Limitation Servic	es (1L3)						
Cost of Providing TI (the lesser of incrementa	-S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> 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	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					
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$ <u>0</u>	
ETC Payment							
Total Lifeline \$ <u>999</u>	Total TLS \$ 0	1	Total	Tribal Link Up \$ 0			
	u muzika da mari				Dollars (19) \$		
				iotal	Dollars (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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11/18/2015

Johnny L. McClanahan

Johnny L. McClanahan

OFFICER SIGNATURE

OFFICER NAME

DATE

VP - FINANCE

OFFICER TITLE

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FCC Form 497 April 2012 Edition LIFELINE WORKSHEET **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006 (3) Filer 499 ID 822752 (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: North Central Communications Inc. Submission Date a) 11/18/2015 **Contact Name:** October 2015 Kim Button Data Month b) Mailing Address: c) Type of Filing P O Box 70 (check one) Original 872 Hwy 52 By-Pass E Revision Lafayette, TN 37083 d) State Reporting KENTUCKY **Telephone Number:** 6156662151 Fax Number: 6156666118 E-mail Address: kim.button@nctc.com Lifeline (a) # Lifeline (b) Lifeline Support/ (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 108 x \$ 9.25 = \$ 999 Receiving federal Lifeline Support \$_0.00 0 = \$_0 (9)**Tribal Low-Income Subscribers Receiving federal Lifeline Support** (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 999 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) 0 Number of TLS Subscribers (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 **Charges Waived per Connection** (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ <u>0.0</u> **Total Connection Charges Waived** (17) \$ 0.00 **Deferred Interest** Total Tribal Link Up Support Claimed (18) \$ 0 ETC Payment Total Lifeline \$ 999 Total TLS \$ 0 Total Tribal Link Up \$ 0 Total Dollars (19) \$ 999

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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1	1/	18	/20	1	5
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Johnny L. McClanahan@nctc.com

Johnny L. McClanahan@nctc.com

DATE

OFFICER SIGNATURE

OFFICER NAME

VP-Finance

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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OMB Approval

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

				Avg.	Burden Est.	per Responder	3060-0819 it: 2.5 Hrs.
(1) USAC Service Provider lo	dentification Number	143028049		(2) Stud	dy Area Co	de <u>269006</u>	
(3) Filer 499 ID <u>822752</u>		(4) Technology T	ype (e	check one) Wirelir	ne 🗹	Wireless	
(5) ETC Designation Type (C	heck one): Lifeline	Only 🔲	High	Cost/Low Income			
(6) Organization Information			(7) I	- iling Information			
Company Legal Name:	North Central Com	munications Inc	a)	Submission Date	12/29/20	015	
Contact Name:	Kim Button		b)	Data Month	Decemb	per 2015	
Mailing Address:	P O Box 70		c)	Type of Filing (check one)			
	872 Hwy 2 By-P	ass E	1		Original Revision		
	Lafayette, TN 37	7083	d)	State Reporting	KENTU	CKY	
Telephone Number:	6156662151						
Fax Number:	6156666118		7				
E-mail Address:	kim.button@nct	c.com	1				
Lifeline		(a) # Lifeline Subscribers		(b) Lifeline Sup <u>Subscriber Sup</u>		(c) Total Lifel	ine
Non-Tribal Low-Income Sub		(8) 99				• 01C	
Receiving federal Li	feline Support	101 B		x \$9.25)	= \$ 916	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal Li	Tenne Support	т	otal F	not to excee) ederal Lifeline Sup		ed (10) \$ <u>916</u>	
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) <u>0.00000</u> 1 2013)	00				
Number of TLS Sub	scribers	(12) 0					
Tribal Link Up (Available only to ETCs receiving High Cost su			pport	Total TLS Suppo	ort Claimed	i (13) \$ <u>0</u>	
Number of Connecti Charges Waived per		(14) 0 (15) \$ 0.00 (not to exceed \$100)		(for multiple rates,	use an avera	age amount)	
Total Connection Charges Waived (16) $\$ 0.0$				_			

Deferred Interest

(17) \$ 0.00

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

ETC Payment

Total Lifeline \$ <u>916</u>	Total TLS \$ <u>0</u>	Total Tribal Link Up \$ <u>0</u>
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Total Dollars (19) \$ 916

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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12/29/2015

Johnny L. McClanahan

Johnny L. McClanahan

OFFICER SIGNATURE

OFFICER NAME

DATE

VP - Finace

OFFICER TITLE

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FCC Form 497 April 2012 Edition	LIFELINE WORK					B Approval 3060-0819		
				Avg. I	Burden Est. p	per Responde	nt: 2.5 Hrs.	
(1) USAC Service Provider Id	dentification Number	143028049		(2) Stuc	ly Area Cod	e269006		
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	/pe (check one) Wirelir	ne 🗹	Wireless		
(5) ETC Designation Type (Check one): Lifeline Only 🛄				Cost/Low Income				
(6) Organization Information			(7)	Filing Information				
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	12/01/20	15		
Contact Name:	Kim Button		b)	Data Month	Novembe	er 2015		
Mailing Address:	P O Box 70		c)	Type of Filing (check one)				
	872 Hwy 52 By-	Pass E	1	· · · ·		7		
	Lafayette, TN 37	7083	d)	State Reporting	Revision L	CKY		
Telephone Number:	6156662151							
Fax Number:	6156666118		1					
E-mail Address:	kim.button@nct	c.com	1					
Lifeline			-					
Liieiiiie		(a) # Lifeline		(b) Lifeline Sup	port/	(c) Total Life	eline	
Non-Tribal Low-Income Sub	ih	Subscribers		Subscriber Sup		. ,		
Receiving federal Li		(8) 106		x \$9.25	5	= \$ 981		
		(9) 0		x \$ 0.00		= \$ _0		
Receiving federal Li	feline Support		(not to exceed \$34.25) otal Federal Lifeline Support Claimed (10) \$ 981					
Toll Limitation Samia	(T S)					a (10) ¢ <u>001</u>		
Toll Limitation Servic	es (1L3)							
Cost of Providing TI (the lesser of incrementation)	L S per Subscriber al cost or \$3 in 2012 /\$2 i	(11) <u>0.00000</u> n 2013)	0					
Number of TLS Sub	scribers	(12) <u>0</u>						
				Total TLS Suppo	ort Claimed	(13) \$ <u>0</u>		
Tribal Link Up (Availab	le only to ETCs rece	iving High Cost su	opor	<i>t)</i>				
Number of Connect	ions Waived	(14) 0						
Charges Waived per		(15) \$ 0.00		(for multiple rates,	use an averaç	ge amount)		
		(not to exceed \$100)						
Total Connection Cl	narges Waived	(16) \$ 0.0						
Deferred Interest		(17) \$ 0.00						
		Т	otal	Tribal Link Up Supp	oort Claimed	1 (18) \$ <u>0</u>		
ETC Payment				nan annan ferreten - et o get errette ferst - g errette fer				
and the second s	0							
Total Lifeline \$ 981 Total TLS \$ 0 Total Tribal Link Up \$ 0								
				Total	Dollars (19))\$_981	()	
	2 F							

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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12/01/2015

Johnny L. McClanahan

DATE

VP - Finance

OFFICER SIGNATURE Johnny L. McClanahan

OFFICER NAME

OFFICER TITLE

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FCC Form 497 April 2012 Edition			SHE	ET		OMB Appro	oval
				Avg. I	Burden Est. pe	3060-08 r Respondent: 2.5 F	
(1) USAC Service Provider Ic	lentification Number	143028049		(2) Stud	ly Area Code	269006	
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	pe (check one) Wirelin	ie 🗹	Wireless 🔲	
(5) ETC Designation Type (Check one): Lifeline Only 🔲				Cost/Low Income			
(6) Organization Information			(7)	Filing Information			
Company Legal Name:	North Central Com	munications Inc.	a)	Submission Date	01/27/201	6	
Contact Name:	Kim Button		b)	Data Month	January 2	016	
Mailing Address:	P O Box 70		c)	Type of Filing (check one)			
	872 Hwy 52 By-	Pass E		· · · ·	Driginal 🗸		
	Lafayette, TN 37		d)	State Reporting	Revision L	(Y	
Telephone Number:	6156662151						
Fax Number:	6156666118						
E-mail Address:	kim.button@nct	c.com					
Lifeline							
Linemite		(a) # Lifeline		(b) Lifeline Sup		c) Total Lifeline	
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		Subscribers		Subscriber Sup	port		
		(8) 98		x \$9.25	5	= \$ 907	
Tribal Low-Income Subscrib		(9) 0		x \$ <u>0.00</u>		= \$ _0	
Receiving federal Li	feline Support	То	tal F	not to excee ederal Lifeline Sup		(10) \$ 907	
Toll Limitation Servic	es (TLS)						
Cost of Providing TI (the lesser of incrementa	_S per Subscriber al cost or \$3 in 2012 /\$2 in	(11) <u>0.00000</u> n 2013)	0				
Number of TLS Sub	scribers	(12) <u>0</u>					
				Total TLS Suppo	ort Claimed (13) \$ <u>0</u>	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	opor	t)			
Number of Connecti	ons Waived	(14) 0					
Charges Waived per	Connection	(15) \$ 0.00		(for multiple rates,	use an average	amount)	
		(not to exceed \$100)					
Total Connection Ch	narges Waived	(16) \$ 0.0					
Deferred Interest		(17) \$ 0.00					
		т	otal	Tribal Link Up Supp	oort Claimed (18) \$ <u>0</u>	
ETC Payment					anna ann an Anna Anna Anna Anna Anna An		
Total Lifeline \$ <u>907</u>	T (J T C C	-					
rotal Liteline \$_007	I OTAI I LS \$_0		otal				
				Total	Dollars (19) \$	5.001	-

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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

(20) CERTIFICATIONS AND SIGNATURES

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

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

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

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

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

01/27/2016

Johnny L McClanahan

DATE

Vice President - Finance

OFFICER TITLE

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

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

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

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The 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

Johnny L McClanahan

OFFICER NAME

FCC Form 497 April 2012 Edition	LIFELINE WORK			ET				B Approval 3060-0819
					Avg. B	urden Est	t. per Responder	
(1) USAC Service Provider Id	lentification Number	143028049) Study	/ Area Co	ode 269006	
(3) Filer 499 ID <u>822752</u>		(4) Technology Ty	/pe (check one) W	Vireline	e 🔽	Wireless	
(5) ETC Designation Type (Check one): Lifeline Only 🛄				Cost/Low Inco	ome 🛛			
(6) Organization Information			(7)	Filing Informat	tion			
Company Legal Name:	North Central Corr	munications Inc.	a)	Submission Da	ate (03/07/2	2016	
Contact Name:	Kim Button		b)	Data Month		Februa	ry 2016	
Mailing Address:	P O Box 70		c)	Type of Filing (check one)				_
	872 Hwy 52 By-	Pass E	1	(check one)		riginal	\checkmark	
	Lafayette, TN 37		d)	State Reportin		^{evision} KENTU		
Telephone Number:	6156662151							
Fax Number:	6156666118							
E-mail Address:	kim.button@nct	c.com						
			1					
Lifeline		(a) # Lifeline		(b) Lifeline	Supp	ort/	(c) Total Life	line
		Subscribers		Subscriber				inte
Non-Tribal Low-Income Subscribers Receiving federal Lifeline Support		(8) 95		x \$	9.25		=\$ 879	
Tribal Low-Income Subscribers		(9) 0		x \$ 0.0	00		= \$ 0	
Receiving federal Li		(-)	+	(not to	exceed	d \$34.25)	ned (10) \$ 879	
	(\mathbf{T}, \mathbf{O})	10	nai i		s Supp		ieu (10) \$ <u>079</u>	
Toll Limitation Servic	es (1LS)							
Cost of Providing T		(11) 0.00000	0					
	al cost or \$3 in 2012 /\$2 ii	, 0						
Number of TLS Sub	scribers	(12) <u> </u>					0	
Tribal Link Up (Availabl	le only to ETCs rece	iving High Cost su	opor	Total TLS S	Suppo	rt Claime	ed (13) \$ <u>∪</u>	
. ,	-	0		, ,				
Number of Connect Charges Waived per		(14) <u>0</u> (15) \$ <u>0.00</u>		(for multiple	rotoo			
Charges waived per	connection	(not to exceed \$100)		(ior multiple	rales, t	use an ave	rage amount)	
Total Connection Cl	narges Waived	(16) \$ 0.0						
Deferred Interest		(17) \$ 0.00						
Deferred interest		N20 630						
		Т	otal	Tribal Link Up	Suppo	ort Claim	ed (18) \$ <u>U</u>	
ETC Payment								
Total Lifeline \$ <u>879</u>	Total TLS \$_0		「otal	Tribal Link Up	• \$ <u>0</u>			
					Total I	Dollars (1	19) \$ 879	
					. otur i			

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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03/07/2016

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

OFFICER NAME

Vice President - Finance

OFFICER TITLE

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FCC Form 497 April 2012 Edition LIFELINE WORKSHEET **OMB** Approval 3060-0819 Avg. Burden Est. per Respondent: 2.5 Hrs. (1) USAC Service Provider Identification Number 143028049 (2) Study Area Code 269006 (3) Filer 499 ID 822752 (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 North Central Communications Inc. Company Legal Name: a) Submission Date 04/06/2016 Contact Name: Kim Button b) Data Month March 2016 Mailing Address: c) Type of Filing P O Box 70 (check one) 872 Hwy 52 By-Pass E Original Revision Lafayette, TN 37083 d) State Reporting KENTUCKY **Telephone Number:** 6156662151 Fax Number: 6156666118 E-mail Address: kim.button@nctc.com Lifeline (b) Lifeline Support/ (a) # Lifeline (c) Total Lifeline Subscribers Subscriber Support Non-Tribal Low-Income Subscribers (8) 92 **Receiving federal Lifeline Support** x \$ 9.25 =\$ 851 x \$ 0.00 (9) 0 = \$ 0 **Tribal Low-Income Subscribers** Receiving federal Lifeline Support (not to exceed \$34.25) Total Federal Lifeline Support Claimed (10) \$ 851 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) 0 Number of TLS Subscribers (12)Total TLS Support Claimed (13) \$_____ Tribal Link Up (Available only to ETCs receiving High Cost support) 0 Number of Connections Waived (14)(15) \$ 0.00 **Charges Waived per Connection** ___ (for multiple rates, use an average amount) (not to exceed \$100) (16) \$ 0.0 **Total Connection Charges Waived Deferred Interest** (17) \$ 0.00 Total Tribal Link Up Support Claimed (18) \$ <u>0</u>_____ ETC Payment Total Lifeline \$851 Total TLS \$0 Total Tribal Link Up \$0 Total Dollars (19) \$ <u>851</u>

FCC Form 497 April 2012 Edition

LIFELINE WORKSHEET

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04/06/2016

Johnny L. McClanahan

Johnny L. McClanahan

DATE

OFFICER SIGNATURE

Vice President - Finance

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